

# BUILDING BRIDGES



## OUR MISSION

Serving the public by effectively regulating medical practice

## OUR VISION

A trusted and respected leader committed to protecting the public while supporting the medical profession

## OUR VALUES

- To promote professionalism and excellence in medical care
- To instil public confidence in the College
- To demonstrate accountability and transparency of process
- To demonstrate fairness, compassion and respect for human dignity
- To conduct ethical and responsible self-regulation
- To provide leadership
- To work well in a true spirit of collaboration
- To be innovative and flexible
- To seek continuous improvement in all that we do
- To act with trustworthiness and integrity

## ABOUT THIS PUBLICATION

The College's mission is to serve the public by effectively regulating medical practice in the province. This publication reports on the work of the College over the past year.

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# REFLECTIONS FROM THE PRESIDENT



“A major focus of the College is directed at the epidemic of misuse and abuse of opioid medications in our province...We have a professional responsibility to play a role in addressing this crisis.”

**James MacLachlan, MD**

*President, College of Physicians and Surgeons of Nova Scotia*



It has been a challenging year in regulating the medical profession in Nova Scotia. In the midst of these challenges, the College took significant steps to serve the public interest and to provide oversight of the profession.

Steps taken include licensing qualified physicians to deliver medical care to the citizens of Nova Scotia that meets or exceeds professional standards of practice. To that end, a review of the critical pathways to licensing is underway. This initiative aims to provide clear and consistent direction to those currently practising in the province and in the recruitment of more physicians.

Significant steps were made in the redesign of the College's physician assessment process. This new Peer Review Program focusing on practice improvement will be launched later this year. Every physician in the province will have a peer review of their practice at least every seven years. This program fulfills the peer assessment responsibilities as directed by the *Medical Act* and underscores the College's commitment to both the well-being of the profession and of patients.

For many Nova Scotians, the efficient and fair resolution of complaints is essential for maintaining confidence in the medical profession. The College continues to see a rise in the number of complaints it receives which has provided some insight into a few troubling trends in the profession. Chief among these is the lax prescribing of opioid medications.

A major focus of the College is directed at the epidemic of misuse and abuse of opioid medications in our province. The situation is having a catastrophic impact on the lives of patients, families and our communities. We have a professional responsibility to play a role in addressing this crisis. Ensuring physicians are meeting the national pain management prescribing standards is a strategic priority for the College.

This year also saw a significant effort on the development of a professional standard regarding physician-assisted death. As a result of the 2015 Supreme Court's decision to decriminalize physician-assisted death, the College formed a physician-assisted death clinical standards working group. The resulting standard produced in consultation with physicians and stakeholders will evolve over time to reflect federal and provincial legislation and clinical best practices.

While medical regulation is complex, the College has made a commitment to improve the accessibility of information and enhance our accountability to the public. Significant strides are underway to support greater transparency of how the College protects the public and oversees physicians in becoming better doctors. Our intention is to ensure that information available to the public is accessible and readable. We also hope to achieve greater understanding of how the College, through its licensing requirements, professional standards and disciplinary decisions, works to support the well-being of both patients and the profession.

I would like to acknowledge the considerable time and effort given by Council members, both public and medical, to the committee work of the College. Their professionalism and the dedication is exemplary. To the College staff, kudos without reservation. Your work is vital to the College achieving its mandate.

Change is inevitable. I am excited about the profession's future. It will not resemble the past nor mirror the present. I encourage all physicians to be an integral and proactive part of it.

James MacLachlan, MD  
*President*



# REFLECTIONS FROM THE REGISTRAR & CEO



D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D  
*Registrar and CEO*

“All professional misconduct casts a shadow over the vast majority of doctors who deliver respectful and effective care to patients in Nova Scotia every day. When the profession falls short of the public’s expectation, the public’s appetite for a regulatory response grows.”

As Registrar, my exposure to the profession today is different than from when I was a practising physician. I am no longer involved on a daily basis with doctors delivering excellent care to their grateful patients. Rather, my work in the oversight of professional misconduct investigations primarily involves unhappy patients and physicians who may have strayed off course.

It would be wrong to paint a rosy picture. Even with the knowledge that regulatory oversight does not generate a representative sample of medical practice, it is hard for me to view the current state of our profession without some concern.

The College issued more disciplinary sanctions in 2015 than it had in the three previous years combined. The volume of complaints rose by almost 40% over this same time period. Last year also saw an unprecedented number of criminal charges against physicians. There are disturbing patterns in the complaints, with a significant rise in dangerous opioid prescribing practices, an escalation of serious boundary violations, and an upward trending of unprofessional communication with patients and colleagues.

It is impossible to know whether the increase in complaints and disciplinary sanctions represents a statistical blip or a trend in medical practice. At this time, it is also impossible to know whether there has been an overall change in the quality of the care and conduct of physicians. Perhaps this increase reflects a change in the expectations of the public wishing to hold its physicians more accountable. It may well be a combination of both. Regardless, it is worrisome.

All professional misconduct casts a shadow over the vast majority of doctors that deliver respectful and effective care to patients in Nova Scotia every day. When the profession falls short of the public's expectation, the public's appetite for a regulatory response grows.

The College is governed by a Council composed of elected physicians and appointed public members. The committees of the College rely on members, who work hard to make fair and appropriate decisions. The College understands the demands of medical practice and understands that physicians wish to protect our profession's well-earned reputation of excellence. Although rooted in a mandate of public safety, the College also serves to protect and maintain the integrity of the profession on behalf of the profession.

This dual mandate is supported by our commitment to transparency. Providing clear communication about our decisions reflects a broader trend towards the disclosure of regulatory procedures and outcomes. The public and the profession have a right to know about our processes and our decisions.

In looking back over this year, I wish to thank those public members who serve on the College's governing Council and on its committees. I also wish to express my appreciation to those physicians who participated in the self-regulation of the profession as committee or Council members, practice assessors or supervisors. These are challenging times. This is difficult and often unpopular work. My hope is that the public and medical profession appreciate the work we do in service to them.

D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D  
*Registrar and CEO*

# MEMBERS OF COUNCIL 2015-2016



**FRONT ROW** (Left to Right)

Dr. William Stanish  
Dr. Mary Oxner  
Mr. Richard Nurse  
Ms. Michele Brennan  
Dr. Elizabeth Mann  
Dr. Farokh Buhariwalla  
Ms. Mary Ann Barker  
Dr. Trevor Topp

**BACK ROW** (Left to Right)

Dr. D.A. (Gus) Grant (Registrar & CEO)  
Ms. J. Dena Bryan  
Dr. James MacLachlan  
Dr. Martin Gardner  
Dr. Laura Swaney  
Dr. John Ross

**ABSENT**

Dr. Gary Ernest  
Dr. Keri McAdoo



# REFLECTIONS FROM PUBLIC MEMBERS



**MICHELE BRENNAN**

I have had the privilege of serving as a public representative on the Council of the College since late 2014. When I retired as a nursing administrator and

regulator in 2013, I was able to bring my experience in policy analysis and development to my appointment to Council a year later. As a public member, I was charged with bringing the perspective of Nova Scotians to the regulation of the medical profession in the province.

The insights and contributions of the public members bring a different perspective to assist the College in meeting its regulatory mandate. Public members fully engage in the Council's decision making and governance of the College. The physician members and staff of the College treat the input of the public members with respect and value their contributions to the work of the College.

I am also a member of the Professional Standards Committee which is tasked with developing standards that direct both the practice of medicine and the professional conduct of physicians in the province. I believe the College of Physicians and Surgeons of Nova Scotia is a leader in medical regulation in Canada and I am pleased to be able to contribute to its work in the interest of the public.



**RICHARD NURSE**

I serve as one of five public members on Council, which is the governing body of the College. I also serve on a number of committees, including an Investigations Committee, where complaints

from the public are sent for action.

Since being appointed, I have often been struck by the rigour and objectivity all members of Council and committees bring to their governance mandate. I mention this because all Council members, and in my experience especially physician members, set the bar very high for themselves and for their physician and surgeon colleagues.

As a public representative on Council, I've seen first-hand how the various College processes, designed to serve the public and to support high standards of medical care, result in improved communications between physicians and their patients. This, in turn, generally results in improvements to the delivery of medical care in Nova Scotia. Yes, there are troubling exceptions, and for this reason, constantly improving College processes for monitoring behaviour that fail to meet established professional standards remains a preoccupation of the College.

Through my involvement as a public member, I continue to see the values of the College reflected in the behaviour and decisions of the College's representatives. I am reassured by their diligence and determination and I am honoured to serve as a public member.

# STRATEGIC PLAN 2015-2016

## STRATEGIC THEME

## DESIRED OUTCOMES

### A Focus on Physician Performance

*With the new Medical Act, the College is rebuilding its approach to peer review and to the supervision of conditionally licensed physicians*

- • Physicians achieve and demonstrate competent performance throughout their careers.

### A Focus on Transparency

*To enhance public and member awareness and understanding*

- • All College standards, procedures and communications are accessible and easy to understand.
- The public recognizes the College as open and fair.
  - Physicians, including those in training, understand and respect the College, while valuing it as a resource.

### A Focus on the College's Responsibility regarding Monitored Prescription Drugs

*There is no single initiative that will improve the management of pain while reducing the abuse and diversion of prescription drugs. However, the College will continue to focus attention on this important issue.*

- • Physician prescribing of monitored substances is appropriate and aligned with best practices.
- Tighter regulation of physicians whose prescribing is not aligned with best practices.

### A Focus on Collaboration

*The College seeks to collaborate with all stakeholders. For this year, we will be particularly focusing on developing the most effective relationship with the Health Authorities*

- • The College's process for licensing is aligned with the Health Authorities' processes for credentialing and privileging.
- The College's approach to supervision, peer review and investigations is aligned with the approach of the Health Authorities to physician performance management.
  - Information is shared appropriately and effectively between the College and the Health Authorities.

### A Focus on Consultation

*For this year, the particular emphasis of the College will be engaging the public and the membership on the development of policy regarding physician-assisted death.*

- • Nova Scotians have appropriate access to physician-assisted death.



## KEY DEVELOPMENTS

- • The College's new Peer Review Program focuses on quality improvement of medical practice. The program, which incorporates leading methodologies and tools, is presently being piloted by practising physicians and will be launched in the Fall of 2016.
  - The College has redesigned its process to provide ongoing and rigorous oversight of conditionally licensed physicians.
- • The College aims to use plain language in all of its public information. The plain language revision of a number of documents is underway.
  - The College recognizes the public's right to know about the College's decisions and how they are made. Our processes and information are being made more open.
  - The College has rebuilt the physician search function on its website. This is expected to improve public access to a doctor's educational and professional history.
- • The College continues to access opioid prescribing data available through the Nova Scotia Prescription Monitoring Program (NSPMP). The data is used for the purpose of investigating complaints, informing regulatory actions against physicians and ensuring physician compliance with prescribing restrictions placed on their practice.
  - The College is advocating for the inclusion of opioid prescribing training as a mandatory part of continuing professional development requirements for all physicians.
- • The College is working closely with the Dalhousie University Faculty of Medicine to facilitate the recruitment and retention of highly qualified academic physicians from international jurisdictions.
  - The College is accrediting the Clinical Assistant Program presently in place.
- • In consultation, the College led the development of the draft standard of practice for physician-assisted death.
  - The College's Registrar participated on the national physician-assisted death advisory group of the Federation of Medical Regulatory Authorities of Canada. The Registrar also appeared before the federal Special Joint Committee on Physician-Assisted Death in Ottawa. The College's draft standard is well aligned with recommendations put forward by this committee.

# BRIDGES TO THE PUBLIC



**Susan Williams**  
*Manager, Registration*

## WE REGISTER QUALIFIED PHYSICIANS

A core responsibility of the College is to ensure that only qualified and competent physicians who uphold the ethical standards of the profession are licensed to practise. In doing so, we must ensure licensing requirements are consistent with national standards and are clear for both physicians and the public.

All licensing decisions include a review of the applicant's education, training, experience and performance. When an application comes from a physician educated or practising outside of Canada, these considerations can be difficult to verify or evaluate. Over the years, the pathways to licensure for such applicants evolved, eventually becoming too complicated to understand or apply consistently. A reset was required. We are in the process of rebuilding our licensing processes to ensure they are accessible and straightforward, without compromising our core responsibility.

A physician's licence is renewed annually through an online application. Many physicians found the College's online renewal to be cumbersome and difficult to use. In response, the College undertook to improve the online process by rebuilding the application and the underlying technology.





**Melissa McHugh**  
Registration Coordinator

TOTAL ACTIVE LICENCES **3,115**

TOTAL SPECIALISTS **2,080**

TOTAL NON-SPECIALISTS **1,035**

Significant changes were made to the online licensing processes and physicians were pleased with the outcomes; applications took less time to complete and the necessary information was gathered effectively and securely.

Here is what a few of our members had to say about the improvements made:

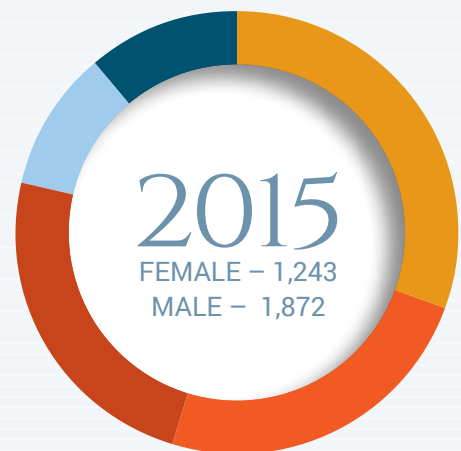
“Overall this was much much MUCH less painful than in previous years. Whatever improvements you’ve made to the system more recently have really made a big difference. Thank you!”

“I appreciated the email notifications. The process of completing the form was very straight forward.”

“Actually, I was so happily surprised at how easy it was that I spontaneously emailed the College to let them know that this has to be the single most user-friendly registration I have ever done.”

The College is committed to continue to participate in the development of national licensure standards and to provide physicians with clear application policies and processes.

#### PHYSICIAN DEMOGRAPHICS



- 40 AND UNDER – 30.6%
- 41-50 – 24.2%
- 51-60 – 24.1%
- 61-65 – 10.1%
- 66 AND OVER – 11.1%





D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD-D  
Registrar and CEO



Noreen Gaudet  
Manager, Professional Conduct

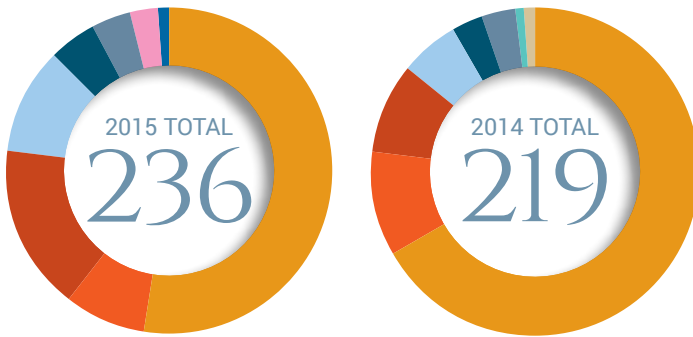
## WE INVESTIGATE PHYSICIAN-RELATED COMPLAINTS

The College's four Investigations Committees are composed of practising physicians and members of the public. These committees investigate complaints with fairness and due process to serve the interest of the public.

The exercise of a committee's broad investigative authority includes reviewing medical records, conducting interviews or assessing a physician's practice through a variety of tools. The complex work of rendering a decision is guided by the College's professional standards and guidelines, the Canadian Medical Association's Code of Ethics, along with legal advice.

Complaints received by the College rose again in 2015 to a total of 236. This period also saw a significant rise in disciplinary sanctions. While these increases are a narrow lens through which to view physician performance, they do shed some light on a number of troubling areas in the profession.





### COMPLAINTS

	2015	2014
Treatment	124	146
Communications	19	23
Ethics	39	19
Quality of Care Diagnosis	25	13
Practice Management	11	7
Medical Reporting	9	7
Third-Party Medical Information	7	0
Systemic	2	0
Impaired Physician	0	2
Other	0	2

One such area of concern is the continued rise of loose prescribing practices, particularly the prescribing of opioid medications. It is widely recognized that there is an epidemic of opioid overdoses and deaths in Canada and that physician prescribing plays a role in this tragedy. The practice of prescribing large volumes of opioids over prolonged periods of time does not meet the standard of medical best practice nor public expectations of the profession.

Spotty medical record keeping has become far too common in the profession. We recognize that physicians have many demands on their time but this cannot justify poor medical record keeping. The College's expectation is that all patient care is documented. We are seeing frequent instances in which there is little or no documentation of care.

When a patient files a complaint against a doctor, it is often an indicator that trust has broken down in the relationship. The College recognizes that complaints cause significant stress and anxiety for both patients and physicians. Every effort is made to communicate to both parties throughout the process, to respectfully listen to perspectives, and to ensure due process.

The respectful and fair resolution of complaints safeguards the public's confidence in the medical profession. Nova Scotians depend upon the College to fulfill this duty.



# BRIDGES TO THE PROFESSION



Graham Bullock, MD, FRCP(C)  
Deputy Registrar

## WE ASSESS PHYSICIAN PRACTICE

The College administers assessments to ensure that physicians in Nova Scotia are practising to high professional standards throughout their career. Assessments provide an opportunity for the College to directly have a positive impact on a physician's daily practice.

### Peer Review

Peer assessment is fundamental to self-regulation. The province's *Medical Act* requires that all licensed physicians participate in peer review. Development of the College's new Peer Review Program is continuing to move forward. The new program focuses on providing physicians with meaningful feedback on their practice for the purpose of quality improvement.

The redesign of the Peer Review Program has been informed by consultation with:

- practising physicians;
- experts in education and assessment;
- regulatory partners; and
- the College's Council and committees.



The new program intends to pair each reviewed physician with a trained peer to provide feedback and, where necessary, coaching for practice improvement. Participating physicians will be asked to critically examine their practice in terms of patient care, record keeping, management processes and resources. Physicians will also be asked to consider whether their approach to continuing professional development is optimally addressing the needs of their patients and practice.

The program will be piloted this spring and summer with approximately 20 family physicians. Lessons learned in this phase will be incorporated in a limited program launch scheduled for late 2016. Although all Nova Scotia physicians will eventually participate in this new program, it will have multiple streams with greater support to those physicians more likely to benefit.

### Continuing Professional Development

The College recognizes that continuing professional development (CPD) plays a key role in ongoing practice improvement for physicians. As such, it ensures that all licensed physicians meet their minimum enrolment requirements for CPD. The College monitors mandatory physician enrolment in the MAINPRO (College of Family Physicians of

Canada) or the Maintenance of Certification (Royal College of Physicians and Surgeons of Canada) CPD programs. This allows the College the opportunity to avoid duplication of CPD reporting for physicians.

### Supervision of Defined Licences

A Defined licence allows certain physicians an opportunity to practise medicine as they work towards meeting the criteria for a Full licence. An important provision of the *Medical Act* and Regulations is that all conditionally licensed physicians are now required to participate in a program of formal supervision for the duration of their licence.

Supervision will be phased in for all Defined licensed physicians over the course of 2016. The College will administer the supervision program on a cost-recovery basis, meaning that the cost of supervision will be borne by each supervised physician.

The requirement for ongoing supervision reflects a consensus reached by the College, Doctors Nova Scotia and the CMPA to uphold Canadian standards for licensure. Supervision provides for an effective check and balance in the interest of public safety.

Graham Bullock, MD, FRCP(C)  
Deputy Registrar

“College standards and guidelines are rooted in the duties of the medical profession as articulated in the Canadian Medical Association’s Code of Ethics.”





## WE DEVELOP PROFESSIONAL STANDARDS AND GUIDELINES

A cornerstone of the College's work as a medical regulator is to provide guidance to physicians. The instituting of professional standards and guidelines is one way the College provides this guidance.

The development of professional standards and guidelines is led by the Professional Standards Committee, composed of practising physicians and public members. The committee aims to provide clear and evidence-based guidance to physicians and patients. In developing standards, the committee consults with stakeholders, clinical experts and reviews relevant national policy and research.

College standards and guidelines are grounded in the duties of the medical profession as articulated in the Canadian Medical Association's Code of Ethics. These documents reflect legal requirements found in legislation and serve as a benchmark against which the professional conduct of individual physicians is measured. Physicians are expected to be familiar and comply with all professional standards and guidelines.

In 2015, a good portion of the committee's work was focused upon the development of a draft professional standard regarding physician-assisted

death. The committee sought to provide direction to physicians and patients on this matter before the decriminalization of physician-assisted death came into effect this year.

In addition to this work, the committee also developed the following standards and guidelines which were subsequently approved by the College's Council:

- Standard and Guidelines for Ending the Physician-Patient Relationship
- Standard of Care for Walk-in Clinics
- Standard and Guidelines Regarding the Sale of Products and Services to Patients
- Guidelines Regarding Reporting Requirements for Nova Scotia Physicians
- Guidelines for Retiring Physicians Regarding Licensing and Notification

The College's professional standards and guidelines are available on our website. Our hope is that these will be used as a resource to assist the profession in providing high quality health care and to ensure that the interests of patients are protected.

D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D  
*Registrar and CEO*

“In February I appeared before the federal Special Joint Committee on Physician-Assisted Death in Ottawa. I urged the committee to recommend that legislation provide clear direction on matters left unclear by the Supreme Court.”





## MEDICAL AID IN DYING

The Supreme Court of Canada's decision to decriminalize physician-assisted death has changed the landscape of medicine in our country. Physicians and patients are looking to the legislatures and the regulators to help them navigate this uncharted terrain.

In an effort to provide such direction, the College convened a working group to build a framework to follow in a manner consistent with the Supreme Court's decision. The working group, composed of representatives from government, the Nova Scotia Health Authority, Doctors Nova Scotia and the Health Law Institute, generated a draft professional standard.

This document was circulated for broad consultation. In addition, through Doctors Nova Scotia, physician input was obtained by way of a three-week online consultation. I would like to thank everyone who took the time to review the document and provide feedback. Your input was reviewed by the working group, the College's Professional Standards Committee and by the Council. A report of this consultation is available on the College's website.

At the time of this writing, the country is awaiting federal legislation. In February, I appeared before the federal Special Joint Committee on Physician-Assisted Death in Ottawa. I urged the committee to recommend that legislation provide clear direction on matters left unclear by the Supreme Court. These matters include the timing of consent, eligibility for mature minors, and the responsibility of physicians conflicted by conscience. I also encouraged the committee to leave the practise and regulation of this new medical service to the profession and the regulatory colleges. I was pleased that the recommendations of the committee, released in late February, reflect our position.

Over the past year, I have made several presentations to physicians and the public regarding the regulatory issues associated with physician-assisted death. This outreach effort will continue and will include meetings with doctors across the province to discuss the professional standard of practice expected by the College.

D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D  
*Registrar and CEO*



## THE METHADONE MAINTENANCE SUPPORT PROGRAM (MMSP)

Substitution therapy using methadone is a recognized and effective treatment for opioid use disorder. Like much of Canada, Nova Scotia is experiencing unprecedented levels of opioid addiction and misuse, with a corresponding rise in preventable illness and death. Addiction programs in much of the province have long waiting lists.

Today, there are 83 Nova Scotia physicians with a Health Canada Methadone exemption for narcotic dependence, an increase of 32 from 2013. However, the demand for physicians qualified to prescribe methadone maintenance therapy remains high.

The Methadone Maintenance Support Program (MMSP) is a peer review initiative of the College, in partnership with the Atlantic Mentor Network – Pain and Addiction (AMNPA). It is funded by the provincial government and overseen by a committee with expert and public representation.

The MMSP aims to support physicians in this important but challenging area of health care. Under the MMSP, a

trained peer reviewer periodically visits all physicians who are actively prescribing under a Health Canada Methadone exemption. The prescriber's practice is reviewed against the standards contained in the *Methadone Maintenance Treatment Handbook*, a nationally recognized resource, developed in Nova Scotia. In 2015, 13 reviews were performed, affirming high standards while offering physicians feedback and support in making any necessary practice improvements.

Over the past six months, a full revision of the *Methadone Maintenance Treatment Handbook* has been underway. The handbook working group includes representatives of the College of Registered Nurses of Nova Scotia, the Nova Scotia College of Pharmacists, addiction experts and front-line methadone prescribers. We anticipate that the second edition of this valuable clinical resource will be available by May 2016.

Graham Bullock, MD, FRCP(C)  
Deputy Registrar





“The NSPMP is one of the leading prescription monitoring programs in the country, providing live, real-time data on prescribing of controlled substances in our province.”



## THE NOVA SCOTIA PRESCRIPTION MONITORING PROGRAM (NSPMP)

The NSPMP provides live, real-time data about the prescribing of controlled substances in our province. This rich, robust database enables all within the circle of care, including regulators, to make decisions based on accurate and current information.

Medicine is an evidence-based profession. Medical regulation needs to be, as well. The data housed at the NSPMP provides compelling evidence for the profession and the College to help address the social crisis of opioid abuse.

Although the database is excellent, we have not yet begun to effectively scratch the surface of its potential. This data needs to direct physician education and to inform medical regulation. There is an appropriate public expectation that the information available will be used to protect the public and to improve care. There is much to be done to meet this expectation.

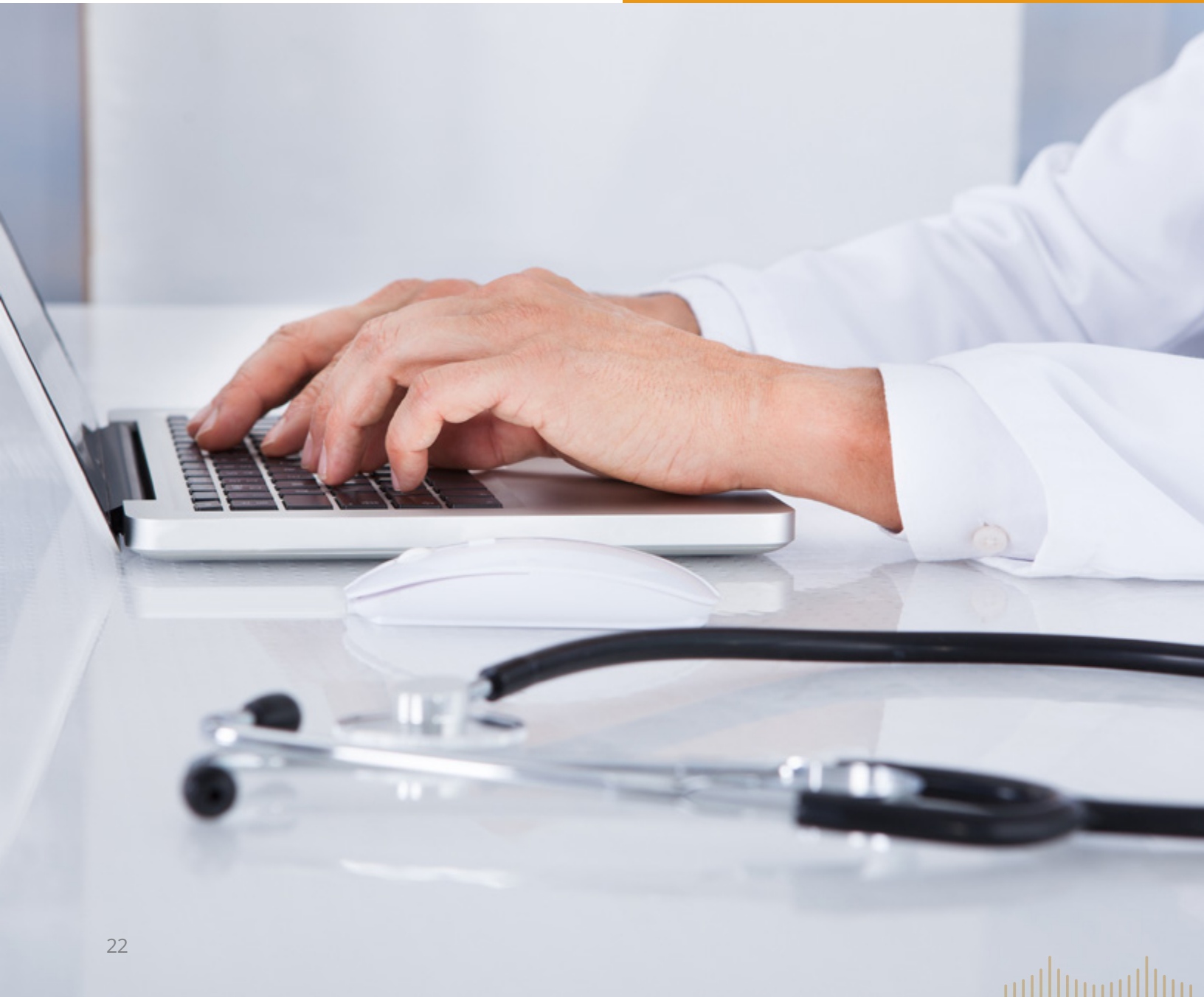
D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D  
*Registrar and CEO*





# BRIDGES TO OUR PARTNERS

“Each year the College supports a number of initiatives by way of grants, awards and sponsorships.”



## NATIONAL AND PROVINCIAL COLLABORATION

The College participates with organizations and programs in a variety of health-related initiatives including:

### **Nova Scotia Prescription Monitoring Program**

- Board Chair, Dr. D.A. (Gus) Grant

### **Nova Scotia Regulated Health Professions Network**

- Council and Executive Committees

### **Dalhousie University, Faculty of Medicine**

- Professionalism Committee
- Faculty Awards Committee
- Dalhousie Admissions Review Committee
- CPD Advisory Committee
- Admissions Review Committee

### **Doctors Nova Scotia**

### **Nova Scotia Health Authority**

### **Nova Scotia Medical-Legal Society**

- President, Dr. D.A. (Gus) Grant

### **Nova Scotia Department of Health and Wellness**

- Mental Health, Children Service's and Addictions Branch
  - Methadone Maintenance Support Program Committee

### **Nova Scotia Department of Labour & Advanced Education**

- International Labour Mobility
  - International Medical Graduate (IMG) Working Group
- Fair Registration Practices Act (FRPA) Office

### **Federation of Medical Regulatory Authorities of Canada**

- President, Dr. D.A. (Gus) Grant
- Board of Directors
- Physician Practice Improvement Working Group
- Risk Management Committee
- Working Group on Physician Health
- Physician-Assisted Dying Advisory Group

### **College of Registered Nurses of Nova Scotia**

- Interdisciplinary Nurse Practitioner Practice Review Committee

### **Medical Council of Canada**

- Council
- Nominating Committee
- National Assessment Collaboration – Practice Ready Assessment (NAC-PRA) Steering Committee and Working Groups

## AWARDS AND GRANTS

Initiatives supported by the College in 2015 included:

### **Dr. John Stewart Scholarship**

This is an entrance scholarship for a first-year student who is offered admission to the Faculty of Medicine at Dalhousie University. The recipient is identified by Dalhousie University. The scholarship is awarded to a Nova Scotia student from the Indigenous Black or First Nations communities.

### **Gold-Headed Cane Award**

The College's Gold-Headed Cane Award recognizes an outstanding physician who exemplifies professionalism in service to their patients, profession and community.

This annual provincial recognition is awarded as part of a co-sponsored Gold-Headed Cane ceremony in partnership with the Humanities in Medicine Program at Dalhousie University Medical School. The College sponsors tables at the Gold-Headed Cane Gala for approximately 14 medical students, the Gold-Headed Cane Award recipient, guest, and his or her nominator.

The recipient of the College's 2015 Gold-Headed Cane award was Dr. Mandi Irwin, a 2008 medical school graduate from Dalhousie University. Dr. Irwin is an active community-based physician working with organizations such as Dalhousie Family Medicine, the Halifax Transitional Health Clinic for Refugees and the East Preston Medical Clinics. She is also recognized for her professional contribution to the Methadone Maintenance Clinic in Spryfield and to Halifax Pride as its lead physician.

### **Medical History Museum**

The grant to the Medical History museum is to help preserve Nova Scotia's medical history.

### **The Canadian Medical Hall of Fame**

The Canadian Medical Hall of Fame has been introducing young people, including those from bilingual, Aboriginal and rural communities, to the joys of a health-related career through Discovery Days. To date, this impactful initiative has introduced over 22,000 talented high school students to world-class health clinicians and scientists – a recognized strategy to nurture more Canadian health professionals.

# OUR OPERATIONS

“Initiatives are underway to improve the access of information available to the public with the revamping of the College’s web-based physician search tool.”



Gwen MacPherson  
*Manager, Project Services*



(Left) Ann Chipman  
*Manager, IT*

(Right) Amanda Mombourquette  
*Database Administrator*

We are honoured to serve the public and the profession in Nova Scotia. The College's operations are focused on a commitment to continuous improvement and sound financial management.

In 2015, the College made a significant investment in the review and development of a more user-friendly online renewal process. Licence renewal support services were also expanded to include a dedicated after-hours help line and an enhanced troubleshooting tracking service to ensure all issues were resolved as quickly as possible.

Last year, 2,657 physicians were eligible to renew their licence to practise medicine in Nova Scotia. Those that renewed were sent a short survey to help determine if changes made in the process were

helpful. Of the 45% of physicians who responded to our survey, 36% ranked the renewal process as excellent and 46% indicated they felt the process was good. Our commitment to improvement is ongoing.

Initiatives are also underway to improve the access of information available to the public with the revamping of the College's web-based physician search tool. This online tool aims to provide up-to-date physician information such as licensing and disciplinary histories in a user-friendly format.

We are very fortunate to have talented staff at the College dedicated to our physician-centered operations, including the responsible financial management of member fees, and the seamless delivery of services.





**KPMG LLP, Chartered Accountants**  
Suite 1500 Purdy's Wharf Tower 1  
1959 Upper Water Street  
Halifax, NS B3J 3N2 Canada

Telephone 902.492.6000  
Fax 902.492.1307  
Internet www.kpmg.ca

## REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

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

The accompanying summary financial statements of the College of Physicians and Surgeons of Nova Scotia, which comprise the summary statement of financial position as at December 31, 2015, and the summary statement of revenue and expenditures for the year then ended, are derived from the complete audited financial statements, prepared in accordance with Canadian accounting standards for not-for profit organizations, of the College of Physicians and Surgeons of Nova Scotia as at and for the year ended December 31, 2015.

We expressed an unmodified audit opinion on those complete financial statements in our auditors' report dated April 1, 2016.

The summary financial statements do not contain all the requirements of Canadian accounting standards for not-for-profit organizations applied in the preparation of the complete audited financial statements of the College of Physicians and Surgeons of Nova Scotia. Reading the summary financial statements, therefore, is not a substitute for reading the complete 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 the summary financial statements in accordance with the basis of presentation described in Note 1.

### *Auditors' 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 Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

### *Opinion*

In our opinion, the summary financial statements derived from the complete audited financial statements of the College of Physicians and Surgeons of Nova Scotia as at and for the year ended December 31, 2015 are a fair summary of those complete financial statements, in accordance with the basis described in Note 1.

A handwritten signature in black ink that reads 'KPMG LLP' with a horizontal line underneath.

Chartered Accountants  
April 1, 2016  
Halifax, Canada

\*KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA  
**SUMMARIZED STATEMENT OF FINANCIAL POSITION**  
 December 31, 2015, with comparative information for 2014

	2015	2014
<b>ASSETS</b>		
Cash, short-term investments, and receivables	\$ 4,908,684	\$ 4,536,455
Other assets	43,124	72,086
	4,951,808	4,608,541
Investments	3,405,157	3,402,463
Equipment and leasehold improvements	456,960	497,742
	<b>\$ 8,813,925</b>	<b>\$ 8,508,746</b>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts payable and deferred revenue	\$ 5,284,055	\$ 4,610,030
Other liabilities	10,987	14,203
	5,295,042	4,624,233
Net assets:		
Internally restricted	3,405,157	3,402,463
Unrestricted	113,726	482,050
	3,518,883	3,884,513
	<b>\$ 8,813,925</b>	<b>\$ 8,508,746</b>

COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA  
**SUMMARIZED STATEMENT OF REVENUE AND EXPENDITURES**  
 Year ended December 31, 2015, with comparative information for 2014

	2015	2014
<b>REVENUE</b>		
Licensing fees	\$ 4,645,365	\$ 4,637,483
Certificates of professional conduct	48,700	51,400
Professional incorporation fees	195,250	200,150
Other income	4,260	10,469
Investment income - unrestricted	32,106	44,169
Investment income - internally restricted	2,693	77,383
CAPP program	-	471,685
Methadone maintenance program	81,886	159,281
	<b>5,010,260</b>	<b>5,652,020</b>
<b>EXPENSES:</b>		
Council	162,658	187,386
Investigations	877,135	782,929
Administration	1,857,879	1,675,594
Occupancy	349,477	338,101
Communications	274,715	629,477
Physician performance	842,938	1,037,311
Registration	1,011,088	748,233
	<b>5,375,890</b>	<b>5,399,031</b>
<b>Excess of revenue over expenses</b>	<b>\$ (365,630)</b>	<b>\$ 252,989</b>

## COLLEGE OF PHYSICIANS AND SURGEONS OF NOVA SCOTIA NOTE TO THE SUMMARY FINANCIAL STATEMENT Year ended December 31, 2015

### **1. Basis of presentation:**

These summary financial statements of the College of Physicians and Surgeons of Nova Scotia are derived from the complete financial statements as at and for the year ended December 31, 2015, prepared in accordance with Canadian accounting standards for not-for-profit organizations, of the College of Physicians and Surgeons of Nova Scotia.

The preparation of these summary financial statements requires management to determine the information that needs to be reflected in them so that they represent a fair summary of the complete financial statements.

Management is responsible for the preparation of the summary financial statements. The summary financial statements are comprised of the summary statement of financial position and the summary statement of revenue and expenditures, and do not include any other schedules, a summary of significant accounting policies or the notes to the financial statements. The summary statement of financial position and the summary statement of revenue and expenditures are presented with the same amounts as the audited financial statements, but certain balances have been combined and all note referencing has been removed.

The summary financial statements contain the information from the complete financial statements dealing with matters having a pervasive or otherwise significant effect on the summarized financial statements.





COLLEGE OF  
PHYSICIANS & SURGEONS  
OF NOVA SCOTIA

Suite 5005 - 7071 Bayers Road  
Halifax, Nova Scotia B3L 2C2  
Tel: 902.422.5823

