

2011 ANNUAL REPORT



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Excellence in Medical Regulation

President's Report



Ethel Cooper-Rosen, MD

As I come to the end of my two-year term as President of the College, I reflect back on all that has been accomplished over the past year.

Within the College offices, there have been some major changes. We have seen the departure of Dr. Cameron Little, our Registrar and CEO since 1995, Ms. Pat Petit, our Chief Operating Officer, and Dr. Rod Wilson, Deputy Registrar of Investigations. Their contributions to the work of the College over the years have been greatly appreciated and we wish them well in their retirement and future endeavors. They are all missed.

New Registrar and CEO

Dr. Gus Grant took over as Registrar and CEO in August 2011. He has an impressive background in the arts, law and medicine, and holds a bachelor of arts degree from Harvard University, a bachelor of law degree from McGill University and a medical degree from Dalhousie University. For the past 12 years, Dr. Grant has practiced family medicine in Canada and the USA. He 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. Dr. Grant has successfully met the challenges of his new position. He has spent the past few months learning about the day-to-day operations of the College, meeting with external stakeholders, working on the new *Medical Act*, developing College initiatives and everything else involved in his new job. We are fortunate to have a Registrar and CEO with as much knowledge, enthusiasm and gusto as Dr. Grant.

New Medical Act

Over the next 12 months, we are hoping to see the proclamation and implementation of the new Nova Scotia *Medical Act*. The present act, which has been in place for the last 15 years, is outdated and has areas of weakness. Development of the new act involved comprehensive consultation with our members, the CMPA, Doctors Nova Scotia, the public, and other stakeholders. The new act is less prescriptive and incorporates regulations that allow for greater flexibility in the work we do. It also provides for a different and hopefully more efficient means of dealing with complaints.

NSPAR

The Nova Scotia Physician Achievement Review (NSPAR) program has, since its inception in 2005, initiated 1593 reviews and completed 1181. In early 2012, two new versions were launched. Psychiatrists and physicians practicing episodic care, including emergency medicine, are now part of the program. NSPAR fulfils the College's mandate under the *Medical Act* to conduct peer review. It is based on a multi-source feedback process that offers physicians detailed and confidential information about their practices as assessed by their medical colleagues, co-workers and patients. The College has amassed a great deal of non-nominal information about the qualities and behaviors that characterize the physicians who are most highly rated. Some of these best practices have been added to the College website under a section entitled *What are Great Doctors Doing?*

CAPP

The Clinician Assessment for Practice Program (CAPP) was established in 2005. To date, CAPP has assessed 255 International Medical Graduates, with 55 being successful and 49 being granted defined licenses to practice in Nova Scotia. Since 2005, 24 rural communities have welcomed physicians from the CAPP Program. Forty-four percent of CAPP physicians have remained in the province following their

four-year contract with the Department of Health and Wellness, while 30 CAPP physicians have attained certification with the College of Family Physicians of Canada before the end of their four-year contract. In 2011, we assessed 36 candidates and granted six defined licenses. CAPP has an excellent reputation both nationally and internationally. The program has shared assessment processes and tools with other provinces and with the National Assessment Collaboration. We owe a great deal of thanks to the large and dedicated group of mentors, sponsors, assessors, content experts and physician examiners for the success of this program.

Mentor Network

The College requires that all physicians with a defined license be mentored and assessed during their first year in practice. In response, the College's Mentor Network Program provides valuable training, accredited online courses, local workshops and mentoring resources. At the end of 2011, there were 50 non-CAPP physicians being supported by a mentor. Through mentorship, we hope to enhance the delivery of safe and competent medical care by physicians new to our system. Mentors can claim study credits with the RCPSC and CFPC. The College extends its thanks to the many individuals and organizations that support the Mentor Network Program including the District Health Authorities, mentors, and mentored physicians.

Policies and Guidelines

The College has a mandate to develop professional policies and guidelines for our members. To that end, the Policy and Standards Committee has been particularly busy throughout 2011. The Committee tries to be very cognizant of physicians' need for clear, concise and relevant information. We have made recent changes to our online library of physician policies and guidelines to make them easier to search and access. We have also added a list of suggested readings for topics that may be of interest to members, but for which we do not feel an official guideline or policy is necessary at this time. A complete listing of our policies and guidelines is available at www.cpsns.ns.ca. I would strongly recommend that members become familiar with this material and refer to any relevant documents as necessary.

Addressing opioid abuse and diversion

The issue of prescription opioid abuse and diversion in Nova Scotia is a serious and growing area of concern. As the professional regulatory body, the College has a responsibility to respond to this issue in a constructive way that fits within our mandate. To that end, we have launched a campaign that encourages doctors and patients to enter into opioid treatment agreements when these drugs are prescribed for chronic pain. The use of such agreements is supported by the *Canadian Guidelines for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*, a definitive national guideline that we endorsed in 2010. Our hope is that the use of such agreements will become routine practice in the province. We are working

closely with the Nova Scotia Prescription Monitoring Program, which will register these agreements so that physicians can routinely review patient compliance. Information about these agreements, including an editable sample, is available at www.cpsns.ns.ca.

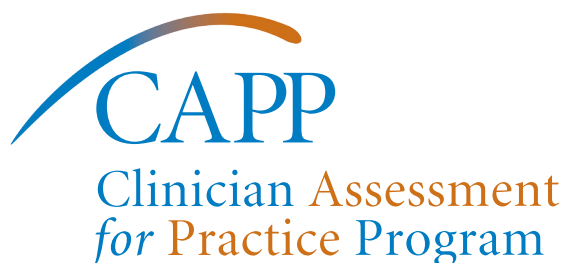
In conclusion, I would like to thank all the members of Council and Committees and the staff of the College for all their support and hard work over the past two years of my presidency.

I want to extend special thanks to Drs. Cameron Little and Gus Grant, and to the College's Past-President, Dr. Shelagh Leahy, who has provided me with a wealth of sage advice and information. Dr. Leahy is shortly retiring from Council after many years of service. We wish her lots of luck as she heads off on her trip around the world. The College is fortunate to have Dr. Elizabeth Mann as incoming president. Dr. Mann and I have worked closely together and I know she will make an excellent leader for our organization.

Respectfully submitted,



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



College Council and Committees

As of December 31, 2011

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				●	●	●	●	
Dr. Maria Alexiadis	PI Committee									●
Dr. Fiona Bergin	District 5					●	●			
Mr. Harold Bezanson	Public Member		●							
Dr. Farokh Buhariwalla	District 1	●						Chair		
Dr. John Clark	Investigation "A"		●							
Dr. Michael Cussen	PI Committee									●
Dr. Mary Doyle	PI Committee									●
Dr. Cynthia Forbes	Investigation "A"		●							
Dr. Zachary Fraser	District 5			●			●			
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	Chair
Mr. Douglas Lloy	Public Member				●			●		
Dr. James MacLachlan	District 2	●			●	Chair	●			
Dr. Gisele Marier	Doctors Nova Scotia	●	●							
Dr. Keri McAdoo	District 4	●		Chair		●				
Dr. Elizabeth Mann	President-Elect (District 5)	●			Chair	●	●		●	
Dr. Paul Murphy	Credentials Committee							●		
Dr. Brian O'Brien	Investigation "B"			●						
Dr. Heather Robertson	Investigation "C"				●					
Ms. Joan Sargeant	Dalhousie CME									●
Dr. Preston Smith	Dalhousie University							●		●
Dr. Ronald Tanton	PI Committee									●
Dr. Scott Theriault	Investigation "A"		●							
Dr. Matt Hudson	PARI-MP Representative									

Physician Resource Statistics and Obituaries

As of December 31, 2011

Type of Registration	Physician Location	In Memoriam	
Full Register 2160	Annapolis 30	Inverness 16	AKIN, Frederick Leonard
Defined Register 216	Antigonish 66	Kings 153	FERGUSON, Pierre Joseph
Temporary Register 75	Cape Breton 238	Lunenburg 91	GROVER, B. Downey
Total 2451	Colchester 99	Pictou 82	GUPTA, Jagdish Sarup
	Cumberland 56	Queens 17	MOFFITT, Emerson A.
	Digby 15	Richmond 5	MURPHY, Robert Stewart
	Guysborough 8	Shelburne 10	MURRAY, Alexander Howard (Sandy)
	Halifax 1446	Victoria 7	REID, Earle
	Hants 42	Yarmouth 71	SUBRT, Frantisek "Frank"
			TUPPER, William R. Carl
Specialists 1271			
Non-Specialists 1180			
Place of Graduation			
Dalhousie University 1115			
Other Canadian universities 611			
U.S. universities 34			
All other universities 691			

Hearing Committee Decision and Consensual Reprimand Summaries

Issued between June 1, 2011 and May 23, 2012

In accordance with section 81(1) of the *Nova Scotia Medical Act*, the College publishes summaries of Hearing Committee Decisions and Consensual Reprimands in each year's annual report. The relevant section in the act states: "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/DisciplinaryDecisions.aspx.

Dr. Heather McNally, Halifax (Hearing Committee Decision) **April 26, 2011**

Pursuant to Section 57 of the *Medical Act*, a Hearing Committee of the College accepted a Settlement Agreement advanced by the College and Dr. Heather McNally, and recommended by an Investigation Committee. The allegations in the agreement pertained to Dr. McNally's incapacity to practice medicine due to a medical condition, and that on two or more occasions she prescribed medication in the name of others for herself. Upon return to practice, Dr. McNally is subject to certain conditions and restrictions, including loss of prescribing privileges for any medication.

Dr. Mark Riley, Shelburne (Consensual Reprimand) **June 14, 2011**

Pursuant to Section 53 (12) of the *Medical Act*, Dr. Mark Riley consented to a reprimand issued by an Investigation Committee of the College. With regard to his care of a patient, the Committee identified serious problems with Dr. Riley's clinical acumen and decision-making within the practice of emergency medicine. The committee also identified problems with his communication skills and maintenance of patient charts. In accordance with the reprimand, Dr. Riley agreed to participate in a remedial program approved by the College to improve his clinical assessment skills and management of emergency cardiac care.

Dr. Anthony Atkinson, Bridgewater (Consensual Reprimand) **August 2, 2011**

Pursuant to Section 53 (12) of the *Medical Act*, Dr. Anthony Atkinson consented to a reprimand and conditions issued by an Investigation Committee of the College. In agreeing to the Consensual Reprimand, Dr. Atkinson also agreed to a number of conditions, including abstaining from alcohol, engaging in a testing program for the presence of alcohol, and participating in an appropriate treatment and recovery program.

Dr. Violet Hawes, Musquodoboit Harbour (Hearing Committee Decision) **August 30, 2011**

Pursuant to Section 57 of the *Medical Act*, a Hearing Committee of the College accepted a Settlement Agreement advanced by the College and Dr. Violet Hawes, and recommended by an Investigation Committee. The allegations in the agreement pertained to improper opioid prescribing practices and violation of physician/patient boundaries. A suspension of Dr. Hawes' license ordered in November 2009 was lifted by the Hearing Committee. However, the Committee ordered that Dr. Hawes may not apply for a renewal of her license until a number of conditions have been fulfilled. Dr. Hawes has also been permanently prohibited from prescribing narcotics and any other Schedule 1 drugs.

Continued on following page

Hearing Committee Decision and Consensual Reprimand Summaries

Continued from previous page

Dr. Erica Gilliatt, Halifax (Consensual Reprimand) December 13, 2011

Pursuant to Section 53 (12) of the *Medical Act*, Dr. Erica Gilliatt consented to a reprimand and conditions issued by an Investigation Committee of the College. Dr. Gilliatt agreed that she wrote prescriptions for narcotics on several occasions between 2005 and 2011 while specifically prohibited from doing so under restrictions previously placed on her medical license. The 2011 consensual reprimand places a number of restrictions and conditions on Dr. Gilliatt's license, including a loss of prescribing privileges for narcotics and controlled substances; a requirement that she not complete or enter any information into a document used to prescribe narcotics or controlled substances that is signed by another physician; and a requirement that she post of a sign visible to her patients indicating that she is not allowed to prescribe narcotics or other controlled substances.

Dr. George S. Richardson, Halifax (Hearing Committee Decision) December 15, 2011

Pursuant to Section 57 of the *Medical Act*, a Hearing Committee of the College accepted a Settlement Agreement advanced by the College and Dr. George Richardson, and recommended by an Investigation Committee. Allegations against Dr. Richardson pertained to improper prescribing of narcotics; discussing confidential patient information with other patients and individuals while under the influence of drugs and alcohol; self-administering drugs in the presence of a patient; making disparaging and unprofessional remarks about patients and colleagues while under the influence of drugs and alcohol; poor record-keeping; failing to adequately notify his patients of his practice closure; and misleading the College's Investigations Committee. In accordance with the agreement, Dr. Richardson's license to practice medicine has been revoked.

Investigations Statistics

Complaints by Category: 2007-2011

as of December 31 each year

Category	2007	2008	2009	2010	2011
Quality of care	123	129	127	146	188
Communication	15	23	19	22	24
Systemic issues	3	0	1	1	0
Impaired physician	1	2	4	8	6
Third-party medical information	12	5	6	5	0
Ethics	30	26	23	31	38
Medical reporting	2	2	4	9	11
Practice management	9	4	2	3	11
Unclassified - All others	0	3	3	2	1

Complaint Outcomes: 2007-2011

as of December 31 each year

Outcome	2007	2008	2009	2010	2011
Dismissed	97	125	103	68	94
Counselled	20	22	33	10	36
Cautioned	10	12	13	14	18
Caution / Counsel	4	6	2	2	2
Reprimand with consent	0	1	1	1	6
Referred to Hearing	4	1	2	4	9
Open	13	20	33	120	107
Closed - Physician Retired	0	0	0	0	3

**COLLEGE OF PHYSICIANS AND SURGEONS
OF NOVA SCOTIA**

SUMMARY FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2011

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, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated March 23, 2012.

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, 2011 are a fair summary of those financial statements, in accordance with Canadian generally accepted accounting principles.

WBLI

CHARTERED ACCOUNTANTS

Bedford, Nova Scotia

March 23, 2012

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED DECEMBER 31, 2011

	2011		2010
	Budget	Actual	Actual
	\$	\$	\$
REVENUE			
Annual licensing fees	4,014,335	4,121,121	4,038,244
Registration fees	178,385	184,655	180,160
Temporary fees	68,900	72,560	55,080
Specialists registration fees	53,950	61,850	55,695
Certificates of good standing	47,400	35,400	30,140
Professional incorporation fees	148,000	162,650	150,300
Other income	6,010	3,663	5,573
Investment income	15,000	24,748	9,761
Observership permits	2,500	3,665	3,210
CAPP Program	320,000	422,205	403,254
Review of qualifications	26,755	36,460	35,465
	4,881,235	5,128,977	4,966,882
EXPENSES			
Council	472,000	339,960	307,501
Registrar's Office	107,500	116,868	98,884
Investigations	462,000	546,482	366,204
Administration	2,549,100	2,934,251	2,404,708
Occupancy	312,600	257,647	260,272
Communications and Technology	387,300	206,223	163,700
NSPAR Program	378,500	341,712	302,394
CAPP Program	347,600	344,959	405,642
Registration	137,950	100,324	82,338
	5,154,550	5,188,426	4,391,643
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	(273,315)	(59,449)	575,239

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA

STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED DECEMBER 31, 2011

Net Assets	Reserve Fund	Unrestricted	2011 Total	2010 Total
	\$	\$	\$	\$
Balance - beginning of year	1,971,063	552,753	2,523,816	1,877,582
Excess of revenue over expenses	-	(59,449)	(59,449)	575,239
Investment income	63,403	-	63,403	70,995
Balance - end of year	2,034,466	493,304	2,527,770	2,523,816

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA

NOTES TO SUMMARY FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2011

1. PURPOSE OF ORGANIZATION

The College of Physicians and Surgeons of Nova Scotia is a not-for-profit organization, established under the Medical Act of Nova Scotia, 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 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 financial assets held for trading and is recognized and measured at its 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 under the deferral method whereby revenue is recognised 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.

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2011

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

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 contacting the College of Physicians and Surgeons of Nova Scotia at Suite 5005 - 7071 Bayers Road, Halifax, Nova Scotia.



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