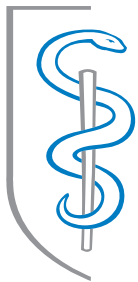


# 2007 ANNUAL REPORT



COLLEGE OF  
PHYSICIANS & SURGEONS  
OF NOVA SCOTIA

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*Competent Care & Ethical Practice*

# President's Report



**Rex Dunn, MD**

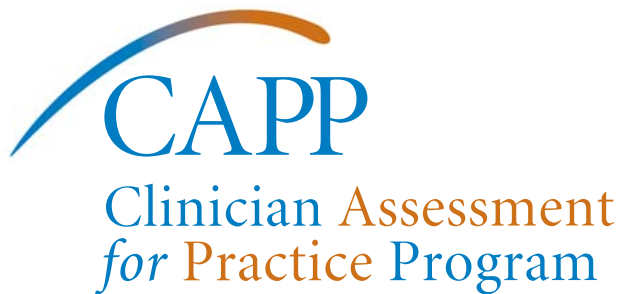
lead to multiple stress points. I believe that the College has developed and continues to evolve processes that are robust, fair, and transparent, and that the public and the physicians of this province are well served by these activities.

## Investigations

The Investigations arm of the College continues to deal with various complaints filed against physicians. Frequently items are presented which may be useful to physicians trying to achieve risk reduction in their own practice. In such cases information may be published in the Alert newsletter, or referred to Council. Committee C, a new committee this year, was struck to deal exclusively with complaints arising from perceived abuse of prescription drugs. There are relatively few of these complaints, but they can be very time-consuming and require considerable expertise. There is a perception that actual abuse of prescription drugs, especially benzodiazepines and opiates, is significantly higher than suggested by the number of complaints received. This problem has been identified as a high priority by First Nations, who have also requested that the Prescription Monitoring Program begin to track prescriptions of benzodiazepines as it does opiates.

The Investigation activities have resulted in a number of Hearing Committee decisions, as noted on pages five and six of this report. This activity has resulted in significant expense to the College; indeed, these costs

The College has experienced a busy and productive year, working diligently to fulfill its mandate, which is to assure Nova Scotians that their licensed physicians provide ethical and competent care. While our physicians are privileged to have a self-regulated profession, the very nature of the process of regulation, which includes licensing, complaint investigation, and assessment of professional function, can



have been rapidly increasing over the past three years. The Finance Committee has highlighted this issue for close monitoring. Ultimately these costs are borne by our licensed physicians.

## CAPP

The College's Clinician Assessment for Practice Program (CAPP) operated last year and another iteration has been approved for 2008, again with some support from the Department of Health. This program includes a rigorous mentorship for approved candidates. Reports indicate that this has resulted in a greatly improved integration of CAPP physicians into family practices across Nova Scotia. CAPP's success has been increasingly recognized, both provincially and nationally. Plans are firming up for a national IMG assessment program similar to the CAPP, and the question bank developed by Dr. Robert Maudsley

and his CAPP team will be used in this process. Once this program is up and running our own CAPP may not be required, but Halifax may be one of the test centers.

The College noted with regret, but also with much gratitude, that Dr. Maudsley left his

position as Director of the CAPP program in 2007. He remains available for regular consultations, having been simply invaluable in establishing CAPP and achieving its high reputation.

## NSPAR

The College's Nova Scotia Physician Achievement Review (NSPAR) Program is operating well. This 360-degree assessment of physician functioning is meant to be a basic assessment of the level of professionalism of our physician population. This year, internists and surgeons were assessed for the first time, along with the prescribed number of family doctors. Appropriate assessments for the remaining groups such as physicians doing episodic care, anesthesia and many other smaller groups will be introduced soon. Our program advisors are very skillful and dedicated in their interviews of physicians with flagged reports. Over time, NSPAR will generate a large amount of information which we hope will lead to a better understanding of factors that may contribute

*continued on page 2*

to problems in professional practice. The process also identifies physicians who seem to exhibit a high degree of professionalism. The College is actively working with the Humanities Department at Dalhousie to develop an appropriate method of recognizing such physicians.

A Pandemic/disaster plan is being developed by our College. Should such an event occur, the College will be consulted particularly on issues around physicians' duty to care, emergency credentialing and scope of practice, to name a few. These deliberations need to occur now, not in the heat of a full blown disaster.

Our College is watching closely the national trend towards health care in private facilities. Currently, while individual physicians are accredited by the College, and also in their district, no accreditation process for these facilities exists in Nova Scotia.

Scope of practice issues, particularly relating to cosmetic surgery, have received extensive media coverage. The College's Governance and Policy Committee has been asked to develop a current detailed policy particularly with respect to procedures requiring significant surgical intervention.

The rapidly growing use of minor "boutique" procedures has been noted in every jurisdiction in Canada. This has human resource implications as a number of doctors abandon all or part of their usual practice to do botox injections and hair removal and a host of other procedures. Also, our Investigations Committees are beginning to see complaints respecting these procedures. Our national organization, the Federation of Medical Regulatory Authorities of Canada (FMRAC), is endeavoring to develop guidelines to help Colleges determine the responsibility of regulatory bodies in relation to this burgeoning area of activity in which physicians are becoming increasingly engaged.

Elections for Council were held in April, and we welcome our newly elected Council members, Dr. James MacLachlan, Dr. Elizabeth Mann, and Dr. Scott Theriault.

Dr. Douglas Sinclair has been reappointed for another three-year term as Dalhousie University's representative on Council by the Dean of Medicine at Dalhousie University.

I would like to thank all physicians who ran in the 2008 Council election and who have served as Council and Committee members in the past year.

I would also like to acknowledge the exceptional contributions of three members who will be leaving us this year. They are Dr. Donald Wescott, who is moving on to assume the presidency of Doctors Nova Scotia, Dr. Cynthia Forbes, who chaired and participated in several College committees, and Dr. Henry Adamson, who served a full nine years with the College, balancing a heavy clinical load with his College responsibilities and making countless contributions.

Finally, this Annual Meeting brings to a close my term as President. The College will be well served by our incoming new President, Dr. Shelagh Leahey of Yarmouth. Dr. Leahey has extensive experience in all aspects of physician self-regulation. In particular, her articulate championing of continuous quality improvement and new initiatives in governance will be a big asset for the College.

These past two years have been a privilege, a challenge and a great learning experience for me. I will never forget the consideration and support I have received from all College staff and Council members in my efforts to discharge the responsibilities attached to this role.



A handwritten signature in black ink that reads "Rex Dunn".

Rex Dunn, MD  
President  
College of Physicians and Surgeons of Nova Scotia

# 2007-2008 Strategic Milestones

As of May 30, 2008

	2007 Q1	2007 Q2	2007 Q3	2007 Q4	2008 Q1	2008 Q2	2008 Q3	2008 Q4	
<b>Clinician Assessment for Practice Program (CAPP)</b>									
• Assessment of IMG specialists			<input checked="" type="checkbox"/>						
• Program evaluation first report/results			<input checked="" type="checkbox"/>						
• Mentor focus group		<input type="checkbox"/>							†
• 147 IMG candidates assessed for family practice		<input checked="" type="checkbox"/>							
• First cohort ends 13-month cycle	<input checked="" type="checkbox"/>								
• Second cohort ends 13-month cycle		<input checked="" type="checkbox"/>							
• Third cohort ends 13-month cycle					<input checked="" type="checkbox"/>				
<b>Nova Scotia Physician Achievement Review (NSPAR)</b>									
• 380 family physician reviews initiated				<input checked="" type="checkbox"/>					
• 180 specialist reviews initiated				<input checked="" type="checkbox"/>					
• NSPAR-linked resource pathways for family physicians, specialists and surgeons			<input checked="" type="checkbox"/>						
• Program evaluation with physicians who have completed an NSPAR review					<input checked="" type="checkbox"/>				
• Program refinements – family physician version							<input type="checkbox"/>		
<b>Registration Department</b>									
• Physician Credentials Registry of Canada (PCRC) established		<input checked="" type="checkbox"/>							
• Client satisfaction measured	<input checked="" type="checkbox"/>								
• Medical student online registration				<input type="checkbox"/>				<input type="checkbox"/>	††
• Medical student database				<input type="checkbox"/>				<input type="checkbox"/>	††
• Physician retirement guidelines				<input checked="" type="checkbox"/>					
• Online application for registration (full, defined, temporary, educational)								<input type="checkbox"/>	
<b>Investigations Department</b>									
• Complaint process satisfaction survey		<input checked="" type="checkbox"/>							
• Physician satisfaction survey regarding complaint process		<input checked="" type="checkbox"/>							
• Investigations Department strategic retreat objectives and work plan implementation				<input checked="" type="checkbox"/>					
<b>Administration, Quality and Governance</b>									
• Physician wellness initiative				<input checked="" type="checkbox"/>					
• Emergency preparedness plan			<input checked="" type="checkbox"/>					<input type="checkbox"/>	†††
• Gold Cane Award for physician professionalism		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
• Governance evaluation						<input type="checkbox"/>			
• Electronic document management					<input checked="" type="checkbox"/>				

Notes: †: Cancelled due to insufficient numbers. ††: Deferred for financial reasons. †††: First draft prepared Sept. 2007 – To be operationalized by end of 2008.

# Auditors' Report

To the Members of the  
College of Physicians and Surgeons of Nova Scotia

We have audited the financial statements of the College of Physicians and Surgeons of Nova Scotia as at December 31, 2007 in accordance with Canadian generally accepted auditing standards and expressed an unqualified opinion on these financial statements in our report dated January 28, 2008. In our opinion, the information contained in the attached condensed statement of operations and the statement of changes in net assets is consistent with the above mentioned financial statements from which it was derived.

To obtain a better understanding of the organization's financial position and the results of its operations for the year ended December 31, 2007, this condensed financial statement should be read in light of the audited financial statements.

## WB LI CHARTERED ACCOUNTANTS

Bedford, Nova Scotia, January 28, 2008

## Notes To Financial Statements For The Year Ended December 31, 2007

### 1. PURPOSE OF ORGANIZATION

The College of Physicians and Surgeons of Nova Scotia is a not-for-profit organization that serves as a licensing and regulatory body for the medical profession within the province of Nova Scotia.

### 2. SIGNIFICANT ACCOUNTING POLICIES

#### Credit Risk

The College of Physicians and Surgeons of Nova Scotia does not believe that it is subject to any significant concentration of credit risk from its members. The accounts receivable relate to unpaid annual licensing fees and incorporation fees.

#### Capital Assets

Capital assets are stated at cost. Amortization is provided by the diminishing balance method at the following annual rates:

Furniture and equipment	20%
Computer hardware and software	30%

Equipment under capital leases are being amortized by the straight line method over a period of 48 to 60 months, which approximates the terms of the leases.

#### Investments

The short term investments are classified as a financial asset held for trading and are recognized and measured at their fair value. Cost and fair market value were approximately the same amount at the end of the year.

The long term investments are comprised of fixed income securities and units of a T Bill fund. The fixed income securities are classified as an investment held to maturity and are recognized and measured at amortized cost. The investment in the T Bill fund is classified as a financial asset held for trading and is recognized and measured at its fair value.

#### Deferred Charges

Deferred charges represent costs incurred by the College to develop an appraisal centre for the licensing of international medical graduates. These costs are amortized against future revenues.

#### Deferred Revenue

Physicians are licensed on a calendar year basis. Annual fees billed by the College of Physicians and Surgeons of Nova Scotia before December 31 and related to the subsequent year, are recorded as deferred revenue.

#### Revenue Recognition

Annual licensing fees and professional corporation fees are recorded as revenue in the year to which they relate. Revenue from other fees and programs is recognized as the service is rendered. Investment income is recognized on the accrual basis. Recoveries of hearing expenses are recorded when received. Government funding is recorded as revenue in the year to which it relates.

#### Deferred Lease Inducements

Lease inducements are being amortized by the straight-line method over the term of the lease.

#### Net Assets

Effective 1996, the College of Physicians and Surgeons of Nova Scotia began following a policy of appropriating surplus for future commitments. Surplus is now allocated based on expected future use as follows:

- Unrestricted net assets – available for future general use of the organization;
- Net assets invested in capital assets – funds used for capital assets;
- Restricted net assets – funds for which the Council has internally restricted for the purpose of covering expenditures in excess of the organization's operating budget. This internally restricted fund is not available for other purposes without the approval of the Finance Committee.

## Statement of Operations

	2007 Budget \$	2007 Actual \$	2006 Actual \$
<b>Revenue</b>			
Annual Licensing Fees	2,753,000	2,789,165	2,421,150
Registration Fees	81,000	143,420	133,662
Temporary Fees	38,250	39,850	28,425
Specialists Registration Fees	32,025	32,015	33,450
Certificates of Good Standing	24,000	26,870	24,695
Professional Incorporation Fees	126,350	123,050	114,100
Other Income	86,000	17,438	13,128
Investment Income	65,000	66,407	57,947
Observation Permits	3,000	3,090	2,370
CAPP Program	232,000	381,771	330,613
	<b>3,440,625</b>	<b>3,623,076</b>	<b>3,159,540</b>
<b>Expenses</b>			
Council	215,250	229,249	205,512
Registrar's Office	80,775	117,384	71,352
Investigations	202,500	647,801	399,062
Administration	1,610,400	1,673,548	1,464,220
Occupancy	152,901	176,464	178,220
Communications and Technology	254,350	270,875	176,696
NSPAR Program	320,829	271,892	250,201
CAPP Program	555,250	417,879	598,642
	<b>3,392,255</b>	<b>3,805,092</b>	<b>3,343,905</b>
Excess (Deficiency) of Revenue Over Expenses	<b>48,370</b>	<b>(182,016)</b>	<b>(184,365)</b>

## Statement of Changes in Net Assets

Net Assets	Invested in Capital Assets \$	Reserve Fund \$	Unrestricted \$	2007 Total \$	2006 Total \$
Balance - Beginning of year	140,742	1,184,580	202	1,325,524	1,475,951
Excess (deficiency) of revenue over expenses	(105,522)	-	(76,494)	(182,016)	(184,365)
Investment in capital assets	102,831	-	(102,831)	-	-
Investment Income	-	43,685	-	43,685	33,938
Balance - end of year	<b>138,051</b>	<b>1,228,265</b>	<b>(179,123)</b>	<b>1,187,193</b>	<b>1,325,524</b>

### Fair Value of Financial Instruments

The College's financial instruments comprise cash, accounts receivable, short term investments, long term investments, accounts payable and obligations under capital lease.

The fair value of cash, accounts receivable and accounts payable is approximately equal to their carrying value due to their short term maturity dates.

The fair value of short term investments and the T Bill investments reported under long term investments is approximately equal to their quoted market values.

The fair value of the fixed income securities which comprise part of the long term investments is amortized cost.

The fair value of the obligations under capital lease is determined using the present value of future cash flows under current financing agreements, based on market interest rates for obligations with similar conditions and maturities.

### 3. AUDITED FINANCIAL STATEMENTS

The full set of audited financial statements can be obtained by writing to the College of Physicians and Surgeons of Nova Scotia at Sentry Place, Suite 200, 1559 Brunswick St., Halifax, Nova Scotia, B3J 2G1.

# Investigations Report

## Complaints by Category: 2003-2007

As of December 31 each year

Category (Post-2003)	2003	2004	2005	2006	2007
Quality of care	83	82	138	158	123
Communication	23	27	29	25	15
Systemic issues	1	0	1	3	3
Impaired physician	1	1	1	2	1
Third-party medical information	7	3	1	7	12
Ethics	11	10	20	25	30
Medical reporting	8	6	4	2	2
Practice management	7	2	4	6	9
Miscellaneous	2	0	1	1	0

## Complaint Outcomes: 2003-2007

As of December 31 each year

	2003	2004	2005	2006	2007
Dismissed	75	105	82	128	97
Counselled	9	14	17	28	20
Cautioned	2	2	4	7	10
Caution / Counsel	4	5	11	21	4
Reprimand with consent	1	0	3	4	0
Referred to Hearing	0	2	2	3	4
Open	74	30	46	28	13

## Hearing Committee Decision and Consensual Reprimand Summaries

From April 1, 2007 to May 31, 2008

### Please Note:

In accordance with section 81 (1) of the Nova Scotia *Medical Act* (see below), the College publishes the following summaries in each year's annual report.

*81 (1) Subject to any publication bans, the College shall publish a hearing committee's decision or summary of the decision in its annual report and may publish the decision or summary in any other publication.*

Complete and up-to-date information about Hearing Committee Decisions and Consensual Reprimands is available at: [www.cpsns.ns.ca/disciplinary-decisions.htm](http://www.cpsns.ns.ca/disciplinary-decisions.htm) or by contacting the College. Full decisions for all of the summaries listed below are also available at this link.

### Hearing Committee Decision

#### April 30, 2007, Dr. Ian DePass, Liverpool, Nova Scotia

In a settlement agreement, Dr. Ian DePass, a general surgeon formerly practicing in Liverpool, admitted to having failed to exercise appropriate judgment or to demonstrate adequate skill on a number of occasions between 1997 and 2002 when engaging in treatment and post-operative care of patients. Dr. DePass acknowledged that the allegations constituted a disciplinary matter violation and consented to a reprimand for the deficiencies in his practices; a limit on his medical license to group practice with another general surgeon or surgeons; and an agreement that if he were to re-apply to practice medicine in Nova Scotia, that the contents of the settlement agreement and related information would be made available to the College's Credentials Committee. Dr. DePass also agreed to pay costs in the amount of \$15,000 as a contribution toward the College's costs for the conclusion of the matter.

### Hearing Committee Decision

#### July 1, 2007, Dr. Ishtiaq Muhammad, Dartmouth, Nova Scotia

Pursuant to a Hearing Committee Decision incorporating a settlement agreement, the license to practice medicine of Dr. Ishtiaq Muhammad, a hospitalist in Dartmouth, was suspended for three months. Dr. Muhammad admitted to professional misconduct related to documenting examinations on patients' charts that he had not conducted and to responding untruthfully to a question on an application for appointment to the medical staff of the Capital District Health Authority. As part of the penalty, Dr. Muhammad agreed to complete approved courses on ethics and medical record-keeping at his own expense. He also agreed that if he wished to change from his practice as a hospitalist at the Capital District Health Authority or to seek a change of sponsor, the College's complaints file would be disclosed to the Registration Department of the College, and to any new sponsor who might be appointed by the College. In the event Dr. Muhammad is issued a full licence to practice medicine, his licence will be restricted such that he may not engage in independent practice for a period of three years from the granting of the full licence. Dr. Muhammad also agreed to pay the amount of \$3,000 as a contribution toward the College's costs for the conclusion of the matter.

*continued on page 6*



## Hearing Committee Decision and Consensual Reprimand Summaries

April 1, 2007 to May 31, 2008

### Hearing Committee Decision

**December 11, 2007, Dr. Christopher Wozniak, Leduc, Alberta**

Pursuant to a Hearing Committee decision, the Nova Scotia medical license of Dr. Christopher Wozniak, a family physician in Leduc, Alberta, was suspended for 12 months beginning August 1, 2007. This suspension followed a disciplinary decision regarding Dr. Wozniak that was issued by the College of Physicians and Surgeons of Alberta (CPSA) on November 30, 2007. The CPSA found Dr. Wozniak guilty of conduct unbecoming a medical practitioner by engaging in a sexual relationship with a patient in or about December 1995. The Hearing Committee decision indicated that the terms of the disposition issued by the CPSA (including the dates of Dr. Wozniak's license suspension, mandatory participation in the CPSA aftercare program for boundary violations and the terms of his license reinstatement) would also apply to his Nova Scotia medical license. Dr. Wozniak was given credit against the 12-month period of suspension for the time he was away from practice for assessment and treatment. Costs were not sought by the Nova Scotia College, but the Nova Scotia decision stipulated that Dr. Wozniak pay the CPSA costs prior to the lifting of his Nova Scotia license suspension.

### Hearing Committee Decision

**January 18, 2008, Dr. Stani Osif, Sydney Mines, Nova Scotia**

In a decision dated January 18, 2008, a Hearing Committee found Dr. Stani Osif, a family practitioner in Sydney Mines, guilty of charges relating to a disciplinary matter that is professional misconduct and professional incompetence. The Committee found that Dr. Osif was guilty on eight charges. These involved failure on Dr. Osif's part to demonstrate adequate skill, care, and knowledge when assessing and treating patients; failure to request necessary investigative tests; failure to demonstrate the appropriate assessment or have sufficient evidence available before reaching a diagnosis; failure to provide an accurate account of an emergency room physical examination; and failure to communicate with others in an effective and courteous manner.

As of May 26, 2008, the Hearing Committee had not determined a disposition in the case.

### Hearing Committee Decision

**May 8, 2008, Dr. Mary Sidhom, Halifax, Nova Scotia**

Pursuant to a Hearing Committee decision incorporating a settlement agreement, Dr. Mary Sidhom, a family practitioner in Halifax, admitted to allegations set out in a Notice of Hearing and admitted that the allegations constituted a disciplinary matter. The allegations involved her failure to adequately assess, treat, or refer a number of obstetrical patients in her care between December 2005 and March 2006. Dr. Sidhom was reprimanded pursuant to the *Medical Act*. A restriction that had been placed on Dr. Sidhom's licence preventing her from providing prenatal care to patients was removed following her satisfactory completion of a clinical traineeship approved by the College. Dr. Sidhom agreed to pay the amount of \$3,000 as a contribution toward the College's costs for the conclusion of the matter.

### Hearing Committee Decision

**May 8, 2008, Dr. Spiro Photopoulos, Halifax, Nova Scotia**

Pursuant to a Hearing Committee decision incorporating a settlement agreement, the defined license of Dr. Spiro Photopoulos, a family practitioner in Halifax, was suspended for three months. The charges against Dr. Photopoulos related to his management of an acute cardiac event; his failure to provide timely and relevant information to an internist; his failure to make timely entries on a patient chart; and his failure to demonstrate appropriate skills, knowledge and judgment in areas of history taking, assessment, diagnosis and emergency room practice. A permanent condition was imposed on Dr. Photopoulos' defined licence and on any subsequent licence issued by the College, permitting him to practice only in a primary health care environment and preventing him from practicing in an acute or emergency room setting. Dr. Photopoulos was also required to successfully complete, at his own expense, an ongoing educational program acceptable to the College. Dr. Photopoulos agreed to pay the amount of \$15,000 as a contribution toward the College's costs for the conclusion of the matter.

# College Council and Committees: 2007

As of December 31, 2007

	Position, constituency, or appointment	Executive Committee	Investigation Committee "A"	Investigation Committee "B"	Investigation Committee "C"	Finance Committee	Governance and Quality Committee	Credentials Committee	Nominating Committee	Peer Assessment Committee
Dr. Rex Dunn	President (District 1)	Chair				X	X	Chair	X	Chair
Dr. Henry Adamson	District 2	X			Chair	X				
Dr. Fiona Bergin	District 5						X	X		
Mr. Harold Bezanson	Public Member		X						Chair	
Dr. Ethel Cooper-Rosen	District 5		X				X			
Ms. Cheryl Copage	Investigation "C"				X					
Dr. Cynthia Forbes	District 5		X					X		
Dr. Zachary Fraser	Investigation "C"				X					
Dr. Jean Gray	Investigation "C"				X					
Mr. Allan Green, Q.C.	Public Member	X				Chair	X			
Ms. Gwen Haliburton	Public Member			X						
Ms. Mary Hamblin	Public Member	X					Chair	X		X
Dr. Andrew Harris	Investigation "B"			X						
Dr. Shelagh Leahey	District 3	X	Chair			X	X		X	
Mr. Douglas Lloy	Public Member				X	X		X		
Dr. Keri McAadoo	District 4			X					X	
Dr. Elizabeth Mann	District 5				X					
Dr. Devon Richardson	PARI-MP									
Dr. Heather Robertson	Investigation "A"		X							
Ms. Joan Sargeant	Dalhousie CME									X
Dr. Douglas Sinclair	Dalhousie University							X		X
Dr. Donald Wescott	Doctors Nova Scotia	X		Chair						
Dr. Lesley Whynot	Investigation "B"			X						
Ms. Marjorie Hickey, Q.C.	Solicitor									

# Physician Resource Statistics and Obituaries

As of December 31, 2007

Type of Registration	Physician Location	In Memoriam	In Memoriam (continued)
Full Register 2026	Annapolis 24	Blinn, Alan Arthur	Tonning, Henrick
Defined Register 192	Antigonish 62	Brown, Laurie Malcolm	Wesolkowski, Jacek (Jack)
Temporary Register 67	Cape Breton 216	Brunton, Lauder	Wort, Arthur John
<b>Total 2285</b>	Colchester 82	Bruyere, Jean-Charles (Chuck)	
	Cumberland 57	Cameron, John Roderick	
<b>Specialists 1159</b>	Digby 9	Cooper, John Hanwell	
<b>Non-Specialists 1126</b>	Guysborough 7	Duerden-McDonald, Deborah K.	
	Halifax 1357	Guzdziol, Wladyslaw	
<b>Place of Graduation</b>	Hants 41	Lannon, Stanislaus Gerard	
Dalhousie University 1064	Inverness 17	Lawrence, James Alexander (Sandy)	
Other Canadian universities 551	Kings 143	Leighton, Alexander Hamilton	
U.S. universities 37	Lunenburg 91	MacGregor, Hector Ian	
All other universities 633	Pictou 72	MacKinnon, Kenneth Joseph Chisholm	
	Queens 16	Prasad, Mahendra	
	Richmond 7	Roy, Devabrata	
	Shelburne 12	Samson, Joseph A. H.	
	Victoria 8	Sanson, Jorge Borres, Jr.	
	Yarmouth 64	Stott, Nelson Wright	



# Acknowledgements

The College and its programs depend on the assistance of many talented individuals who serve on committees, make presentations, act as physician mentors and perform other essential functions. The College extends warm thanks to the following people who have kindly shared their time and expertise in the past year.

Dr. Rachel Abel	Dr. Jean Gray	Dr. Victoria Mitchell
Dr. Henry Adamson	Mr. Allan Green, Q.C.	Dr. Mary Frances Moriarty
Dr. Maria Alexiadis	Dr. Deepa Gurusamy	Dr. Helen Morrison
Dr. Terry Babick	Ms. Gwen Haliburton	Dr. Ewart Morse
Dr. Carlos Beltran	Ms. Mary Hamblin	Dr. Paul Murphy
Dr. Harold Berghuis	Dr. Vonda Hayes	Dr. Bruce O'Hearn
Dr. Fiona Bergin	Dr. Andrew Harris	Dr. William Pope
Mr. Harold Bezanson	Dr. LeRoy Heffernan	Ms. Maureen Reid
Dr. David Botten	Dr. Brian Hennen	Dr. Devon Richardson
Dr. Gisele Bourgeois-Law	Ms. Marjorie Hickey, Q.C.	Dr. Heather Robertson
Dr. Kevin Bourke	Dr. Helmut Hollenhorst	Dr. Emile Saad
Dr. Jane Brooks	Mr. Bruce Holmes	Joan Sargeant, PhD
Dr. Wayne Brown	Dr. Lynn Johnston	Dr. Peter Sekula
Dr. Robyn Bustin	Ms. Suzanne Kennedy	Dr. Shikhi Sharma
Dr. Michel Chiasson	Dr. Nuala Kenny	Dr. Sushil Sharma
Dr. James Collins	Dr. Donald Langille	Dr. Ruth Simkin
Dr. Ethel Cooper-Rosen	Mr. David LaPierre	Dr. Douglas Sinclair
Ms. Cheryl Copage	Dr. Shelagh Leahey	Dr. Panchasheila Sivakumar
Dr. Christena Cote	Mr. Douglas Lloy	Dr. Ehab Soliman
Dr. Michael Cussen	Dr. Peter Loveridge	Dr. Patrick Somers
Dr. Mary Doyle	Dr. Peter MacDougall	Dr. Steven Spiess
Dr. Rex Dunn	Dr. James MacLachlan	Dr. Ron Stewart
Dr. Dawn Edgar	Mr. Guy MacLean	Dr. Ronald Tanton
Dr. Cathy Felderhof	Dr. Stephen MacLean	Dr. Margaret Tutert
Dr. Nigel Flook	Dr. Winston Makhan	Dr. Ross Upshur
Dr. Cynthia Forbes	Dr. Elizabeth Mann	Dr. Don Wescott
Dr. Zachary Fraser	Dr. Robert Maudsley	Dr. Lesley Whynot
Dr. Robert Fredrickson	Dr. Keri McAdoo	Dr. Kenny Yee
		Dr. Anna Ziomek