# 2008 ANNUAL REPORT



Competent Care & Ethical Practice

## President's Report



At this half-way point in my term as the College president, I am pleased to share some of our successes from the past year and to touch on some of the challenges involved in our work on behalf of the people of Nova Scotia.

## NSPAR broadens scope

Shelagh M. Leahey, M.D.

The Nova Scotia

Physician Achievement (NSPAR) Program is now in place among family physicians, medical specialists and surgeons. NSPAR is a program of performance assessment for Nova Scotia physicians. It is designed to provide physicians with information about their medical

practice, in the form of a confidential report, based on feedback from their medical colleagues, co-workers and patients. This unbiased and multisourced feedback is helpful to physicians in

improving their medical practices while building on their identified strengths.

Pediatric specialists will be included in NSPAR for the first time in autumn 2009. Additional versions for remaining groups of physicians, such as those practicing episodic care, anesthesia, and psychiatry, are being considered for the near future. To date, almost 600 reviews have been completed.

The College's Practice Improvement Committee, through its program advisors, continues to learn a significant amount about best practices and the practice and systemic factors that face Nova Scoita physicians. This information, along with findings about practice and systemic issues, is being recorded and will be reported to members.

Physicians who have completed an NSPAR review have provided valuable feedback to the program with the majority indicating the results of their review accurately reflects their practices. More than a third of physicians who have completed an NSPAR review have made, or intend to make, changes in their practices as a result of the feedback they received in their NSPAR reports. Reviewed physicians have also provided suggestions and thoughts on possible improvements to the program. This feedback is greatly appreciated and will be incorporated as the program continues to grow.

The program has also initiated several significant pieces of research. Working with Dalhousie CME, NSPAR held several extended focus groups with physicians who have acted as medical colleague reviewers for the program.



Communication within the program over the past few years indicated the need to know more about how physicians assess performance and make decisions about the scores they assign to their

medical colleagues, particularly since these reviewers rarely directly observe the clinical performance of medical colleagues.

This research resulted in the development of a survey interpretation guide to assist NSPAR program advisors in their discussions with physicians who receive flagged reports and to assist all physicians in interpreting their NSPAR reports.

This guide can be viewed on the NSPAR website at www.nspar.ca (click on the *NSPAR Report Follow-up* tab).

## CAPP: Aiding IMGs and helping underserved communities

The College continues to assist with the province's physician labour shortage through its Clinical Assessment for Practice (CAPP) Program. Thanks to CAPP, almost 30 internationally trained family physicians have entered mentored practice in underserved Nova

Scotia communities in the past four years. Five of these physicians have since achieved certification with the College of Family Physicians of Canada. The possibility of broadening CAPP to include specialists is also being explored.



The Nova Scotia Department of Health provided CAPP with funding of \$200,000 for 2008, and has assured the same amount of funding for 2009. Staff will soon submit a proposal to the department for longer-term funding. CAPP is strongly focused on research, and staff members presented their research on the assessment and integration of IMGs in a number of prestigious forums and publications in the past year.

## AIT and FRPA: Increased government oversight

The past year has also seen the passage of the Nova Scotia Fair Registration Practices Act (FRPA) and amendments to the Mobility Chapter of the Agreement on Internal Trade (AIT). The College is clarifying its processes to ensure compliance with these initiatives.

Historically, governments have allowed self-governing bodies such as the College to manage their own affairs under a statutory mandate, typically to protect the public interest (through licensing, discipline and standard-setting) and to preserve certain aspects of their professions' interests. However, the prospect of a shrinking workforce and the desire to attract workers from other places have sometimes led governments to regard the licensing processes of self-governing professions as encumbrances rather than the major public assets they are.

FRPA and AIT appear to signal a shift toward greater government oversight and reduced autonomy for self-regulating professions in this province. These two pieces of legislation will increase the expenses of professional regulatory bodies such as the College due to the reporting, procedural adjustments, data collection and legislation reviews they require. Be assured that the College is closely monitoring developments regarding

AIT and FRPA and will communicate with its members as developments warrant.

## Looking ahead

Council has begun work on a five-year strategic review of College programs. We will have a number of matters to

consider, including shifting human resource trends, the growth of interprofessional collaborative practice and the need for stronger relationships between the College and governments, educators, and the public. Of course, we must also prepare for rising costs and belt-tightening by individuals and organizations alike within the next few years.

I would like to take particular note of the contributions of our Council and committee members, with whom I am proud and pleased to serve. I would also like to thank our superb staff of 23 who, among many other things, have prepared a comprehensive crisis plan for the College and moved its offices to a more user-friendly location within the past year.

Your feedback on College activities and our future challenges is always appreciated. Please do not hesitate to contact me through the College offices.

Shelagh M. Leahey, M.D.
President
College of Physicians and Surgeons of Nova Scotia

## **Strategic Milestones**

As of May 12, 2009 2009 2009 2009 2009 Q1 Q2 Q3 Q4 Council • Strategic review and plan completed • Balanced scorecard assessment of Council completed • Council self-assessment completed  $\overline{\mathbf{A}}$  Council workplan developed and implemented  $\overline{\mathbf{A}}$ • Review/enhance liaison with Dalhousie University Faculty of Medicine Revalidation plan developed П • Board development: Strategic review, NSPAR, core functions and risk management Clinician Assessment for Practice Program (CAPP) • 195 candidates assessed  $\square$ • Fifth cohort ends 13-month cycle • New physician orientation completed Nova Scotia Physician Achievement Review (NSPAR) • Launch of NSPAR pediatrics version · Research on physician resource compendium П • 620 family physician reviews initiatied • 200 medical specialist reviews initiated • 200 surgeon reviews initiated • Program evaluation and planning retreat **Registration Department** • Electronic exchange of certificates of standing (national and international)  $\square$ • Internal database of defined licensees  $\overline{\mathbf{A}}$ • Online registration capacity for medical students • Full online annual licensing renewal in place • Credentialing process with district health authorities in place • Implementation of mentorship program for non-CAPP defined licensees • Secure online access to common College services for physicians • Compliance with Nova Scotia Fair Registration Practices Act **Investigations Department** · Complaint process satisfaction survey  $\square$ • Physician satisfaction survey regarding complaint process  $\square$ Administration • Communications audit to Council; communication plan implemented • Emergency preparedness plan operationalized  $\sqrt{}$ 

• Gold Cane Award for physician professionalism presented

· Risk management strategy implemented

<sup>\*</sup> Moved due to scheduled June 2009 assessment \*\* Moved for technical reasons

## Auditors' Report To the Members of the College of Physicians and Surgeons of Nova Scotia

## To the Members of the

We have audited the financial statements of the College of Physicians and Surgeons of Nova Scotia as at December 31, 2008 in accordance with Canadian generally accepted auditing standards and expressed an unqualified opinion on these financial statements in our report dated January 23, 2009. 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, 2008, this condensed financial statement should be read in light of the audited financial statements.

### WBLI CHARTERED ACCOUNTANTS

Bedford, Nova Scotia, January 23, 2009

## **Notes To Financial Statements** For The Year Ended December 31, 2008

### 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

### 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 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.

Development costs represent costs incurred by the College of Physicians and Surgeons of Nova Scotia to develop an appraisal centre for the licensing of international medical graduates. These costs are amortized against future revenues

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.

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:

- (i) Unrestricted net assets available for future general use of the organization;
- (ii) Net assets invested in capital assets funds used for capital assets;
- (iii) 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**

	2008 Budget	2008 Actual	2007 Actual
	\$	\$	\$
Revenue			
Annual Licensing Fees	2,911,180	2,808,047	2,789,165
Registration Fees	140,000	154,559	143,420
Temporary Fees	33,750	42,975	39,850
Specialists Registration Fees	30,000	33,405	32,015
Certificates of Good Standing	27,300	29,215	26,870
Professional Incorporation Fees	131,750	131,250	123,050
Other Income	25,555	25,816	17,438
Investment Income	80,000	44,851	66,407
Observation Permits	2,625	2,040	3,090
CAPP Program	165,000	379,601	381,771
	3,547,160	3,651,759	3,623,076
Expenses			
Council	206,720	206,519	215,405
Registrar's Office	96,500	86,872	123,305
Investigations	414,750	328,290	641,880
Administration	1,794,820	1,869,434	1,673,548
Occupancy	144,901	157,899	176,464
Communications and Technology	270,100	127,819	270,875
NSPAR Program	461,232	272,997	271,892
CAPP Program	293,700	356,871	417,879
Registration	52,950	18,487	13,844
	3,735,673	3,425,188	3,805,092
Excess (Deficiency) of			
Revenue Over Expenses	(188,513)	226,571	(182,016)

## Statement of Changes in Net Assets

Net Assets	Invested in Capital Assets	Reserve Fund	Unrestricted	2008 Total	2007 Total	
	\$	\$	\$	\$	\$	
Balance - Beginning of year	138,051	1,228,265	(179,123)	1,187,193	1,325,524	
Excess (deficiency) of revenue over expenses	(116,386)	-	342,957	226,571	(182,016)	
Investment in capital assets	175,016	-	(175,016)	-	-	
Investment Income	-	44,236	-	44,236	43,685	
Balance - end of year	196,681	1,272,501	(11,182)	1,458,000	1,187,193	

### 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 longterm 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 Suite 5005, 7071 Bayers Road, Halifax, Nova Scotia, B3L 2C2.

## **Investigations Report**

Complaints by Category: 2004-2008

As of December 31 each year

Category	2004	2005	2006	2007	2008
Quality of care	82	138	158	123	129
Communication	27	29	25	15	23
Systemic issues	0	1	3	3	0
Impaired physician	1	1	2	1	2
Third-party medical information	3	1	7	12	5
Ethics	10	20	25	30	26
Medical reporting	6	4	2	2	2
Practice management	2	4	6	9	4

Complaint Outcomes: 2004-2008

As of December 31 each year

	2004	2005	2006	2007	2008
Dismissed	105	82	128	97	125
Counselled	14	17	28	20	22
Cautioned	2	4	7	10	12
Caution / Counsel	5	11	21	4	6
Reprimand with consent	0	3	4	0	1
Referred to Hearing	2	2	3	4	1
Open	30	46	28	13	20

## Hearing Committee Decision / Consensual Reprimand Summary

Issued between April 1, 2007 and 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 or by contacting the College. Copies of full decisions are also available at this link.

## Hearing Committee Decision December 19, 2008, Dr. Stephen Harley, Dartmouth, Nova Scotia

Pursuant to a Hearing Committee decision incorporating a Settlement Agreement, conditions and restrictions were placed on the medical licence of Dr. Stephen Harley of Dartmouth. In the decision, Dr. Harley acknowledged having written fraudulent narcotics prescriptions for family and friends on a number of occasions between 2004 and May 2008 which he diverted for his personal use. Dr. Harley consented to a reprimand and his practice was made subject to various conditions and restrictions. In particular, Dr. Harley agreed to return to a gradual practice of medicine under agreed-upon restrictions and conditions, including the continued suspension of his narcotic prescribing privileges until October, 2009, or such later time as determined by Health Canada.

## College Council and Committees: 2008

As of December 31, 2008

	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	Practice Improvement Committee
Dr. Shelagh Leahey	President (District 3)	Chair				X	X	X	X	X
Dr. Fiona Bergin	District 5	X					X	Chair		
Mr. Harold Bezanson	Public Member		X						Chair	
Dr. Ethel Cooper-Rosen	President-Elect (District 5)	X	Chair			X			X	
Ms. Cheryl Copage	Investigation "C"				X					
Dr. Rex Dunn	Past-President (District 1)								X	
Dr. Cynthia Forbes	Investigation "A"		X							
Dr. Zachary Fraser	Investigation "C"				X					
Dr. Jean Gray	Investigation "C"				X					
Dr. Samantha Gray	PARI-MP									
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						
Mr. Douglas Lloy	Public Member	X			Chair	X		X		
Dr. James MacLachlan	District 2						X			
Dr. Gisele Marier	Doctors Nova Scotia						X	X		
Dr. Keri McAdoo	District 4	X		Chair		X				
Dr. Elizabeth Mann	District 5				X					
Dr. Heather Robertson	Investigation "A"		X							
Ms. Joan Sargeant	Dalhousie CME									X
Dr. Douglas Sinclair	Dalhousie University							X		X
Dr. Scott Theriault	District 5		X							
Dr. Lesley Whynot	Investigation "B"			X						
Ms. Marjorie Hickey, Q.C.	Solicitor									

## Physician Resource Statistics and Obituaries

## As of December 31, 2008

2026 192
67
2285
1159
1126
1064
551
37
633

Physician Location	
Annapolis	24
Antigonish	62
Cape Breton	216
Colchester	82
Cumberland	57
Digby	9
Guysborough	7
Halifax	1357
Hants	41
Inverness	17
Kings	143
Lunenburg	91
Pictou	72
Queens	16
Richmond	7
Shelburne	12
Victoria	8
Yarmouth	64

In Memoriam
CASEY, Michael Thomas
CHURCHILL, Margaret Elizabeth
DOWNING, Eric James
GARNHUM, Daniel Graham
GREENLAW, William Ernest
MCCULLOCH, Michael Alexander
MCCULLY, James Alden Young
MURPHY, James Bruce
ROBERTS, John Barry
SAUNDERS, George McKenna
SAYAT, Gregorio Lacopia
SIMMS, Hugh Murray
SINGH, Ajit Kumar (Jay)
SMILLIE, Howard Andrew Gee
WILKS, Helen



Competent Care & Ethical Practice

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