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**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Public Protection

Number: E-2

Policy Type: Ends

Date Approved: June 23, 2000

The End “Public Protection” is the Council’s highest priority. It is interpreted to include, but is not limited to:

1. Quality health outcomes and care experiences
2. Competent physicians (“competent” includes knowledge, skills, attitudes, behaviours, and performance.)
 - 2.1. Competent medical graduates
 - 2.2. Ongoing competency
 - 2.2.1 Demonstrate ongoing competency of practitioners over the age of 65
 - 2.3. Adherence to standard of care
3. Protection of the public from unsafe medical practices
 - 3.1. Physicians cope appropriately with stress
4. Trust and confidence in the medical profession
 - 4.1. Public redress for complaints or problems with physicians
5. Safe care environments
6. Protection of the public from unethical physicians

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Healthy Public Policy

Number: E-4

Policy Type: Ends

Date Approved: January 31, 2003

The End “Healthy Public Policy” is interpreted to include, but is not limited to:

1. The College is a competent, credible resource for the public.
2. Governments consult the College as a competent credible resource when forming health policy.
3. The College is a competent, reliable resource for other agencies.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Medical Profession Prepared for Future **Number:** E-5

Policy Type: Ends **Date Approved:** August 14, 1998

The End “Medical Profession Prepared for the Future” is interpreted to include, but is not limited to:

1. Elimination of inter and intra professional territorialism
2. Increased evidence-based standards
3. Physicians know how to interpret and apply research findings.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: A Self-Regulated Profession **Number:** E-6
Policy Type: Ends **Date Approved:** August 14, 1998

The End “A Self-Regulated Profession” is interpreted to include, but is not limited to:

1. Public participation in regulation processes
2. Members understand and are committed to the process of self-regulation
3. Physicians and public receive a fair and just hearing of concerns.
4. Trust and confidence in the College.
 - 4.1. Confidence in the College’s fairness, timeliness and effectiveness.
 - 4.2. Public confidence that there are high standards of medical practice.
 - 4.3. Public and profession understand role of College

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Global Governance Process **Number:** GP-1
Policy Type: Governance Process **Date Approved:** August 14, 1998

Recognising the profession's commitment to self-regulation, the purpose of the Council, for the benefit of the people of Saskatchewan, is to ensure that the College of Physicians and Surgeons of Saskatchewan achieves its Ends, and avoids unacceptable actions and situations.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Governing Style	Number:	GP-2
Policy Type:	Governance Process	Date Approved:	August 19, 2000

Council will govern with an emphasis on:

- outward vision rather than an internal preoccupation,
- commitment to obtaining public input,
- encouragement of diversity in viewpoints,
- strategic leadership more than administrative detail,
- clear distinction of Council and staff roles,
- collective rather than individual decisions,
- future rather than past or present,
- proactivity rather than reactivity, and
- an appropriate balance between confidentiality and transparency.

More specifically, the Council will:

1. Cultivate a sense of group responsibility. The Council, not the staff, will be responsible for excellence in governing. The Council will be an initiator of policy, not merely a reactor to staff initiatives. The Council will use the expertise of individual members to enhance the ability of the Council as a body to make policy, rather than to substitute their individual judgements for the group's values.
2. Direct, control and inspire the organisation through the careful establishment of broad written policies reflecting the Council's values and perspectives. The Council's major policy focus will be on the intended long term impacts of the College, not on the administrative or programmatic means of attaining those effects.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policy making principles, respect of roles, and ensuring the continuity of governance capability. Continual Council development will include orientation of new members in the Council's governance process and periodic Council discussion of process improvement. The Council will not allow any officer, individual or committee of the Council to hinder or be an excuse for not fulfilling its commitments.
4. Monitor and regularly discuss the Council's process and performance at each meeting. Self-monitoring will include comparison of Council activity and discipline to policies in the Governance Process and Council-Registrar Relationship categories.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Council Job Description	Number:	GP-3
Policy Type:	Governance Process	Date Approved:	August 14, 1998

The job results of Council activity, as distinguished from the activity of its staff, will be:

1. A link between the organisation and its moral ownership.
2. Written governing policies which, at the broadest levels, address:
 - 2.1. *Ends*: Organisational products, impacts, benefits, outcomes, recipients, and their relative worth (what good, for which people, at what cost).
 - 2.2. *Executive Limitations*: Constraints on executive authority which establish the boundaries of prudence and ethics within which all executive activity and decisions must take place.
 - 2.3. *Governance Process*: Specification of how the Council conceives, carries out and monitors its own task.
 - 2.4. *Council-Registrar Relationship*: How power is delegated and its proper use monitored; the Registrar role, authority, and accountability.
3. Assurance of Registrar's performance in achieving the results defined in the *Ends* policies, and not exceeding the constraints in *Executive Limitations* policies, through monitoring and evaluation of the Registrar as outlined in policies on Council-Registrar Relationship.
4. Statements of principles and positions related to public policy which represent the health interests of the people of Saskatchewan.
5. The discharge of those functions uniquely reserved to the Council by the Medical Professions Act.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Council Linkage with Ownership **Number:** GP-4
Policy Type: Governance Process **Date Approved:** August 14, 1998

The “moral ownership” of the College of Physicians and Surgeons of Saskatchewan consists of all persons who are under the care of a physician or may come under the care of a physician in the Province of Saskatchewan. On behalf of the members of the College the Council shall be accountable to govern the College in the best interests of the moral ownership.

1. The Council shall be accountable for the College to this ownership *as a whole*.
2. When making governance decisions, Councillors shall maintain a distinction between their personal and professional interests and their obligation to speak on behalf of the moral ownership. Councillors are obligated to inform themselves regarding the values and expectations of the moral ownership.
3. The Council shall gather data and interact with the public in a way that reflects the diversity of the moral ownership. Public input may be accomplished through a variety of methods, including, but not limited to, community meetings, surveys, and focus groups.
4. The Councillors’ dealings with the media regarding Council business shall be directed through the President or the Registrar.
5. Council shall act as an advocate for the membership only when it is consistent with the public interest.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Chairperson's Role	Number:	GP-5
Policy Type:	Governance Process	Date Modified:	February 13, 1999

The Chairperson assures the integrity of the Council's process, and, secondarily, represents the Council to outside parties. The Chairperson is the only Councillor authorised to speak for the Council (beyond simply reporting Council decisions), other than in specifically authorised instances.

1. The outcome of the Chairperson's activity is that the Council behaves consistently according its own rules and those legitimately imposed upon it from outside the organisation.
 - 1.1. Council will only discuss those issues which, according to Council policy, clearly belong to the Council.
 - 1.2. Deliberation will be timely, fair, orderly, thorough, efficient and kept to the point.
 - 1.3. Sturgis Rules of Order will be the parliamentary authority in cases of dispute.
2. The authority of the Chairperson is limited to making any reasonable interpretation of Council policies on Governance Process and Council-Registrar Relationship, except where the Council specifically delegates portions of this authority to others.
 - 2.1. The Chairperson is empowered to chair Council meetings with all the commonly accepted power of that position (e.g. ruling, recognising).
 - 2.2. The Chairperson has no authority to make decisions about policies created by the Council within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the Registrar.
 - 2.2.1. The Chairperson may authorise the Registrar's education benefit within the terms of the Registrar's employment contract.
 - 2.3. The Chairperson may represent the Council to outside parties in announcing Council-stated positions and in stating Chairperson's decisions and interpretations within the area delegated to the Chairperson (consistent with policies in Governance Process and Council-Registrar Relationship areas).
 - 2.4. The Chairperson may delegate this authority, but remains accountable for its use.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Council Committee Principles **Number:** GP-6
Policy Type: Governance Process **Date Approved:** August 14, 1998

Council may establish Committees to help carry out its work. Council committees, when used, will function to reinforce the wholeness of the Council's job and will not interfere with delegation from Council to Registrar. Committees will be used sparingly and only when other methods are deemed inadequate.

1. Council committees are to help the Council do its job, never to help or advise the staff . Committees will assist the Council by preparing policy alternatives and implications for Council deliberation.
2. Council committees may not speak or act for the Council except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Registrar .
3. Council committees cannot exercise authority over staff. The Registrar works for the full Council: he or she will not be required to obtain approval of a Council Committee before an executive action, except where the committee has been delegated specific authority to act on behalf of the Council.
4. All Committees will be supportive of the wholism of the Council and its policies. Council committees are to avoid over-identification with organisational parts rather than the whole. The Council, not its committees, retains responsibility and authority to monitor organisational performance.
5. This policy applies only to committees which are formed by Council, whether or not the committees include non-Councillors. It does not apply to committees formed under the authority of the Registrar.
6. All committee members shall abide by the same Code of Conduct as governs the Council.
7. Except as defined in written Terms of Reference, no Committee has authority to commit the funds or resources of the College.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Council Committee Structure **Number:** GP-7
Policy Type: Governance Process **Date Approved:** August 14, 1998

1. A committee is a Council committee only if its existence and charge come from the Council, regardless of whether Councillors sit on the committee. The only Council committees are those which are set forth in this policy. Unless otherwise stated, a committee ceases to exist as soon as its task is complete.

1.1. Legislated Committees (Terms of Reference found in Bylaws)

- 1.1.1. Competency Committee
- 1.1.2. Competency Hearing Committee
- 1.1.3. Discipline Committee
- 1.1.4. Discipline Hearing Committee
- 1.1.5. Investigating (Mental Health) Committee
- 1.1.6. Preliminary Inquiry Committee

1.2. Standing Committees

- 1.2.1. Executive Committee

2. Committee expenses will be reimbursed in accordance with Council Policy GP-8.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Name: Council and Committee Expenses **Number:** GP-8
Type: Governance Process **Date Approved:** October 4, 2001

Councillors shall be paid an honorarium and expense allowance for all Council meetings attended as well as any meeting attended at the direction of Council.

1. Honoraria and expenses for the Medical Members of Council shall be as follows:
 - 1.1. \$330.00 per day
 - 1.2. \$75.00 daily allowance
 - 1.3. \$165.00 each overnight for in province. (Where costs exceed \$165.00 for out of province accommodation, actual costs will be paid from receipts submitted.)
 - 1.4. \$165.00 office offset per day
2. The Council Chairperson shall be granted a retainer of \$550.00 per day when representing the College outside of Council.
 - 2.1 The Council Chairperson shall receive an annual stipend of \$5000 over and above honoraria paid for attendance at Council meetings.
3. Honoraria and expenses for committees of Council and staff committees shall be as follows:
 - 3.1. Honoraria:
 - 3.1.1. Medical Discipline Committee Chairpersons\$330.00 per day
 - 3.1.2. Medical Discipline Committee Members.....\$330.00 per day
 - 3.1.3. Where the hearing is longer than 5 working days
 - 3.1.3.1. Medical Discipline Committee Members and Chairs
 - 3.1.3.1.1. First five days\$330.00 per day
 - 3.1.3.1.2. Subsequent days\$660.00 per day
 - 3.1.4. All other Committee Chairpersons \$302.50 per day
 - 3.1.5. All other Committee Members \$220.00 per day
 - 3.2. Expenses:
 - 3.2.1. Day Allowance.....\$75.00 per day
 - 3.2.2. Overnight Allowance.....\$165.00 each overnight
4. Out-of-pocket expenses shall be supported by receipts.
5. Mileage allowance shall be paid at a rate of \$0.32 per kilometre.
6. Council shall perform a market survey every three years to ensure that the honoraria and expense rates are in line with national rate levels.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Code of Conduct	Number:	GP-9
Policy Type:	Governance Process	Date Approved:	December 11, 1999

The Council expects of itself and of individual Councillors businesslike and lawful conduct. This includes proper use of authority and appropriate decorum when acting as Councillors. It expects its Members to treat one another and staff members with respect, co-operation and a willingness to deal openly on all matters.

Councillors shall be bound by the following Code of Conduct.

1. Members must represent unconflicted loyalty to the interests of the ownership. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any Councillor acting as an individual member of the College. Councillors are accountable to exercise the powers and discharge the duties of their office honestly and in good faith. Councillors shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
2. Councillors shall disclose any conflict of interest.
3. Councillors shall not use their positions to obtain employment for themselves, family members or close associates. Should a Councillor accept employment with the College, he or she must first resign.
 - 3.1. A Councillor who has applied for employment with the College must refrain from discussions pertaining to the evaluation of the Registrar.
4. Councillors will respect the confidentiality appropriate to issues of a sensitive nature.
5. Councillors may not attempt to exercise individual authority over the organisation except as explicitly set forth in Council policies.
 - 5.1. Councillors' interaction with the Registrar or with staff must recognise that any individual Councillor or group of Councillors does not have authority other than that explicitly stated in Council policy.
 - 5.2. Councillors' interaction with the public, press or other entities must recognise the same limitation and the similar inability of any Councillor(s) to speak for the Council except to repeat explicitly stated Council decisions.
 - 5.3. Councillors will make no judgements of the performance of the Registrar or the staff except where the performance is assessed against explicit Council policies by the process described in Policy CR-3.

- 5.4. Councillors shall not encourage direct communication with staff who attempt to bypass the administration but shall encourage staff to utilise reporting lines within the administration to bring their concerns to the Council.
6. Councillors shall be familiar with the *Medical Professions Act*, Bylaws, and policies of the College as well as the rules of procedure and proper conduct of a meeting so that any decision of the Council may be made in an efficient, knowledgeable and expeditious fashion.
 7. Councillors shall regularly take part in educational activities which will assist them in carrying out their responsibilities.
 8. Councillors shall attend meetings on a regular and punctual basis. Absence of a Member from more than three consecutive regular meetings without prior authorisation shall be cause for informing the electing or appointing constituency.
 9. Members shall ensure that unethical activities not covered or specifically prohibited by the foregoing or any other legislation are not condoned.

A Councillor who is alleged to have violated the Code of Conduct shall be informed in writing and shall be allowed to present his/her views of such alleged breach at the next Council meeting. The complaining party must be identified. If the complaining party is a Councillor, he/she and the respondent Councillor shall absent themselves from any vote upon resolution of censure or other action that may be brought by the Councillors. Councillors who are found to have violated the Code of Conduct may be subject to censure. Where the Council considers the violation of the Code of Conduct compromises the integrity of the Councillor or the Council, the Councillor may be asked to resign.

	Policy	Review & Monitor Adherence
GP-1	Global Governance Process Policy	Annually
GP-2	Governing Style	Each meeting
GP-3	Council Job Description	Annually
GP-4	Council Linkage with Ownership	Annually
GP-5	President's Role	Annually
GP-6	Council Committee Principles	Annually
GP-7	Council Committee Structure	Annually
GP-8	Council and Committee Expenses	Annually
GP-9	Code of Conduct	Annually
GP-10	Conflict of Interest	Annually
GP-11	Cost of Governance	Annually
GP-12	Council Linkage With Other Organisations	Annually
GP-13	Council Planning Cycle and Agenda Control	Annually
GP-14	Values Re: Complaint Resolution	Annually
GP-15	Public Access to Council Meetings	Annually
GP-16	Appeals to the Council as a Result of the Complaints Resolution Process	Annually
GP-17	Development of Policies Governing the Practice of Medicine	Semi-annually

4. Relationships With Other Organisations

4.1. The Council shall identify other organisations with which it requires good working relationships in order to achieve its Ends. It will establish mechanisms for maintaining open communication with these organisations. Such mechanisms may include, but are not limited to:

4.1.1. Inviting representatives of the Councils or Boards of those organisations to Council meetings.

4.1.2. Meeting jointly with other Councils and Boards on occasion.

4.1.3. Requesting the Registrar to establish linkages at a staff level, and to report on areas of mutual interest and activity.

4.1.4 Attendance by the President or designate at official functions of organisations.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Council Planning Cycle and Agenda Control	Number:	GP-13
Policy Type:	Governance Process	Date Approved:	August 19, 2000

1. The Council shall maintain control of its own agenda by developing each year no later than the second quarter of the Council's term of office, an annual schedule which includes, but is not limited to:
 - 1.1. Considered review of the Ends in a timely fashion which allows the Registrar to build a budget
 - 1.2. Consultations with selected groups in the ownership, or other methods of gaining ownership input, prior to the above review.
 - 1.3. Scheduled time for education related to ends determination (for example, presentations relating to the external environment, demographic information, exploration of future perspectives which may have implications, presentations by advocacy groups, and staff).
 - 1.4. Scheduled time for monitoring of the Council's own compliance with its Governance Process policies, and for review of the policies themselves.
 - 1.5. Scheduled time for monitoring compliance by the Registrar with Executive Limitations policies, and for review of the policies themselves. Monitoring reports will be provided and read in advance of the Council meeting, and discussion will occur only if reports show policy violations, if reports do not provide sufficient information for the Council to make a determination regarding compliance, or if policy criteria are to be debated.
 - 1.6. Scheduled time for governance education.
2. Based on the outline of the annual schedule, the Council delegates to the Chairperson the authority to fill in the details of the meeting content. The detailed agenda shall be prepared jointly by the Council Chairperson and the Registrar. Potential agenda items shall be carefully screened to ensure that they relate to the Council's job description, rather than simply reviewing staff activities. Screening questions shall include:
 - 2.1. Clarification as to whether the issue clearly belongs to the Council or the Registrar.
 - 2.2. Identification of what category an issue relates to - ends, executive limitations, governance process, Council-executive linkage, practice of medicine.
 - 2.3. Review of what the Council has already said in this category, and how the current issue is related. Has the Council already dealt with the issue - if so, in what way? Is the issue one level below current Council policy, or several levels lower? What is the broadest way to address this issue so that it is still "under" the Council policy that already exists?
3. The Chairperson of the Council will assign agenda items to the draft agenda for the open and in-camera meetings in a manner that:

3.1. Is compliant with Council Policy GP-15, and

3.2. Regulatory proceedings convened under Section 54 and/or Section 48 of *The Medical Profession Act, 1981* are scheduled on the open Council agenda.

4. The Secretary to the Council shall identify by number on the Council agendas each of the information documents relevant to each agenda item.
5. Throughout the year, the Council will attend to consent agenda items as expeditiously as possible.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Values Re: Complaint Resolution **Number:** GP-14
Policy Type: Governance Process **Date Approved:** August 14, 1998

Council is committed to ensuring that in the process of resolving complaints regarding behaviour of its members justice is done and justice is seen to be done.

Accordingly, all processes shall ensure fairness and equity to both complainant and respondent, and the observation of due process and the principles of natural justice, specifically:

1. Ease of access to the complaints process.
2. Timely response and resolution.
3. Fair opportunity for both sides of an issue to be heard.
4. Deliberation by individuals who are competent and knowledgeable regarding the issue being decided.
5. Due diligence in consideration of the issue.
6. Consistent treatment of similar cases.
7. Transparency in the process used.
8. Cost-effectiveness in the process used, provided that none of the other principles are violated.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Public Access to Council Meetings **Number:** GP-15
Policy Type: Governance Process **Date Approved:** August 19, 2000

1. At the outset of each Council meeting, the Council shall meet initially in-camera to review and adopt the final Council agendas.
 - 1.1. During this initial meeting, at the request of any Council member, and in compliance with a simple majority vote of those Councillors present, any agenda item may be moved from the open agenda to the in-camera agenda, or vice versa.
 - 1.2. In respect to matters scheduled for the Council consideration in the open session, at the request of any Council member, and in compliance with a simple majority vote of those Councillors present, any information document for consideration by the Council at that meeting may be excluded from access by the public and/or the public media, or the Council may impose such conditions on the release of such documents that the Council may direct.
 - 1.3. Any document identified on the open Council agenda which is not explicitly protected by the Council pursuant to Section 1.2 above is accessible by the public and the public media.
 - 1.4. Once the Council has fixed its agendas for both the open and the in-camera sessions and designated those documents excluded from public access, the Council Chairperson may convene the open or the in-camera meeting.
 - 1.4.1. When the Chairperson of the Council convenes the open meeting, the Chairperson or the Council shall advise the observers present of any changes made to the draft agenda for the open session.
2. Meetings will be open to the public for all governance related matters except where those policy matters relate to litigation and personnel issues. Any councillor may request Council go in camera but:
 - 2.1. The reason for going in camera must be stated.
 - 2.2. Council may include no one else or anyone else it chooses.
 - 2.3. Authority to go in camera is vested in the President of Council unless overridden by a simple majority vote.
 - 2.4. Where possible, announcement of the intention to go in camera should be on the agenda.
3. Registration will be on a first come - first served basis and will be available one week in advance of Council meetings.

4. Registration will be according to seating capacity.
5. No right is extended to public observers to actively participate in meetings.
6. No recording devices or cameras are permitted without the permission of the President.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Name:	Appeals to Council as a Result of the Complaints Process	Number:	GP-16
Type:	Governance Process	Date Approved:	April 9, 1999

Council wishes to ensure that its philosophy of complaints resolution as outlined in policy GP-14 is adhered to. This policy describes under what circumstances a party may appeal the decisions of a complaints procedure to Council and the latitude of Council's response to such an appeal.

1. Any party to the complaints process may make an appeal to Council in the following circumstances:
 - 1.1. Where the party has exhausted the internal complaints processes as established by the Registrar, and
 - 1.1.1. If the party alleges that a rule or rules of the complaints process was or were violated including violation of the principles of natural justice or fairness;
 - 1.1.1.1. This would include situations in which the party alleges that they were treated in a manner that discriminated on the basis of their age, gender, race, religion or sexual orientation.
2. All appeals will be:
 - 2.1. Presented to Council in written form and will restrict themselves to dealing with the issues covered in Section 1 of this policy.
 - 2.2. Will be determined on the basis of the record.
3. Upon receiving an appeal, Council may make such an order as may be appropriate and necessary which, without limiting the generality of the foregoing, may include one or more of the following:
 - 3.1. Council may confirm the result of the complaints process;
 - 3.2. Council may refer the complaint back to the Registrar or any person or persons delegated by the Registrar to handle complaints or any committee established by the Registrar for handling complaints with or without guidance as to its findings regarding issues in Section 1 of this policy;
 - 3.3. Council may vary the result of the complaints process;
 - 3.4. Council may substitute its own decision for that of the complaints process;
 - 3.5. Council may quash the result of the complaints process.
4. Nothing in this policy precludes or restricts the powers of Council under Part V of the Medical Profession Act or its bylaws.
5. Nothing in this policy precludes the rights of persons to appeal under Part VI of the Medical Profession Act or its bylaws.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Name:	Development of Policies Governing the Practice of Medicine	Number:	GP-17
Type:	Governance Process	Date Approved:	August 20, 1999

Council believes that policies governing medical practise have the potential to have positive influence on public safety and the provision of high quality medical care.

1. Council reserves to itself the authority to determine College policies governing the standards of the practice of medicine.
2. There are four types of policies regarding standards of practice as they may be presented to Council.
 - 2.1. Policy initiatives that Council sets as priorities as part of a regular policy cycle.
 - 2.1.1. This type of policy requires forward thinking on the part of Council.
 - 2.2. Policies of other organizations which Council is asked to endorse but where endorsation is not essential.
 - 2.3. Policies which Council is required to approve before they can take effect.
 - 2.4. Policies that need to be adopted because a member, another organization, or a representative of the moral ownership has identified a policy void.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Name:	Policy Cycle Process for Council-Initiated Policies Governing the Practice of Medicine	Number:	GP-17.1
Type:	Governance Process	Date Approved:	August 20, 1999

Council wishes to control the agenda for development of policies governing medical practise in a proactive rather than a reactive manner. This policy governs the development of those policies of the Practice of Medicine which are of the first (proactive) type. Council will determine the policy priorities and the Registrar will conduct the policy formulation process. The Council will use the following procedure to ensure that policies are considered and adopted in a thoughtful and orderly manner.

1. The Council will create a list of priorities for policy development in advance of each policy cycle.
 - 1.1. The Policy cycle will begin every six months.
 - 1.2. Practice of Medicine policy topics will directly relate to the accomplishment of the Ends established by Council. The impact of the planned policies will be incorporated into the Ends policies as more specific interpretations.
2. Council will classify the priority list in terms of:
 - 2.1. Importance to medical practice.
 - 2.2. Need (probable positive impact).
 - 2.3. Urgency.
 - 2.4. Any other criteria Council deems appropriate.
3. Council will consult with the Registrar as to how many policies s/he can research and develop within the budget.
4. Council will consult with the Registrar as to whether s/he perceives there to be areas where policy is needed.
5. Council will determine which policies on the priority list are to be formulated and/or reviewed in the upcoming policy cycle.
6. Council must accomplish this task by the beginning of the policy cycle.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Name: Policies Required by External Bodies **Number:** GP-17.2

Type: Governance Process **Date Approved:** August 20, 1999

This policy governs the handling of policies governing the practice of medicine that Council is required to support before they can take effect. These policies are different from College generated policies for two reasons. First, they do not coincide with the Council's policy cycle, and second, they originate outside the College.

1. Council is ultimately responsible for deciding whether or not to approve these policies, but will do so according to this policy.
2. Council will examine evidence from the Registrar that adequate research has been done to bring such a policy before Council for approval.
3. If the evidence presented by the Registrar is adequate, the Council will approve the policy using the Consent Agenda (adopted without discussion) unless through a vote of 50% plus one the Council chooses to remove the item from the Consent Agenda for discussion, adoption, rejection, or action as determined by Council.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: General Executive Constraint **Number:** EL-1
Policy Type: Executive Limitations **Date Approved:** August 14, 1998

The Registrar must not cause or allow any practice, activity, decision or organisational circumstance which is either unlawful, imprudent, or in violation of commonly accepted business and professional ethics.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Treatment of Staff	Number:	EL-2
Policy Type:	Executive Limitations	Date Approved:	August 14, 1998

The Registrar shall not cause or allow practices or conditions which fail to protect the rights of employees, job applicants and appointed committee members to fair, equitable, and humane treatment.

The Registrar shall not:

1. Fail to develop and implement written human resource policies and procedures which clarify expectations and working conditions for staff, provide for effective handling of grievances, protect against wrongful conditions, and protect against unsafe conditions.
2. Discriminate against any staff member for expressing an ethical job-related dissent.
3. Prevent staff from appealing to the Council when (a) internal grievance procedures have been exhausted, and (b) the employee alleges either that Council policy has been violated to the employee's detriment, or that Council policy does not adequately protect the employee's human rights.
4. Fail to ensure that there is an effective staff education and development process in place.
5. Fail to acquaint staff with their rights under this policy.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Financial Planning	Number:	EL-3
Policy Type:	Executive Limitations	Date Approved:	August 14, 1998

Budgeting for any fiscal period or the remaining part of any fiscal period shall not deviate materially from Council-stated Ends priorities in allocation of resources, risk fiscal jeopardy nor fail to be derived from a multi-year plan.

Accordingly, the Registrar shall not cause or allow budgeting which:

1. Contains too little detail to enable reasonably accurate projection of revenues and expenses, separation of capital and operational items, cash flow, and subsequent audit trails.
2. Fails to disclose planning assumptions.
3. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.
4. Fails to provide adequate funds for the Council's direct use during the year, such as costs of fiscal audit, Council development, Council and committee meetings, and Council legal fees.
5. Endangers the fiscal soundness of future years or ignores the building of organisational capability sufficient to achieve ends in future years.

5. Refuse any member access to review the file maintained by the College in respect to that member, provided that:
 - 5.1. Any materials submitted to the College in confidence with the expectation that such material would not be disclosed to the member in question, including letters of reference, written communication with legal counsel, expert reports, and material pertaining to investigations currently underway have first been removed.
 - 5.2. The member is advised of the removal of materials and their general classification.
 - 5.3. The member schedules an appointment and the requisite for supervised access to the file.
 - 5.4. The member is supervised throughout the period of access to the file to prevent removal or alteration of the file's contents.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Compensation and Benefits **Number:** EL-8
Policy Type: Executive Limitations **Date Approved:** August 14, 1998

With respect to employment, compensation and benefits to employees, consultants, and contract workers, except individuals serving on College Committees, the Registrar shall not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, the Registrar shall not:

1. Change his/her own compensation and benefits.
2. Promise or imply life-long or guaranteed employment.
3. Establish current compensation and benefits which:
 - 3.1. Deviate materially from the geographic or professional market for the skills employed
 - 3.2. Create obligations over a long term greater than revenues which can be safely projected.
 - 3.3. Are discriminatory.
4. Establish or change pension benefits.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Emergency Executive Succession **Number:** EL-10
Policy Type: Executive Limitations **Date Approved:** August 14, 1998

In order to protect the Council from sudden loss of chief executive services, the Registrar may not have fewer than one other executive familiar with current and pending Council and chief executive issues and processes.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Partnerships & Interorganizational Relationships **Number:** EL-12
Policy Type: Executive Limitations **Date Approved:** June 18, 1999

The Registrar shall not fail to develop appropriate partnerships and interorganizational relationships in order to provide collegial leadership with as many stakeholders as desirable to maximise efficiency and effectiveness in the use of resources. Accordingly, the CEO shall not:

1. Develop collaborative relationships with organisations whose policies and practices are incompatible with the Council's stated policies.
2. Allow provision of College services to external agencies, except where there is mutual benefit, without ensuring full recovery of costs incurred in the provision of service.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Information Management

Number: EL-13

Policy Type: Executive Limitations

Date Approved: August 14, 1998

The Registrar shall not fail to develop and maintain efficient information systems/technology which assist the organisation in effectively carrying out and evaluating the Council's Ends. Accordingly, the Registrar shall not:

1. Fail to meet legislated requirements for collection, retention, confidentiality, and release of information.
2. Fail to maintain an up-to-date prioritised plan for necessary information systems/technology enhancements or acquisitions.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Name: Approval of Externally Generated Policies **Number:** EL-15
Governing the Practise of Medicine

Type: Executive Limitations **Date Approved:** August 20, 1999

The Registrar shall not fail to bring to Council for final approval, policies governing the Practise of Medicine which are required by external bodies.

Accordingly, the Registrar shall not fail to provide to the Council:

1. An information letter which provides affirmation that the Registrar is satisfied adequate research has been done, and there is adequate information to make a recommendation.
2. A recommendation as to whether or not to approve the policy.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Delegation to the Registrar **Number:** CR-1
Policy Type: Council-Registrar Relationship **Date Approved:** August 14, 1998

The Council will delegate authority and accountability to staff only through the Registrar, as CEO.

1. The Council will direct the Registrar to achieve specified results, for specified recipients, at a specified worth, through the establishment of *Ends* policies. The Council will limit the latitude the chief executive may exercise in practices, methods, conduct and other “means” to the ends through establishment of Executive Limitations policies.
2. As long as the Registrar uses any reasonable interpretation of the Council’s *Ends* and Executive Limitations policies, the Registrar is authorised and required to establish all further policies, make all decisions, take all actions and develop all activities.
3. The Council may change its *Ends* and Executive Limitations policies, thereby shifting the boundary between Council and Registrar domains. By so doing, the Council changes the latitude of choice given to the Registrar, but so long as any particular policy is in place, Councillors collectively and individually will respect and support the Registrar choices. This does not prevent the Council from obtaining information from the Registrar about the delegated areas.
4. Only decisions of the Council acting as a body are binding upon the Registrar.
 - 4.1. The relationship between the Registrar and any individual councillor is collegial, not hierarchical. As the Registrar is accountable only to the full Council, and as no Councillor has authority individually, the Registrar and Councillors are equals.
 - 4.2. Decisions or instructions of individual Councillors, officers, or committees are not binding on the Registrar except in instances when the Council has specifically authorised such exercise of authority.
 - 4.3. In the case of Councillors or committees requesting information or assistance without Council authorisation, the Registrar can refuse such requests that require - in the Registrar’s judgement - a material amount of staff time or funds or is disruptive.
5. Only the Council acting as a body can employ, terminate, discipline, or change the conditions of employment of the Registrar.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name:	Registrar Job Description	Number:	CR-2
Policy Type:	Council-Registrar Relationship	Date Approved:	August 14, 1998

As the Council's single official link to the operating organisation, the Registrar's performance is considered to be synonymous with organisational performance as a whole.

Consequently, the Registrar's job contributions can be stated as performance in only two areas:

1. Organisational accomplishment of the provisions of Council policies on Ends.
2. Organisation operation within the boundaries of prudence and ethics established in Council policies on Executive Limitations.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Monitoring Registrar Performance **Number:** CR-3
Policy Type: Council-Registrar Relationship **Date Approved:** August 14, 1998

Monitoring the performance of the Registrar is synonymous with monitoring organisational performance against Council policies on Ends and on Executive Limitations. Any evaluation of the Registrar's performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which Council policies are being implemented. Information which does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible using a minimum of Council time so that meetings can be used to create the future rather than to review the past.
2. A given policy may be monitored in one or more of three ways:
 - 2.1. Internal report: A written report to the Council from the Registrar providing evidence of compliance with Ends or Executive Limitations.
 - 2.2. External report: Discovery of compliance information by an impartial, external agent who is selected by and reports directly to the Council. Such reports must assess executive performance only against policies of the Council, not those of the external party, unless the Council has previously indicated that party's opinion to be the standard.
 - 2.3. Direct Council review: Discovery of compliance information by a Councillor, a committee or the Council as a whole. This is a Council inspection of documents, activities or circumstances directed by the Council which allows a "prudent person" test of policy compliance. Such an inspection is only undertaken at the instruction of the Council, and with the Registrar's knowledge.
3. Based upon a decision of the Council, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the Council according to frequency and method.

Policy	Method	Frequency
EL-1 General Executive Constraint	Internal Report	Annually
EL-2 Treatment of Staff	Internal Report	Annually
EL-3 Financial Planning	Internal Report	Annually
EL-4 Financial Condition	Internal Report & External Audit	Semi-annually Annually

	Policy	Method	Frequency
EL-5	Asset Protection	Internal Report & External Audit	Semi-annually Annually
EL-6	Interactions with Members and Public	Internal Report	Annually
EL-7	Regulatory Functions	Internal Report	Annually
EL-8	Compensation and Benefits	Internal Report	Annually
EL-9	Communication and Support to Council	Direct Review	Semi-annually
EL-10	Emergency Executive Succession	Internal Report	Annually
EL-11	Public Image	Internal Report	Annually
EL-12	Partnerships	Internal Report	Annually
EL-13	Information Management	Internal Report	Annually
EL-14	Final Approval Authority	Internal Report	Semi-annually
EL-15	Approval of Externally Generated Policies Governing the Practice of Medicine	Internal Report	Annually
E-1	Mission	Internal Report	Annually
E-2	Public Protection	Internal Report	Annually
E-3	A Quality Health Care System	Internal Report	Annually
E-4	Healthy Public Policy	Internal Report	Annually
E-5	Medical Profession Prepared for Future	Internal Report	Annually
E-6	A Self-Regulated Profession	Internal Report	Annually

4. A formal evaluation of the Registrar by the Council will occur annually, based on the achievement of the Council's Ends Policies and non-violation of its Executive Limitations policies. This formal evaluation will be conducted as a summation of previous regular monitoring data. The results will be communicated to the Registrar.

**COLLEGE OF PHYSICIANS AND SURGEONS OF SASKATCHEWAN
COUNCIL POLICY**

Policy Name: Interpretation of Council Policies **Number:** CR-4
Governing the Practise of Medicine

Policy Type: Council-Registrar Relationship **Date Approved:** August 20, 1999

Council recognizes that the Registrar and his/her delegates routine handle inquiries from members and the moral ownership regarding the Practise of Medicine.

1. Where there is no explicit policy regarding the inquiry, the Registrar and his/her delegates *are authorized to offer advice and information which is consistent with existing governance policies.*