

# 2010 ANNUAL REPORT



COLLEGE OF  
PHYSICIANS & SURGEONS  
OF NOVA SCOTIA

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*Excellence in Medical Regulation*

# President's Report



**Ethel Cooper-Rosen, MD**

It has been a very busy year at the College and I will attempt to highlight some of the key areas that we have been working on over the last 12 months. Time has flown by and as I reflect on all that has been accomplished, I can't help but be impressed by the hard work of the College's staff, Council, and committee members.

In conjunction with our legal consultant, Ms. Marjorie Hickey, our Medical Act Review Committee put in many hours of work to develop a new Nova Scotia *Medical Act*.

Our present Act, which has been in place for the past 15 years, is outdated and weak in certain areas. Development of the new Act involved comprehensive consultation and feedback from our members, related organizations and stakeholders. These included, but were not limited to, the district health authorities, CMPA, Doctors Nova Scotia, and the other provincial medical regulators. As a result of this arduous process, we have a proposed new Act that is less prescriptive and will incorporate more regulations that allow for greater flexibility. The new Act will also provide a more efficient means of dealing with complaints.

We hope that the new Act will be introduced in the spring 2011 legislative session, with passage and proclamation within the next 12 months.

The Labour Mobility Chapter of the federal/provincial *Agreement on Internal Trade* recently came into effect. This legislation requires that physicians licensed by any province or territory are entitled to be licensed by any other province or territory upon application, and that this licensure must take place without further requirements for training, experience, assessments or examinations. The College has been working with the other provincial medical regulators to develop common standards for registration and certification of conduct that are acceptable to all the Canadian jurisdictions.

With the passage of the provincial *Fair Registration Practices Act* (FRPA) in 2008, government now has oversight over the licensing processes of the College and other provincial health regulators. The Act sets out very clear requirements that a fair, transparent, and objective licensing process be in place. This includes that all rules and requirements be published, that decision makers be appropriately trained, that an appeals process be available, and that the process be transparent and fair. The College has been working diligently to meet the requirements of FRPA and expects to be reviewed for compliance in the near future. Compliance with FRPA will increase the expenses of all regulatory bodies due to its requirements for reporting, procedural adjustments, data collection, and legislation reviews.

The College is working on a program that will be introduced in the next two to three years in which all physicians will be expected, as part of their license renewal process, to provide evidence of ongoing CME/CPD. One of the pillars of self-regulation is the demonstration of ongoing competence and performance of our members. The Federation of Medical Regulatory Authorities of Canada (FMRAC) recently released a position statement that notes, "All licensed physicians in Canada must participate in a recognized revalidation process in which they demonstrate their commitment to continued competent performance in a framework that is fair, relevant, inclusive, transferable and formative". Both the RCPSC and the CFPC CME/CPD programs will play a key role in the College's forthcoming program. We will consult with our members and seek relevant feedback as the program develops.

The College continues to administer the Clinician Assessment for Practice Program (CAPP) for international medical graduates (IMGs). The program is well-respected across the country for its quality and innovation. Since 2005, we have assessed 219 IMGs; 42 of whom have received defined licenses. With a defined license, the CAPP physicians have been working in rural areas of Nova Scotia under the supervision of mentors. This has given them an opportunity to learn and experience family practice in Nova Scotia with the coaching and facilitation of experienced physicians. Unfortunately, few of the CAPP physicians who have attained full licensure have remained in the province.

The Nova Scotia Physician Achievement Review (NSPAR) continues to grow and expand to specialty practices. Since NSPAR was launched in 2005, 1362 reviews have been initiated and 998 have been completed. According to survey results, more than one-third of physicians who have completed the review have made or intend to make changes in their practices as a result of the feedback they received.

As the program continues to develop, new tools will be added and others will be changed as we receive feedback from physicians. It is important to understand that the program is non-nominal and that the survey-based portion of the program is administered by an externally sourced research organization. The College does not receive physicians' scores. The program is designed to provide constructive, confidential feedback to physicians from colleagues, other health care professionals, and patients.

Our communication department has updated our website for easier access and use by both members of the public and the profession. The College's physician policies and guidelines are frequently referred to and are continuously being updated by our Policy and Standards Committee. We have also launched a newspaper-based campaign of public service advertising that covers topics such as the NSPAR program, patient referral, medical records, and qualifications required to perform cosmetic procedures.

We recognize that good public communication reinforces the value of self-regulation and demonstrates the profession's commitment to serving the public.

Our Registrar and CEO, Dr. Cameron Little, will retire in September 2011 after many years of service to the College. It has been an honour and a pleasure to work with Dr. Little and he will be missed by all the College staff and Council. In my work with the College over the years, I have heard nothing but praise and admiration for Dr. Little from members of the other medical regulatory associations and the many organizations and professionals with whom the College interacts. We all wish Dr. Little the best in his retirement.

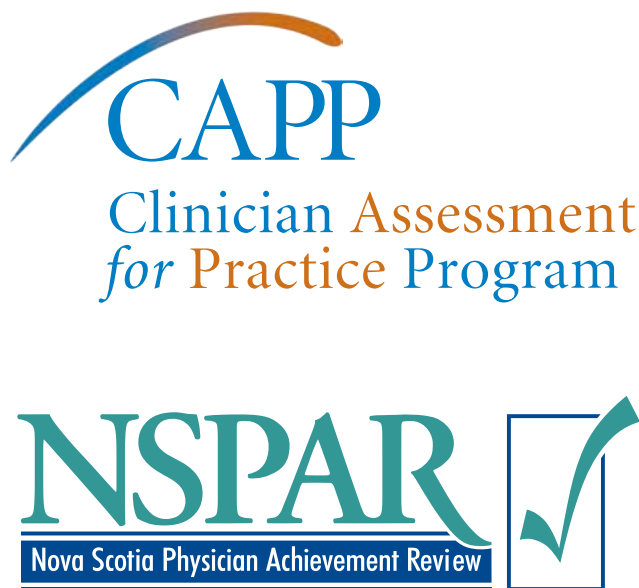
We received many strong applications for the job of Registrar and CEO and were pleased to announce in April 2011 that the position will be filled by Dr. Douglas A. (Gus) Grant, who has an impressive background in the arts, law, and medicine. He holds a Bachelor of Arts degree (cum laude) from Harvard University, a Bachelor

of Law degree (honours) from McGill University, and a Medical degree from Dalhousie University. Dr. Grant has been in family practice in the USA and Canada for the last 12 years, including work in emergency medicine, occupational medicine, and geriatrics. He also has extensive experience in medical, legal and medico-legal affairs, having worked in legal litigation and arbitration, legislation and policy development, and medical professional assessment. Those of us who were involved in the selection process feel that Dr. Grant is extremely well-qualified to meet the challenges of his new position, and I look forward to working with him.

Respectfully submitted,



**Ethel Cooper-Rosen, MD**  
President, College of Physicians and Surgeons of Nova Scotia



# Independent Auditors' Report on the Summary Financial Statements

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

The accompanying summary financial statements, which comprise the summary statement of operations, summary statement of changes in net assets and related notes, are derived from the audited financial statements of the College of Physicians and Surgeons of Nova Scotia for the year ended December 31, 2010. We expressed an unmodified audit opinion on those financial statements in our report dated March 4, 2011.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the College of Physicians and Surgeons of Nova Scotia.

### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian generally accepted accounting principles.

### Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, "Engagements to Report on Summary Financial Statements".

### Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College of Physicians and Surgeons of Nova Scotia for the year ended December 31, 2010 are a fair summary of those financial statements, in accordance with Canadian generally accepted accounting principles.

WB LI CHARTERED ACCOUNTANTS | Bedford, Nova Scotia, March 4, 2011

## Notes To Financial Statements For The Year Ended December 31, 2010

### 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

#### 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%

Leaseholds are being amortized by the straight line method over a period of 15 years. This period is the term of the lease plus one renewal period. Equipment under capital lease is being amortized by the straight line method over a period of 66 months. This period is approximately the term of the lease.

#### Investments

The short term investments are classified as financial assets 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, equities 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 equities and T Bill fund are classified as financial assets held for trading and are recognized and measured at their fair value.

#### 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 Inducement

The lease inducement is being amortized by the straight line method over the term of the lease.

## Statement of Operations

	2010 Budget \$	2010 Actual \$	2009 Actual \$
<b>Revenue</b>			
Annual Licensing Fees	3,927,380	4,038,244	3,485,121
Registration Fees	210,000	180,160	183,344
Temporary Fees	48,000	55,080	53,100
Specialists Registration Fees	50,500	55,695	53,950
Certificates of Good Standing	30,000	30,140	31,980
Professional Incorporation Fees	137,500	150,300	137,850
Other Income	5,000	5,573	6,024
Investment Income	50,000	9,761	13,872
Observation Permits	3,000	3,210	2,500
CAPP Program	380,000	403,254	424,099
Review of Qualifications	25,000	35,465	26,755
	<b>4,866,380</b>	<b>4,966,882</b>	<b>4,391,595</b>
<b>Expenses</b>			
Council	241,500	307,501	262,681
Registrar's Office	116,600	98,884	109,874
Investigations	369,600	366,204	317,601
Administration	2,282,794	2,386,387	2,088,604
Occupancy	209,500	260,272	230,851
Communications and Technology	327,600	182,021	247,998
NSPAR Program	399,807	302,394	308,609
CAPP Program	327,600	405,641	417,306
Registration	87,150	82,338	50,254
	<b>4,362,151</b>	<b>4,391,642</b>	<b>4,033,778</b>
Excess of Revenue Over Expenses	<b>504,229</b>	<b>575,240</b>	<b>357,817</b>

## Statement of Changes in Net Assets

Net Assets	Reserve Fund \$	Unrestricted \$	2010 Total \$	2009 Total \$
Balance - Beginning of year	1,600,068	277,513	1,877,581	1,458,000
Correction of error	-	-	-	(65,803)
Balance - Beginning of year as restated	1,600,068	277,513	1,877,581	1,392,197
Excess of revenue over expenses	-	575,240	575,240	357,817
Investment income	70,995	-	70,995	103,461
Unrealized gain on investments held for trading	-	-	-	24,106
	<b>1,671,063</b>	<b>852,753</b>	<b>2,523,816</b>	<b>1,877,581</b>
Inter-fund transfers	300,000	(300,000)	-	-
Balance - end of year	<b>1,971,063</b>	<b>552,753</b>	<b>2,523,816</b>	<b>1,877,581</b>

### 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:

(i) Unrestricted net assets available for future general use of the organization;

(ii) 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.

### 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.

# College Council and Committees

As of December 31, 2010

Member	Position, constituency, or appointment	Executive Committee	Investigation Committee "A"	Investigation Committee "B"	Investigation Committee "C"	Finance Committee	Policy and Standards Committee	Credentials Committee	Nominating Committee	Practice Improvement Committee
Dr. Ethel Cooper-Rosen	President (District 5)	Chair				●	●	●	●	Chair
Dr. Maria Alexiadis	PI Committee									●
Dr. Fiona Bergin	District 5					●	●			
Mr. Harold Bezanson	Public Member		●							
Dr. Farokh Buhariwalla	District 1	●						Chair		
Dr. Michael Cussen	PI Committee									●
Dr. Al Doucet	Investigation "B"			●						
Dr. Mary Doyle	PI Committee									●
Dr. Cynthia Forbes	Investigation "A"		●							
Dr. Zachary Fraser	Investigation "C"				●					
Dr. Jean Gray	Investigation "C"				●					
Mr. Allan Green, Q.C.	Public Member									●
Ms. Gwen Haliburton	Public Member									
Ms. Mary Hamblin	Public Member	●		●			Chair		●	
Dr. Andrew Harris	Investigation "B"			●						
Dr. Vonda Hayes	PI Committee									●
Dr. Shelagh Leahey	Past-President (District 3)						●	●	Chair	
Mr. Douglas Lloy	Public Member				●	●		●		
Dr. Dianne MacDonald	Investigation "C"				●					
Dr. James MacLachlan	District 2	●		●		Chair	●			
Dr. Gisele Marier	Doctors Nova Scotia		●							
Dr. Keri McAadoo	District 4	●		Chair		●				
Dr. Elizabeth Mann	President-Elect (District 5)	●			Chair	●	●		●	
Dr. Paul Murphy	Credentials Committee							●		
Dr. Rajender Parkash	Investigation "A"		●							
Ms. Joan Sargeant	Dalhousie CME									●
Dr. Preston Smith	Dalhousie University							●		●
Dr. Ronald Tanton	PI Committee									●
Dr. Scott Theriault	District 5	●	Chair							
Dr. Laine Green	PARI-MP Representative									
Ms. Marjorie Hickey, Q.C.	Solicitor									

# Physician Resource Statistics and Obituaries

As of December 31, 2010

Type of Registration	Physician Location	In Memoriam
Full Register 2102	Annapolis 29	ALI, Muntaz 'Monty'
Defined Register 215	Antigonish 59	BARTEAUX, John Wallace
Temporary Register 75	Cape Breton 230	BURRIS, John McCurdy
<b>Total 2392</b>	Colchester 97	CHANDRA-SEKARAN, Monkompu
	Cumberland 56	CHRISTIE, Hugh E.
<b>Specialists 1228</b>	Digby 13	DOK, Than
<b>Non-Specialists 1164</b>	Guysborough 8	FEENER, Melvin Glenwood "Mel"
	Halifax 1430	GREGG, Richard Moore
	Hants 38	PHILLS, James A. Sr.
<b>Place of Graduation</b>		HYNES, John Alexander "Jack"
Dalhousie University 1089		LAWRENCE, George Anthony "Tony"
Other Canadian universities 587		PRICE, Piers Bernard
U.S. universities 32		STEELE, Bernard Joseph
All other universities 684		



# Hearing Committee Decision and Consensual Reprimand Summaries

*Issued between June 1, 2010 and May 31, 2011*

## **Dr. Abdulrahim Alawashez, Halifax, Nova Scotia (Consensual Reprimand) November 22, 2010**

On November 22, 2010, Dr. Abdulrahim Alawashez of Halifax consented to a reprimand issued by an Investigation Committee of the College. Dr. Alawashez admitted that on December 22 and 23, 2009 he wrote six prescriptions for Dilaudid on another physician's prescription pad and signed the prescriptions using another physician's name. The Committee indicated that this behavior was inappropriate and that it constituted a serious error of judgment. However, the Committee took into consideration the following circumstances when making its decision:

1. That Dr. Alawashez was relatively unfamiliar with the triplicate pad prescription system
2. That he was working his first day as a locum within a new environment (a non-teaching hospital)
3. That, prior to writing the prescriptions, he sought out colleagues to write them
4. That he was naïve to the consequences of writing the prescriptions and at no time tried to hide his actions

In consenting to the reprimand, Dr. Alawashez was subject to a finding of professional misconduct.

## **Dr. Stephen Harley, Dartmouth, Nova Scotia (Hearing Committee Decision) December 16, 2010**

On December 16, 2010, a Hearing Committee of the College accepted a settlement agreement pertaining to breaches of an earlier settlement agreement by Dr. Stephen Harley of Dartmouth. Dr. Harley admitted to the following allegations set out in the notice of hearing:

1. That he obtained the narcotics Dilaudid and Hydromorph Contin through non-prescription means for his own use, during the week of October 5-13, 2009
2. That he failed to provide a urine sample when requested to do so on or about October 14, 2009
3. That he attempted to circumvent the random monitoring process outlined in the 2008 settlement agreement

The Hearing Committee accepted a disposition that imposed a six-month suspension on Dr. Harley's medical license and imposed a number of conditions and restrictions upon his return to practice. In particular, Dr. Harley has been permanently prohibited from prescribing narcotics and other controlled substances. The settlement agreement provides that any breach of its terms may be referred back to the College as a complaint for further action.

## **Dr. Dave Wong, Sydney, Nova Scotia (Consensual Reprimand) May 2, 2011**

On May 2, 2011, Dr. Dave Wong of Sydney consented to a reprimand issued by an Investigation Committee of the College. With respect to Dr. Wong's care of patient at the Cape Breton Regional Hospital between July and August 2007, the Committee identified problems with his clinical acumen, decision making, communication skills and record keeping. In accordance with the reprimand, Dr. Wong agreed to attend and participate in a record-keeping course, a remedial communication skills program, and a remedial program to improve his clinical assessment and management of critically ill patients with multiple organ failure. It was agreed that these courses and programs would be subject to approval by the College.

# Investigations Statistics

## Complaints by Category: 2006-2010

*as of December 31 each year*

Category	2006	2007	2008	2009	2010
Quality of care	158	123	129	127	146
Communication	25	15	23	19	22
Systemic issues	3	3	0	1	1
Impaired physician	2	1	2	4	8
Third-party medical information	7	12	5	6	5
Ethics	25	30	26	23	31
Medical reporting	2	2	2	4	9
Practice management	6	9	4	2	3

## Complaint Outcomes: 2006-2010

*as of December 31 each year*

Outcome	2006	2007	2008	2009	2010
Dismissed	128	97	125	103	68
Counselled	28	20	22	33	10
Cautioned	7	10	12	13	14
Caution / Counsel	21	4	6	2	2
Reprimand with consent	4	0	1	1	1
Referred to Hearing	3	4	1	2	4
Open	28	13	20	33	120



# COLLEGE OF PHYSICIANS & SURGEONS OF NOVA SCOTIA

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