



COLLEGE OF  
PHYSICIANS & SURGEONS  
OF NOVA SCOTIA

# BUILDING BRIDGES

2016 ANNUAL REPORT





## OUR MISSION

Serving the public by effectively regulating medical practice

## OUR VISION

A trusted and respected leader that protects the public while supporting the medical profession

## WE VALUE

- Promotion of professionalism and excellence in medical care
- The public's confidence in the College
- Accountability and transparency of process
- Our commitment to ethical and responsible self-regulation
- Our leadership role
- Our dedication to continuous improvement
- Collaboration, innovation and flexibility
- Compassion and respect for human dignity

### **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.*

# TABLE OF CONTENTS

<b>Message from the President</b> .....	2
<b>Message from the Registrar &amp; CEO</b> .....	4
<b>Members of Council 2016-2017</b> .....	6
Reflections from a Public Member .....	7
<b>Strategic Plan 2016-2017</b> .....	8
<b>Registering Qualified Physicians</b> .....	10
<b>Investigating Physician-Related Complaints</b> .....	12
<b>Physician Performance</b> .....	14
<b>Professional Standards and Guidelines</b> .....	16
<b>Our Lens on Prescribing</b> .....	18
<b>National and Provincial Collaboration</b> .....	20
<b>Recognizing Professionalism and Leadership</b> .....	21
<b>Our Operations</b> .....	22
<b>A Vignette from Our History</b> .....	28



# MESSAGE FROM THE PRESIDENT



**William Stanish, MD, FRCS(C), FACS, AOA**  
President, College of Physicians and Surgeons of Nova Scotia

As medical doctors, we live in interesting times.

Facing ever lengthening wait lists for services, coupled with the expanding reach of government and growing public expectations, our challenges seem particularly daunting. The requests for help from our profession seem to frequently fall on deaf ears.

All patients want, and deserve, our clinical expertise, combined with our caring and compassion. Physicians and the public would agree that such an expectation is not too much to ask from the doctors of today.

However, some members of our medical community have become so discouraged by healthcare systems issues that their performance of duty has faltered. Whether the explanation is professional burnout, financial difficulties, or increasing public expectations, we must not fail our patients.

Through any storm of adversity, our commitment must be to the sick in need of our help. This commitment to the duty of care is at the heart of the medical profession.

“  
Every day, Nova Scotians  
lend physicians their  
trust to properly care  
for them and their loved  
ones. Safekeeping this  
privilege of trust is the  
responsibility of all  
physicians.  
”

The medical profession is still revered and held in the highest esteem. Why? Because the vast majority of physicians put the welfare of our patients before all else.

We must not forget the lessons taught to us by our forebears who fostered the importance of caring, compassion, and self-sacrifice; all viewed as essential ingredients of our profession.

Recently, I had occasion to visit my family doctor, who happens to be a former classmate. Not only was he dressed in a shirt and tie, but as he made his way through the busy waiting area, he addressed each patient by name and with a smile.

His office was tidy, with his electronic medical records at hand. He had a wonderful, respectful,

and engaging style. He was not fixated with my number on the screen. It was eye to eye contact throughout the entire interview.

Every day, Nova Scotians lend physicians their trust to properly care for them and their loved ones. Safekeeping this privilege of trust is the responsibility of all physicians. Each interaction with a patient matters a great deal to the public we serve and to the profession to which we belong.

Upon completion of the consultation, my physician rose from his chair, shook my hand and bid me a good day – this physician, I thought, is a real professional.



# MESSAGE FROM THE REGISTRAR & CEO

As Registrar, I draw comfort from some fundamental truths. Physicians care about their patients and care about their profession. Physicians are proud to be in medicine and, as a whole, appreciate the steps taken by the College to protect the credibility of the profession and uphold standards of good patient care.

Medicine, however, faces an uncomfortable reality: a growing public appetite for more physician accountability. This appetite is whetted whenever a high profile case against a physician meets the public eye. The courts, including the court of public opinion, are quick to advance the argument that regulators have been unduly lenient in their approach to disciplinary matters. Whether fair or not, this is the narrative, and the narrative is gaining momentum.

It is against this backdrop that the College and the profession are called upon to confront the opioid crisis. The profession must improve its prescribing of opioids. Although it might be unfair to directly attribute the epidemic of deaths from illicit opioids to physician prescribing, it is impossible to deny there is some connection. In our attempts to help patients in pain, our prescribing as a whole has become unsupported by evidence and out of keeping with guidelines. We are authoring harm.

The challenge for the College and the profession is to find a way to implement change that is fair to patients, improves physician practice, and meets public expectations.



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



“  
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 ”

I had the privilege of being on the panel for the new *Canadian Guidelines on the Use of Opioids for Chronic Non-Cancer Pain*. Among other things, these evidence-based guidelines recommend an upper limit of 90 milligrams of morphine equivalents per day, with tapering of patients maintained on higher doses. There are thousands of patients in Nova Scotia in this situation. Put simply, changes are coming.

Patients will be resistant. They are used to these medicines, reliant on them, and likely unable to reconcile their lived experience with the known risks. They will be apprehensive of worsening pain or withdrawal.

Physicians will bristle. Changing practice patterns is difficult. Weaning patients, including the thousands of patients on the dangerous combination of benzodiazepines and opioids, is particularly difficult.

Irrespective of the difficulty, the general public is demanding safer and better prescribing, less addiction, and fewer overdoses. The public expects that medicine will be able to deliver.

As the regulator, we will need to take balanced and measured steps. We will need to support physicians in their efforts to change. We will need to answer to the public demand for change. We will need to hold physicians to prescribing patterns consistent with the evidence. We will need to advocate for patients with pain, ensuring they are not abandoned by their physicians or thrust into withdrawal.

With respect to opioids, I see the interests of the public, the patients, the profession, and the College as being aligned. Improving our use of opioids is in everyone's best interest. This is a challenge we must meet. I am confident the profession will do so.





## MEMBERS OF COUNCIL 2016-2017

### FRONT ROW (Left to Right)

Dr. Gary Ernest  
Ms. J. Dena Bryan  
Dr. Trevor Topp  
Dr. Mary Oxner (PhD)

Dr. William Stanish  
Dr. Farokh Buhariwalla  
Mr. Richard Nurse  
Dr. Caitlin Lees  
*(Maritime Resident Doctors  
Appointee)*

### BACK ROW (Left to Right)

Dr. John Ross  
Dr. Martin Gardner  
Ms. Michele Brennan  
Dr. James MacLachlan

Dr. D.A. (Gus) Grant  
*(Registrar and CEO)*

### ABSENT

Dr. Elizabeth Mann  
Dr. Rebecca Taylor-Clarke  
Matthew Lowe  
*(Medical Student Representative)*





**Dr. Mary Oxner (PhD)**  
President-Elect  
College of Physicians and Surgeons of Nova Scotia

## Reflections from a Public Member

I have been a public representative on the Council of the College of Physicians and Surgeons of Nova Scotia, and many of its committees, since 2014. As one of five public representatives, my role is to promote and protect the interests of the public.

Healthcare delivery consumes significant provincial and personal resources and is clearly a priority for citizens of our province. The Council and its committees all mandate the inclusion of public representatives in their deliberations. My experience with the Council is that the physicians and surgeons on the Council and its committees value the voice of the public representatives and allow for opportunities for that voice to be heard. The issues of licensure, investigation, monitoring practice and policy development have significant implications for physicians and their patients. Including the public representatives' voices on these issues of significance allows for the public voice to influence the direction of the Council and the College.

My experience has been that all members of Council and its committees work diligently to inform the process for change and to protect the public. There is no doubt that the interests of the public are at the forefront of the College's work. In fact, the mission of the College is "serving the public by effectively regulating medical practice", and in my experience that mission is realized. I am privileged to work with the College and its Council and am committed to continue to work diligently in representing the public's interest.

# STRATEGIC PLAN 2016-2017

## A FOCUS ON PHYSICIAN PERFORMANCE

*To assess, monitor, support and advance the performance of physicians in practice.*

### Desired Outcomes

- Physicians achieve and demonstrate competent performance throughout their careers.

### Key Developments

- The Physician Peer Review – Nova Scotia (PPR-NS) program launched in April 2017. The College's PPR-NS program, designed in collaboration with physicians, focuses on quality improvement of medical practice.
- As required by the *Medical Act*, physicians with a Defined licence are subject to supervision for the duration of this licence. The College rolled out its new supervision program to support conditionally licensed physicians pursuing a pathway to Full licensure.

## A FOCUS ON TRUST

*To build understanding and trust in the work of the College.*

### Desired Outcomes

- All College 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.

### Key Developments

- Information is now available to the public regarding a physician's educational, disciplinary, and licensing history. This information is published on the new 'physician search' tool on the College's website.
- College documents are being revised to meet the standards of plain language. Priority has been given to important public facing documents such as the *How To File a Complaint* publication.
- The College has a communication strategy which includes:
  - Presentations at continuing medical education events
  - A bi-monthly column in the *doctorsNS* magazine
  - A quarterly e-newsletter for physicians and medical students
  - Information sessions for medical students and physicians on a regular basis.



## A FOCUS ON THE COLLEGE'S RESPONSIBILITY REGARDING MONITORED PRESCRIPTION DRUGS

To lead efforts to improve physician prescribing and to protect the public.

### Desired Outcomes

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

### Key Developments

- The College endorsed the *CDC Guideline for Prescribing Opioids for Chronic Pain*. The Registrar participated in the panel that developed the new Canadian guidelines to be released in 2017.
- The College, in collaboration with the Nova Scotia Prescription Monitoring Program (NSPMP), continues its 'high prescriber initiative' to improve prescribing.
- The NSPMP prescribing data is used for the purpose of investigating complaints and ensuring physician compliance with prescribing restrictions placed on their practice.
- Opioid prescribing training is required for all physicians applying for a Defined licence.

## A FOCUS ON CONSULTATION

To lead the regulatory approach to medical aid in dying.

### Desired Outcomes

- Nova Scotians have appropriate access to medical aid in dying.
- Physicians clearly understand their roles and responsibilities in the provision of medical aid in dying.

### Key Developments

- In consultation with stakeholders including physicians throughout the province, the College developed and approved the *Professional Standard Regarding Medical Assistance in Dying*.
- The College, along with Doctors Nova Scotia and the Nova Scotia Health Authority, delivered information sessions in each of the health authority zones to raise physician awareness. Public presentations and educational webinars are ongoing to support this effort.



# REGISTERING QUALIFIED PHYSICIANS



**Susan Williams**  
Manager, Registration and Credentials

## We Register Qualified Physicians

It is the College's job to ensure that only qualified, competent and ethical physicians are licensed to practice.

For most physicians, the only contact with the College comes in November when they renew their licence and their permit to practise within a professional corporation. These renewals are now done entirely online through a secure portal on the College's website. The online renewal process allows for better tracking of important data, including continuing professional development, legal, and disciplinary activity. Even for the technophobic among us, this approach is far more convenient than its predecessor on paper.

The decision to license a physician is never made lightly. There are strict national standards to be complied with, together with an extensive verification process of background information and documents.

For international medical graduates, or for Canadian graduates lacking elements necessary for Full licensure, the process is even more complex and involved. In the last year, considerable work has been done to develop clear language and pathways for applicants to follow, in keeping with a commitment to transparency. The guiding principle is that candidates for Provisional licensure must have a pathway to Full licensure.

Our commitment to transparency extends to our website, which has added a 'physician search' function through which the user can review any publicly appropriate information about a physician. Our members are encouraged to contact the College if information pertaining to them requires updating.





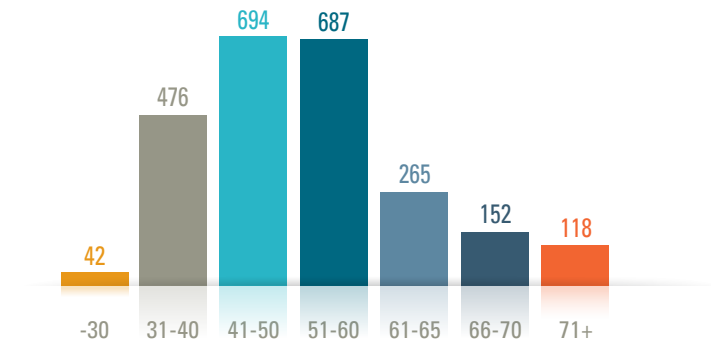


REGISTRATION DEPARTMENT  
 BACK ROW (Left to Right) **Melissa McHugh, Michelle Hughes**  
 FRONT ROW (Left to Right) **Annie Drew-Purcell, Kelli Lovett, Nicola Standley**

Total Active Physicians in 2016

2,434

Physician Age Demographic



505

POSTGRADUATE  
 TRAINEES

111

TOTAL NEW  
 RESIDENTS

454

MEDICAL  
 STUDENTS



# INVESTIGATING PHYSICIAN- RELATED COMPLAINTS



**Noreen Gaudet**  
Director, Professional Conduct

## We Investigate Physician-Related Complaints

The College investigates all written complaints concerning the conduct, actions, skill, or ability of physicians practising medicine in Nova Scotia. It is an essential part of our public safety mandate.

The respectful and fair resolution of complaints is crucial to safeguarding the public interest and to upholding the public's trust and confidence in the profession.

Upon receiving a complaint, the College initiates a preliminary investigation. The physician is contacted and provides a formal response. Depending on the matters alleged, chart materials and other documents are gathered and reviewed.

At this stage, the Registrar may dismiss complaints where claims are found to be frivolous, vexatious, or impossible to substantiate. The ability to dismiss such claims is relatively new to the College. In 2016, 61 claims were dismissed under this authority. With the consent of the parties, the Registrar can also withdraw the complaint or have the complaint resolved through agreement.

If these resolutions are not achieved or appropriate, the matter is referred to an Investigation Committee.

These committees are composed of

members of the public and practising physicians. Over the last few years, the volume of our complaints has increased, together with an increase in the complexity of the cases.

Committees deal with circumstances of high emotion involving a distressed patient and a physician's professional standing. The committees are guided in the intricate work of rendering a decision by the College's professional standards and guidelines, the *Canadian Medical Association's Code of Ethics*, expert assessments, and legal advice.

These committees have broad authority. Committees can interview parties, review medical materials, and order any number of investigations. At the end of their investigation, committees can dismiss a complaint, caution a physician, or offer a consensual reprimand. In serious matters where a committee feels there are grounds for disciplinary sanction, the matter can be referred to a formal hearing. These hearings, which very much resemble a trial, are before an entirely different panel and, where circumstances allow, are open to the public.

Thousands of physician-patient interactions take place every day resulting in compassionate and excellent care for Nova Scotians. As such, while complaints received by the College provide an



incomplete reading of the profession, they can indicate ongoing troubling issues within practice. One such recurring concern is poor communication with patients. Many of the complaints received by the College involve communications by the physician that are rushed, incomplete, or perceived as dismissive. The effect is to heighten patient stress and erode trust.

Sloppy record keeping remains a common theme as well. The College continues to see cases with little or no documentation of the care provided.

The prescribing of opioids out of step with evidence remains a significant and serious complaint matter. While the profession continues to shift its practice to reflect clinical evidence, there remains a concerning gap into which too many patients have fallen into opioid dependency. The College makes full use of the data provided by the province's Prescription Monitoring Program to oversee and investigate prescribing.

The College's complaint process takes great effort to regularly communicate to all involved parties, to fully listen to all perspectives, and to ensure due process.

**Mr. Richard Nurse**  
Public Representative  
College Council and Investigations Committee

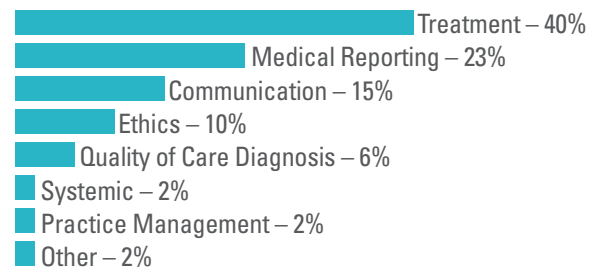
## TOTAL COMPLAINTS RECEIVED



## OUTCOMES OF CLOSED COMPLAINTS IN 2016

Dismissed by Registrar	61	Closed (physician deceased)	3
Dismiss	49	Consensual retirement	2
Dismiss with Advice	37	Consensual revocation	2
Caution	32	Informal resolution	1
Withdrawn	15	Settlement agreement	1
Consensual reprimand	5	Suspension	1
<b>TOTAL COMPLAINTS CLOSED IN 2016</b>			<b>209</b>

## 2016 Closed Complaints by Category



# PHYSICIAN PERFORMANCE



**Graham Bullock, MD, FRCP(C)**  
Deputy Registrar

## We Assess Physician Practice

It has been a busy year with two initiatives dominating the work of the Physician Performance Department here at the College.

### Physician Peer Review

This year, the College launched its new Physician Peer Review – Nova Scotia (PPR-NS) program to foster quality improvement in practice. With oversight provided by the College's public and physician committee members, the program was developed with input from practising physicians, educational experts, and regulatory partners. The program fulfills the College's responsibility to conduct peer review mandated by the *Medical Act*.

PPR-NS was piloted among fifteen Nova Scotia family physicians in 2016 and aims to review approximately eighty more over the course of 2017. It is anticipated that additional specialties will be launched beginning in 2018.

The standard elements of the new program include an on-site review of the physician's office, together with a review of patient charts and the clinical care provided. In some circumstances, physicians will be offered the option of a more limited off-site practice review with a proportionately greater emphasis on continuing professional development (CPD).

Reviews are conducted by trained physician peers with a scope of practice matched to the reviewed physician. A written report is provided to physicians with specific recommendations. The physician also receives one-on-one coaching regarding strategies to improve their practice. Wherever possible, the program helps connect physicians with the supports and resources necessary to achieve their quality improvement goals.

As part of the review and feedback process, physicians are encouraged to look at their practice through a quality improvement lens. The intention is that practice outcomes, data, and feedback should help direct their choice of CPD activities. The College expects physicians to complete professional development training relevant to identified learning needs.

Finally, the assessment introduces physicians to the physician and practice 'factors' that are known to either support or compromise quality over time. Our goal is to provide each physician with insights and strategies necessary to achieve ongoing practice improvement over the course of their career.

With best practices in medicine constantly evolving, lifelong learning is fundamental to being a good physician. We see PPR-NS as an important support for physicians to meet this challenge.





**Rhonda Kirkwood**  
Director, Physician Performance

## Defined Licence Supervision

Under the provincial *Medical Act*, a Defined licence is a time-limited conditional licence, intended to give some physicians the opportunity to practise medicine while pursuing the necessary qualifications for Full licensure. In Nova Scotia, Defined licensees make an important contribution, particularly in underserved areas of the province.

The legislation dictates that all conditionally licensed physicians are required to be sponsored by a senior physician within the health authority and to participate in a program of formal supervision for the duration of their licence.

The responsibility to develop and administer formal supervision rests with the College. It is important work, anchored in our responsibility to the public that medicine be practised safely by competent physicians. We are grateful to our trained supervisors, on whom we rely to review practices through a variety of tools and approaches. With the guidance of our Assessment Committee, we are able to deliver supervision of varying degrees of intensity based on need, to provisionally licensed physicians. This process is time consuming and resource intense, with the costs of supervision being largely borne by the provisionally licensed physician.

The need to rebuild our approach to supervision gave rise to an opportunity to review our approach to Defined licensure. In doing so, the College, through its Council, decided new Defined licence holders must always establish and actively pursue a pathway to Full licensure. Put simply, only those with a route to Full licensure will be granted a Defined licence.

We needed to implement this decision in a practical way. For example, the College recognized that for some mid-career physicians, the LMCC requirement posed an unnecessary barrier to Full licensure. In order to address this potential barrier, the College now recognizes alternatives to the LMCC, including satisfactory long-term practice in lieu of this qualification. By applying this approach, since April of 2016, forty-one physicians who previously held Defined licences now hold Full licences.



# PROFESSIONAL STANDARDS AND GUIDELINES



## We Develop Professional Standards and Guidelines

The College is directed by the *Medical Act* to establish and promote standards of practice for medicine. We focus primarily on non-clinical matters, giving physicians guidance primarily on ethical and professional concerns.

These guiding documents are developed by the College's Professional Standards Committee, composed of practising physicians and public members.

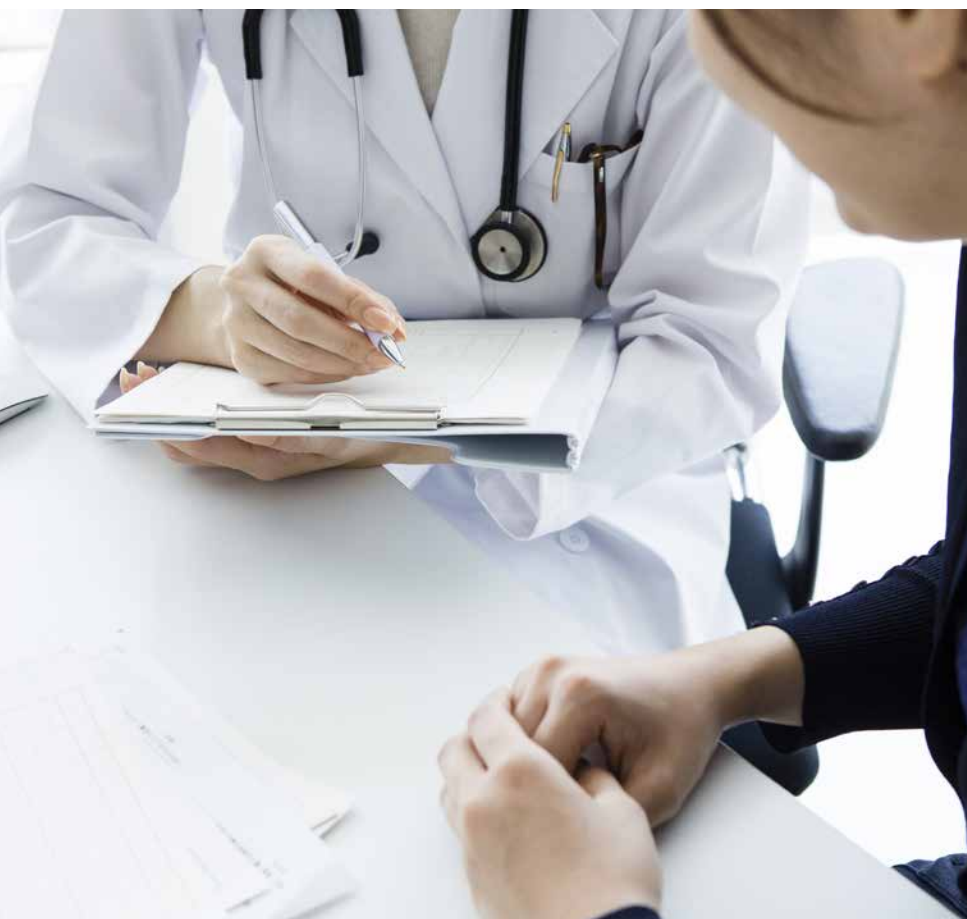
In order to support greater transparency of the work of the College, the committee developed the document "*How the College Develops Professional Standards*". This document, available on the College's website, highlights our objectives when developing standards as follows:

- **Relevancy:** to create evidence-based professional standards that reflect best practices and legislative requirements
- **Transparency:** to provide opportunities to engage stakeholders and solicit feedback for consideration in informing professional standards
- **Education:** to provide opportunities for physician and public education on issues relating to medical practice

In 2016, the committee developed in accordance with federal legislation our *Professional Standard Regarding Medical Assistance in Dying*. The document was drafted through collaboration with the province, Doctors Nova Scotia, Dalhousie University's Health Law Institute, and the Nova Scotia Health Authority, followed by consultation with physicians throughout the province.

As a result of this work, eligible patients are now receiving this medical service across the province.





In addition, the committee developed a number of new standards approved by Council:

- Professional Standards Regarding the Exemption to the Requirement for Direct Patient Contact When Prescribing 'Take Home' Naloxone
- Professional Standards Regarding Transfer of Care

Existing standards that were revised by the committee and later approved by Council included:

- Professional Standard and Guidelines Regarding Accepting New Patients
- Professional Standards and Guidelines Regarding Sexual Misconduct in the Physician-Patient Relationship
- Professional Standard Regarding Medical Records
- Professional Standard and Guidelines Regarding Informed Patient Consent to Treatment

The complete catalogue of the College's professional standards and guidelines is available on our website. The overarching purpose of these documents is to provide the profession clear direction to safeguard both the integrity of the profession and the interests of the public.



# OUR LENS ON PRESCRIBING

When assessing a physician's opioid prescribing for chronic non-cancer pain management, here are the questions the College might ask:

1. Is there documentation of the pain-related diagnosis, general medical condition, psychosocial history, psychiatric status, and substance use history?
2. Has a history and physical examination for the pain-related diagnosis been completed and updated as required?
3. Are there appropriate investigations and consultations completed for this diagnosis?
4. Is there a review of therapies tried to date and a review of ongoing non-pharmacologic therapies for management of chronic pain?
5. Are opioids indicated for this pain condition? Are there established treatment goals and a discussion of how and when therapy will be discontinued if benefits do not outweigh the risk?
6. Has there been a review of all current medications and have hepatic and renal functioning been taken into consideration?
7. Have a review of risk factors for opioid-related harm including risk of addiction, concomitant use of a benzodiazepine, risk of unintentional opioid overdose, and assessment for aberrant drug-related behavior been completed?





8. Have potential benefits, adverse effects, complications, and safety risks including proper storage of opioids and impact on driving been explained?
9. Is there a signed opioid treatment agreement completed and easily accessible?
10. Has a Urine Drug Test (UDT) been considered/done/reviewed on initiation of therapy and periodically thereafter?
11. Is there evidence on the chart that the prescription is due to be renewed and the PMP website has been reviewed as needed, as per the *College's Professional Standard Regarding Review of Monitored Drug History Before Prescribing*?
12. Is there documentation of the drug name, dose, and frequency, amount to be dispensed on the chart and a Morphine Milligram Equivalent (MME) calculation completed? If prescribing outside of the current guidelines, is there an explanation documented?
13. Are there ongoing reviews of the established treatment goals, adverse effects, complications, and safety to determine appropriateness for the continuation of the opioid?
14. Is there a recommendation for follow up within 1 - 4 weeks for initiation of opioid therapy or with any changes, and at least every 3 months in stable, chronic pain patients?



# NATIONAL AND PROVINCIAL COLLABORATION

The College of Physicians and Surgeons of Nova Scotia collaborates 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 Chair, Dr. D.A. (Gus) Grant
- Continuing Professional Development Advisory 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's Services and Addictions Branch

## **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
- Registration Working Group
- Physician Factors Working Group Steering Committee
- Accreditation and Education Advisory Committee
- 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
- Multisource Feedback Steering Committee
- Research and Development Committee
- Application for Medical Registration Advisory Committee

## **Royal College of Physicians and Surgeons**

- Competency Based CPD Advisory Committee



# RECOGNIZING PROFESSIONALISM AND LEADERSHIP

## 2016 Gold-Headed Cane Award Recipient

The College's Gold-Headed Cane Award recognizes an outstanding community-based physician who exemplifies professionalism in service to their patients, profession, and community. The College is pleased to announce Dr. Peter Jackson as the recipient of the 2016 Gold-Headed Cane Award.

Dr. Peter Jackson graduated from Guy's Hospital Medical School in London, England and immigrated to Canada where in 1965, he began a career that extended over 50 years of family practice in Cape Breton. Dr. Jackson's lifelong commitment to medical care put his patients first year after year. Dr. Jackson's practice touched the lives of thousands of Cape Bretoners; his clinical practice included daily hospital rounds, house calls, as well as delivering upwards of 100 babies each year.

Dr. Jackson also occupied a number of significant leadership roles in the medical community

including President of what is now Doctors Nova Scotia, President of the Maritime Medical Care, later known as MSI, and Interim Director of the Palliative Care Service in Cape Breton. In addition, Dr. Jackson has been an active volunteer in his community, including singing with the Cape Breton Chorale for four decades.

Dr. Jackson retired in 2015 leaving a legacy of medical practice that exudes altruism, service, commitment, and compassion for the patients he cared for and for the community in which he lives.

This annual provincial recognition is awarded at the Gold-Headed Cane Award ceremony, co-sponsored by the College and the Humanities in Medicine Program at Dalhousie University Medical School. The award was presented to Dr. Jackson at the Gold-Headed Awards dinner on May 6, 2017.



**Dr. Peter Jackson, LRCM, MRCS**



# OUR OPERATIONS

2015 and 2016 were filled with a great deal of change, including the winding down of the Clinician Assessment for Practice Program (CAPP) and the Nova Scotia Physician Achievement Review Program (NSPAR). This period also saw the development and launch of a new supervision program for Defined licensees; and the development and launch of the pilot for the College's new Physician Peer Review – Nova Scotia program. Keeping step with these operational changes, we are now managing our reserve fund more strategically, while remaining rooted in a risk averse philosophy.

Our operations flow from one year to the next, but the rules of accounting require statements at fiscal year-end. The College achieved a surplus from operations during 2016 of \$585,896 and a deficit in 2015 of (\$315,872). A more reasonable way to look at our statement of operations would be to combine 2016 and 2015. Viewed in this way, our combined surplus from operations over the last two years was \$270,024.

We budgeted for 2017 in contemplation of this surplus.



**Kellie Skelhorn**  
Chief Operating Officer and Associate Registrar



“  
2015 and 2016 were filled with a great deal of change, including ... the development and launch of a new supervision program for Defined licensees; and the development and launch of the pilot for the College’s new Physician Peer Review – Nova Scotia program.  
”



INFORMATION TECHNOLOGY TEAM (Left to Right)  
Amanda Mombourquette, Jennifer Riehl, Ann Chipman



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## 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, 2016, 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, 2016.

We expressed an unmodified audit opinion on those complete financial statements in our auditors' report dated March 24, 2017.

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, 2016 are a fair summary of those complete financial statements, in accordance with the basis described in Note 1.

Chartered Accountants, Licenced Public Accountants  
March 24, 2017  
Halifax, Canada

## College of Physicians and Surgeons of Nova Scotia

### Summarized Statement of Financial Position

December 31, 2016, with comparative information for 2015

	2016	2015
<b>ASSETS</b>		
Cash, short-term investments, and receivables	\$ 4,963,187	\$ 4,908,684
Other assets	40,615	43,124
	5,003,802	4,951,808
Investments	3,944,616	3,405,157
Equipment and leasehold improvements	423,656	456,960
	<b>\$ 9,372,074</b>	<b>\$ 8,813,925</b>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts payable and deferred revenue	\$ 4,977,286	\$ 5,284,055
Other liabilities	7,771	10,987
	4,985,057	5,295,042
Net assets:		
Internally restricted	3,944,616	3,405,157
Unrestricted	442,401	113,726
	4,387,017	3,518,883
	<b>\$ 9,372,074</b>	<b>\$ 8,813,925</b>



## College of Physicians and Surgeons of Nova Scotia

### Summarized Statement of Revenue and Expenditures

Year ended December 31, 2016, with comparative information for 2015

	2016	2015
REVENUE:		
Licensing fees	\$ 5,221,373	\$ 4,645,365
Certificates of professional conduct	55,200	48,700
Professional incorporation fees	194,950	195,250
Other income	3,220	4,260
Investment income - unrestricted	30,371	32,106
Investment income - internally restricted	57,221	52,451
Methadone maintenance program	18,991	81,886
	5,581,326	5,060,018
Expenses:		
Council	164,488	162,658
Investigations	893,681	877,135
Administration	1,951,416	1,857,879
Occupancy	382,684	349,477
Communications	277,708	274,715
Physician performance	858,016	842,938
Registration	467,437	1,011,088
	4,995,430	5,375,890
Surplus (deficit) from operations	585,896	(315,872)
Gains (losses) on investments	282,238	(49,758)
<b>Excess of revenue over expenses (expenses over revenue)</b>	<b>\$ 868,134</b>	<b>\$ (365,630)</b>

# College of Physicians and Surgeons of Nova Scotia

## Notes to the Summary Financial Statement

Year ended December 31, 2016

### **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, 2016, 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.

### **2. Comparative information**

Certain comparative information has been reclassified to conform with the financial statement presentation adopted in the current year.

# A VIGNETTE FROM OUR HISTORY

## The 1918 Spanish Influenza in Nova Scotia

During the period October 1918 to April 1919, over 2,000 Nova Scotians died from the Spanish influenza. It first appeared in Cape Breton in early September being brought there by soldiers returning from Europe. The influenza had attacked both Germans and Allies on the battlefield during the summer of 1918 and had a major role to play in the outcome of the War. Ships arriving in Halifax brought the disease into the city in early October and by 5 October all churches, schools, universities, and other public places were closed and remained closed for a period of six weeks. All of the towns and villages in Nova Scotia followed Halifax's lead. Halifax and Nova Scotia were very fortunate to have three very engaged and decisive doctors in important positions: Dr. William H. Hattie, Provincial Health Officer; Dr. Norman E. McKay; Chairman of the Board of Health and Quarantine Officer; and Dr. Arthur Hawkins, Mayor of Halifax. These three doctors worked together to educate the public about how to prevent contracting the influenza.

The Federal and Provincial governments did not take any action whatsoever to deal with the pandemic. In fact Dr. Montizambert, the Federal Quarantine Officer, refused to cooperate with the three Halifax doctors and allowed soldiers and sailors with influenza to be admitted to the Cogswell Street Military Hospital. By the end of October there were 485 influenza deaths in Nova Scotia and by the end of December over 20,000 Nova Scotians were ill with the disease. The newspapers were filled with information and advertisements of vaccines to prevent and to treat the disease, all of which, were eventually shown to be ineffective. Dr. William Welch, the Professor of Medicine at Johns Hopkins, was aware of the seriousness of the pandemic in Massachusetts and asked Dr. Oswald Avery at the Rockefeller Medical Research Institute to develop a vaccine. Avery and all of the other bacteriologists who developed vaccines believed that the Spanish influenza was a bacterial disease. It was not until the early 1930s that Richard Shope and Christopher Andrewes in England showed that the Spanish influenza was due to a virus.



**Dr. Allan E. Marble**

Chair, Medical History Society of Nova Scotia



“  
Due to the effective  
work of Drs Hattie,  
McKay, and Hawkins,  
Nova Scotia's death rate  
from the influenza was  
3.47 per thousand  
compared to 6.30 for  
other provinces of  
Canada and 6.14 for  
the United States.  
”



*Ward 42, Victoria General Hospital, Halifax, N.S.  
(Photo courtesy of the Halifax Archives)*





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