COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Building Bridges

2017 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 professional regulation
- Our leadership role
- Our dedication to continuous improvement
- Collaboration, innovation and flexibility
- Compassion and respect for human dignity

ABOUT THIS PUBLICATION

This publication reports on the work of the College over the past year.

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

Message from THE PRESIDENT

We have a problem - a big problem.

As a veteran of Canadian medicine for 50 years, I cannot help but be appalled at the destruction that has occurred in the delivery and performance of healthcare in our wonderful country. Our medical system, once consistently ranked in the top five of the world, is now a lowly 35th, adjacent to our neighbour to the south. What has caused this disappearance of quality?

Although the solution is complex, the cause is obvious. Unless and until we improve access to primary care, our quality of care will suffer. The overarching reality is that the primary care physician is the foundation of any successful and efficient healthcare system.

“The overarching reality is that the primary care physician is the foundation of any successful and efficient healthcare system.”

The frightening image of over-crowded emergency rooms, with elderly patients on stretchers left in hallways, and crying children awaiting medical attention, is now commonplace in Nova Scotia.

Erosion of access to primary care leads to emergency rooms plugged with skin rashes, sprained ankles and sore ears, or other conditions traditionally within the purview of the family doctor. Their experience and wisdom have been the backbone of quality healthcare since Hippocrates.

Our proud Nova Scotians cannot find a family doctor. A fundamental right - not just a privilege - of being a Canadian is access to appropriate medical care. Is it asking too much to have your prescription filled on time if you have diabetes or heart disease? If your loved one becomes gravely depressed, shouldn’t mental health services be at the ready?

There is no point in attributing blame, especially now that all relevant stakeholders are rolling up their sleeves to find solutions.

Medical schools are training more physicians than ever before. Family doctors are doing their best to close the gap in wait lists, even during a time of growing physician burnout. Government is seeking to ease the problem by way of collaborative care and a focus on physician recruitment.

The College is alive to these issues and is doing its part. It is a strategic priority. Your Council has directed the Registrar to take all necessary steps to ensure an efficient and welcoming process for all qualified physicians applying to practise in our province. I am confident our regulatory approach will assist and not hamper efforts to recruit appropriate and competent physicians to our province.

In reflecting on my years in practice as an orthopedic surgeon, I am intensely grateful for the support and wisdom I received from my colleagues on the front line in primary care. The focus of the College, the profession, and the province should now be on supporting them.

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

Message from THE REGISTRAR & CEO

These are volatile times, with the nerves of the public and profession frayed by many frictions.

From the public perspective, there is broad dissatisfaction regarding wait times, access to family physicians, mental health and addiction services, and opioid use. For physicians, there is growing unrest, fueled by the stresses of feeling overwhelmed and undervalued. In essence, the footing for the College to carry out its work in service to the public and the profession is tinder dry and precarious.

> **“Nova Scotians expect medical care from competent and appropriately trained physicians, and place their trust in the College to only license such physicians.”**

With that said, we should not lose sight of the many reasons for optimism. First and foremost, dedicated physicians are doing their best to deliver excellent care in difficult times. Although much of the College work involves investigating complaints, we are routinely reminded of this commitment to excellent patient care.

Access to care is the issue of the day, specifically access to primary care. As the province looks to recruit new physicians, it is not doing so at the expense of quality.

Nova Scotians expect excellent medical care from competent and appropriately trained physicians, and place their trust in the College to only license such physicians. This gatekeeper role gives rise to tension, particularly when an application for an unqualified physician is denied, and an underserviced community remains without a physician. Despite these difficult times, there has been no call for the College to break our commitment to national standards and to lower the bar for licensure.

Although licensing and recruiting must remain independent, the College is helping where it can with physician resourcing. We have streamlined our licensing processes to make them less daunting and more welcoming. We have developed flexibility within our licensing policies, particularly with respect to the LMCC for mid-career physicians.

The College sits on the Recruitment, Retention, and Succession Committee, jointly convened by the Nova Scotia Health Authority and the government, to ensure recruiting efforts are informed by and aligned with regulatory requirements.

The College was central to the development of an independent stream for international physicians, shortening the immigration process for physicians coming from distant shores.

In addition, we are delighted about the launch of a Practice Ready Assessment Program for internationally trained family physicians. This was a collaborative project involving Dalhousie Family Medicine, the Nova Scotia Health Authority, and the Department of Health and Wellness, with the College at the table throughout for oversight.

As a former community-based family physician, this is a matter close to my heart. Our present problems were years in the making. I hope the College’s efforts will shorten the timeline for solutions.

Members of Council 2017-2018

FRONT ROW (*left to right*)
Dr. Farokh Buhariwalla
Dr. Caitlin Lees (*Maritime Resident Doctors Appointee*)
Dr. Cindy Marshall
Ms. Sandra Aylward
Dr. William Stanish
Mr. Richard Nurse
Dr. Andria MacAulay
Dr. Trevor Topp

BACK ROW (*left to right*)
Dr. Martin Gardner
Dr. D.A. (Gus) Grant (*Registrar and CEO*)
Dr. John Ross
Ms. Michele Brennan

ABSENT
Dr. Rebecca Taylor Clarke
Dr. Gary Ernest
Dr. Mary Oxner (PhD)
Ms. April Howe
Mr. Malik Ali (*Medical Student Representative*)

Recognizing PROFESSIONALISM AND LEADERSHIP

The College is pleased to announce Dr. Richard Hall as the recipient of its 2017 Gold-Headed Cane Award. The College's award recognizes an outstanding physician who exemplifies professionalism in service to their patients, profession, and community.

Dr. Hall is a pioneer of critical care medicine in Nova Scotia and founded the Annual Atlantic Canada Critical Care Conference in 2002. Dr. Hall's commitment to education has inspired generations of physicians.

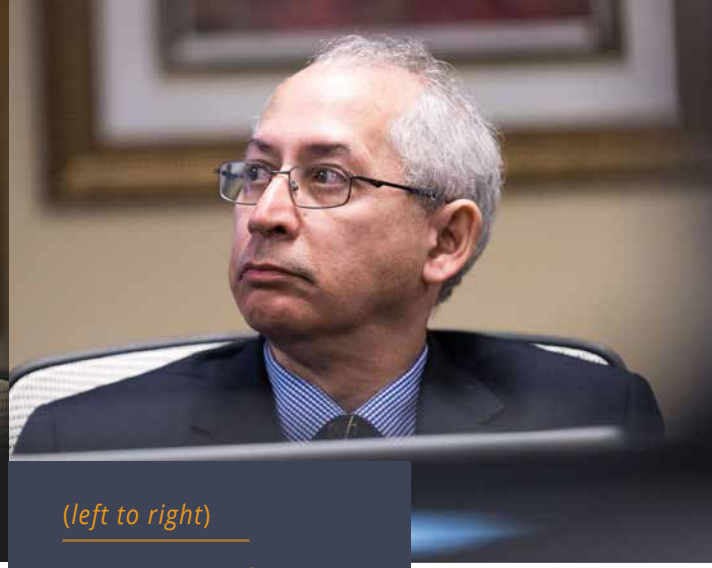
Dr. Hall completed his residencies in Anesthesia at Dalhousie University, and graduated from Clinical Pharmacology and Critical Care Medicine at Emory University in Atlanta. In 1987, Dr. Hall joined Dalhousie University's Faculty of Medicine as Assistant Professor.

A leader, Dr. Hall has made significant contributions to the medical community, serving as president of various societies such as the Canadian Society of Hospital Pharmacists, the Cardiovascular Thoracic Section, Canadian Anesthesiologists' Society and many more.

Dr. Hall presently practises medicine as the Site Chief at the Queen Elizabeth ll Health Sciences Centre's Medical/ Surgical/Neurosurgical Intensive Care Unit. He is also Chair of the Nova Scotia District Health Authority's Multi-site Research Ethics Board.

This annual provincial recognition is awarded at a co-sponsored Gold-Headed Cane Award ceremony in partnership with the Humanities in Medicine Program at Dalhousie University Medical School. The award will be presented to Dr. Hall at the Gold-Headed Cane Awards dinner on June 2nd, 2018.

Dr. Richard Ivan Hall, BScPharm, FRCP(C), FCCP



(left to right)

Dr. Martin Gardner
Dr. Caitlin Lees
Dr. Farokh Buhariwalla

Professional REGULATION

Each year dozens and dozens of physicians from across the province play a vital role in helping the College regulate medicine for all Nova Scotians.

Physicians develop policy, investigate complaints, assess practice, review licensing requirements, act as supervisors, and participate on College committees and on its governing Council. In short, the credibility and viability of medical regulation is made possible by the leadership and involvement of physicians.

Professional regulation allows for physicians to work with members of the public to uphold the integrity and reliability of the profession.

The College strives to apply "right-touch regulation" to improve medical practice and patient safety. At its core, right-touch regulation seeks to ensure that the level of regulation is proportionate to the level of risk to the public.

The participation of physicians in this endeavour is essential.

The College would like to thank the physicians who offered their expert opinions, diligent assessments, and experienced insights.

> **“Professional regulation allows for physicians to work with members of the public to uphold the integrity and reliability of the profession.”**

(*left to right*)

PUBLIC MEMBERS OF COUNCIL
Ms. Sandra Aylward
Ms. Michele Brennan
Mr. Richard Nurse

ABSENT
Dr. Mary Oxner (PhD)
Ms. April Howe

2017-2018

STRATEGIC PLAN: Key Developments

A Focus on Access to Primary Care

To support improved access to competent primary care through effective regulation.

Lack of access to a family physician is a pressing issue for Nova Scotia, particularly given our aging demographic and high incidence of chronic disease. Collaborating with all the players in the healthcare system and working to address the problem of physician resourcing is a priority for the College.

WORKING TOWARDS THAT OUTCOME THE COLLEGE HAS:

Assisted in the development of a Practice Ready Assessment Program for family medicine for international medical graduates.

Supported physician recruitment by way of information sessions held throughout the health authority zones regarding licensing requirements.

Reviewed and streamlined licensing requirements to ensure the licensing process is welcoming and accessible.

Continued to participate on the Advisory Committee on Physician Recruitment and Community Engagement.

A Focus on Trust and Transparency

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

The College is entrusted with the mandate of regulating the medical profession in the interest of the public. The College is a public-facing organization committed to the fair disclosure of information in alignment with the Medical Act.

WORKING TOWARDS THAT OUTCOME THE COLLEGE HAS:

Enhanced the availability of licensing and disciplinary information available on our website.

Improved the College's database to provide data regarding the number of physician licences available on our website.

Continued a plain language initiative with the aim of providing accessible communications.

Expanded its outreach to include:

- Presentations to regional medical staff associations;
- Information sessions delivered in the health authority zones regarding licensure requirements;
- Consultation with stakeholders to inform policy development, and;
- Presentations to medical students and residents.

2017-2018

STRATEGIC PLAN: Key Developments

A Focus on the Interaction of Medicine and Commerce

To ensure that the commercial interests of physicians do not work against the individual and collective rights of patients, or the good name of the profession.

Increasingly, physicians are finding their medical practice intersecting with their commercial and financial interests. This is somewhat expected given the proliferation of private medical services. This is confusing territory to navigate, with physicians seeking clear direction regarding the College's expectations. The College's Professional Standards Committee, composed of physician and public members, was tasked with developing standards to provide clear and relevant direction.

WORKING TOWARDS THAT OUTCOME THE COLLEGE HAS:

Completed consultations with physicians and stakeholders informing the development of professional standards of practice.

Developed professional standards that provide clear and practical direction to the public and to physicians.

A Focus on the College's Responsibility Regarding Monitored Prescription Drugs

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

The public and the medical profession are increasingly conscious of the vast social harms being authored by opioid abuse and addiction. There is also broad acceptance that medicine has contributed to the problem through decades of excessive prescribing.

WORKING TOWARDS THAT OUTCOME THE COLLEGE HAS:

Endorsed the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.

Participated as a member of the Provincial Leadership Committee on Opioid Drug Misuse and Overdose.

Participated on the Enhancing Opioid Prescribing, Pain Management, Prescription Monitoring Working Group.

Provided educational presentations to physicians regarding opioid prescribing and the associated risks of tapering dosages.

Continued to chair the Nova Scotia Prescription Monitoring Program.

Licensing
QUALIFIED PHYSICIANS

The pan-Canadian standard for Full licensure requires physicians to be:

1. A licentiate of the Medical Council of Canada (LMCC), reflecting the general competencies required of all physicians on entering practice, and;

2. Certified by either the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC), reflecting specialty-specific competencies.

Medicine is unique among the professions. We conditionally license uncertified individuals for independent practice. Often, these are international medical graduates (IMGs) recruited to fill the needs of underserviced communities as they work towards Full licensure.

In Nova Scotia, uncertified physicians may be granted a Defined licence, renewable for a maximum of 60 months. Defined licensees require both a health authority sponsor and physician supervisor for the duration of the licence. During this period, they must follow a path to Full licensure.

The College reviewed its licensing pathways against those of other Canadian medical regulators. While all have unique elements, often driven by provincial legislation, we are confident that our licensing approach is well aligned with the great majority.

Conditional licensure of IMGs remains a challenge for the College, as it does for medical regulators across Canada. Medical training and practice worldwide is highly variable. In 2017 alone, nearly 600 new medical schools were added to the World Directory. For each, there may be dozens of affiliated postgraduate (specialty) training programs or sites. As a small provincial regulator, we rely heavily on partner organizations, such as the Medical Council of Canada (MCC) and certifying Colleges, to understand this broad spectrum of international medical qualifications.

Kelli Lovett, Registration Coordinator
Registration Department

Registration Statistics for the period March 1, 2017 to February 28, 2018

This data represents a physician head count, not a total of full-time equivalent practising physicians.

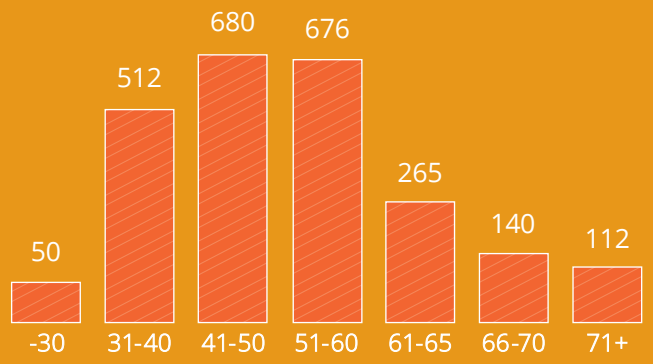
Licence Type	Total	Family Medicine	Other
Full Licence	2,231	1,093	1,138
Defined Licence	99	14	85
Academic Licence	63	–	63
Clinical Assistant	24	–	24
Restricted Licence	15	14	1
Defined Licence – Term	3	1	2
Total	**2,435**	**1,122**	**1,313**

Upon receipt of required documents, a physician's licence is typically approved in two to three days.

Licence Type	Training Physicians	New Residents
Clinical Assessment	–	–
Defined Licence – Fellowship	22	15
Full Licence – Postgraduate Training	13	7
Postgraduate Training	486	155
Postgraduate Practising	26	3
Total	**547**	**180**

Total Medical Students	**452**

Physician Age Distribution



Moving cautiously, but with the goal of removing unnecessary barriers to Defined licensure, the College continues to examine its licensing policies and work with partners to develop appropriate pathways. We have implemented policy recognizing acceptable alternatives to the LMCC, such as satisfactory time in practice. This has facilitated the recruitment of experienced physicians from many jurisdictions, by removing the barrier of the LMCC exam. It has also moved more than 50 Defined licensees to Full licences.

We have worked with partner organizations to develop the Practice Ready Assessment (PRA) pathways for international physicians whose training is not recognized in Canada, applying newly developed pan-Canadian guidelines.

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

Investigating PHYSICIAN-RELATED COMPLAINTS

The high-stakes undertaking of investigating complaints is carried out by Investigation Committees, composed of practising physicians and members of the public. They do so in service to the public, on behalf of the profession, in response to a legislated responsibility, and with full awareness of the stresses for all involved.

To arrive at decisions, committees exercise broad investigative authority, supported throughout by College staff and legal counsel. It is painstaking, important, and emotional work.

Almost inevitably, complaints involve an aggrieved patient and a stressed physician. Many times, the patient is trying to cope with a poor medical outcome, together with a breakdown of trust in their patient-doctor relationship.

For physicians, the stress of responding to a complaint can penetrate every waking moment. Through the Physician Navigator program of DoctorsNS, physicians going through a complaint can receive welcome support and counselling.

Although nothing can change the essential discomfort of complaints, all involved favour short timelines and fair process. As such, we continue to look for efficiencies in the ways and means by which we investigate and resolve complaints.

While we are pleased to report our timelines are among the fastest in the country, we recognize that, from the perspectives of the complainant or respondent physician, these timelines can never be fast enough.

Noreen Gaudet
Director, Professional Conduct

Total Complaints Received

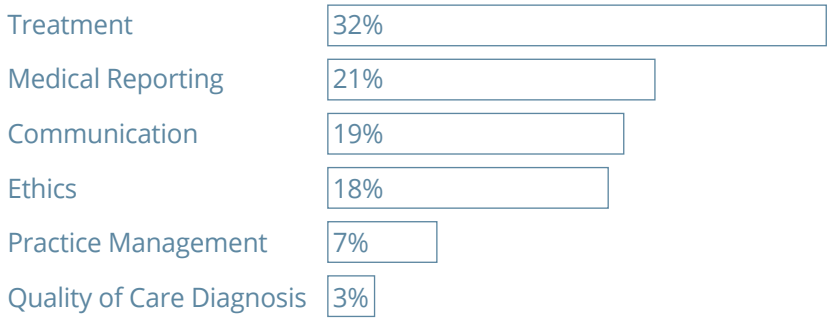
2017	2016	2015	2014
220	205	236	219

Outcomes of Complaints Closed in 2017

Dismissed	62
Dismissed by Registrar	53
Dismissed with Advice	41
Caution	16
Caution with Competence Assessment	16
Consensual Reprimand	11
Withdrawn	11
Closed (physician deceased)	3
Informal Resolution	3

TOTAL COMPLAINTS CLOSED IN 2017	**216**

2017 Closed Complaints by Category



There are worrisome trends to report. Nationally, the CMPA reports an 85% increase in complaints over the last ten years. The complexity of the cases is also increasing, with a corresponding increase in operational and legal expenses.

Most disturbingly, there has been a marked increase in complaints involving sexual impropriety. These are challenging complaints to adjudicate, emotionally trying for all, often with allegations difficult to substantiate.

There is public outcry, calling for change and for accountability in many fields, and our profession must respond. We have provided, and will continue to provide, specialized training to our investigators and committees in this regard, as we look to establish processes that are both sensitive and fair.

The investigations process must balance transparency with privacy. When disciplinary sanctions are imposed, we are legally required to make the substance of the decision public (without disclosing patient identifiers or sensitive health information). The summaries of our recent disciplinary decisions are available on the College's website.

When dispositions short of discipline are reached, such as when a complaint is dismissed with advice to the physician, the Medical Act does not permit public disclosure. This asymmetric disclosure tends to skew perception of the outcomes of College complaints.

Physician PERFORMANCE

Physician Peer Review – Nova Scotia (PPR-NS)

The College launched its new practice assessment program in 2017. Mandated under the Medical Act, Physician Peer Review – Nova Scotia (PPR-NS) is designed to promote quality improvement and to support physicians in practising to the highest possible standards.

The program is independent of, and blinded from, the College's disciplinary process. 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.

Participating physicians receive feedback on multiple aspects of their practice, including office setup and processes, record-keeping, and patient care. Importantly, physician wellness and professional development are also addressed.

Reviews are performed by trained physician peers, using either an off or on-site approach. We have been particularly pleased with the quality and depth of reviews that can be achieved when a physician provides their peer reviewer with secure remote access to an electronic medical record. This technology holds considerable promise in terms of reducing program costs while increasing the number and quality of reviews.

In addition to a written report, physicians are supported in identifying goals for practice improvement and professional development through direct discussion with their peer reviewer.

In 2017, we initiated practice reviews for 65 family physicians. It is expected the number of reviews in family medicine will increase in 2018, along with introduction of reviews for other specialties. Program evaluation, including efforts to measure the impact of peer reviews of physicians' practices, will be an ongoing focus.

Rhonda Kirkwood
Director, Physician Performance

“High-stakes assessments demand considerable rigour in their planning and conduct. An assessment report must be a fair and accurate reflection of a physician’s practice.”

The Physician Performance Department (PPD) staff wish to thank our first cadre of 15 peer reviewers for their time, commitment, and expertise in getting PPR-NS off to a great start.

Assessor Training

In clear distinction to the quality improvement mandate of peer review, the College also conducts physician practice assessments for quality assurance purposes. Most often these assessments are ordered in the context of a professional conduct (complaints) investigation, or follow-up. They are conducted by a small group of physicians, specifically trained for the task by PPD.

High-stakes assessments demand considerable rigour in their planning and conduct. An assessment report must be a fair and accurate reflection of a physician’s practice. In recent years, PPD has invested heavily in the training, support, and internal quality assurance of its assessor pool. One outcome has been a noticeable improvement in the clarity and objectivity of assessment reports, key in helping our Investigation Committees arrive at appropriate resolutions of College complaints.

Defined Licence (DL) Supervision

Under our Medical Act and Regulations, Defined licensees (DLs) are subject to sponsorship and supervision at all times. These requirements are in marked contrast to our old legislation, which permitted open-ended Defined licensure following a 12-month period of relatively unstructured supervision.

Following proclamation of the legislation in 2015, College staff worked with our standing committees and Council to develop policies, procedures, and capacity to manage this supervision requirement. Along the way, we attended numerous meetings with health authority and zone leadership, to understand and address the practical challenges brought about by these legislative changes. In 2017, we completed an exhaustive review of every active Defined licensee file.

The following are some key elements of the College’s approach to DL supervision:

- A four-level supervision framework providing a graded and structured approach across College departments.
- New Defined licensees are subject to a minimum 24 months of standard-level supervision, subsequently reduced to low-level with the agreement of the sponsor.
- When necessary, more comprehensive supervision may be implemented, usually at the request of the sponsor.
- At the sponsor’s discretion, longstanding Defined licensees may be excused from the supervision requirement, subject to annual review.
- College staff orient and support sponsors and supervisors in their respective roles. More comprehensive supervisor training and support is a priority.
- Supervision reports are generated and shared through a secure online portal, hosted on the College website.
- Satisfactory supervision and sponsor endorsement are confirmed annually in advance of Defined licence renewal.

Professional STANDARDS AND GUIDELINES

Physicians are accountable for upholding professional standards of conduct and behaviour throughout their careers. Physicians look to the College for standards and guidelines to guide their practice.

The development of professional standards is the responsibility of the Professional Standards Committee (PSC). The committee aims to provide clear guidance to both physicians and patients. The committee, comprised of physicians and public members, addresses key areas of practice and responds to current and emerging issues.

Above – Ms. Sandra Aylward
Below – Dr. Andria MacAulay

“The Professional Standards Committee aims to provide clear guidance to both physicians and patients. The committee, comprised of physicians and public members, addresses key areas of practice and responds to current and emerging issues.”

Its work is informed by research, consultation and input from clinical experts. It is grounded in the duties of the medical profession as articulated in the Canadian Medical Association’s Code of Ethics.

In 2017, the committee undertook to provide guidance on matters relating to conflict of interest, specifically as it applies to the intersection of medicine and commerce. The PSC undertook this task in response to the growing number of inquiries the College receives from physicians seeking clear guidance from physicians on such matters as:

- advertising and public communications by physicians;
- sale of products and services to patients;
- billing;
- physician participation in continuing professional development;
- interest or ownership in a facility or enterprise, and;
- commercial and ethical aspects of research.

In addition to this work, documents approved by Council included:

- Professional Standards regarding Review of Monitored Drug History Before Prescribing
- Guidelines for Retiring Physicians Regarding Licensing and Notification
- Professional Standards Regarding Care of Patients Who Have Received Treatment Outside of Canada
- Professional Standards Regarding the Authorization of Marijuana for Medical Purposes

Adherence to the College’s standards and guidelines is the first lens through which a physician’s conduct is viewed by the College. Physicians are expected to stay current with these documents, all of which are on our website.

Opioid PRESCRIBING

There are multiple facets to our opioid reality. There is some progress to report and much work still to be done.

Public and professional awareness has clearly grown. There can be no doubt that the public and the medical profession are increasingly conscious of the vast social harms being authored by opioid abuse and addiction.

Overall, the prescribing habits of Nova Scotia's physicians are improving. The PMP calculates prescriber risk through a formula weighing a variety of factors, such as pill counts and dosages. The total risk scores for the province are down and, perhaps more importantly, the scores for high prescribing physicians are down. This indicates that there is more discipline and rigour being applied to prescribing.

Year of Filled Date	2016	2017	% +/-
Monitored Drug Prescriptions	1,127,968	1,205,918	6.91%
Patients Receiving Rx 360-539 Tablets	1,204	1,039	-13.70%
Patients Receiving Rx 540+ Tablets	293	235	-19.80%
Prescriptions for 360-539 Tablets	3,604	2,785	-22.72%
Prescriptions for 540+ Tablets	738	568	-23.04%
Prescriptions for 60+ Days Supply	39,384	37,437	-4.94%
Total Morphine Equivalents	556,203,013.72	473,619,019.56	-14.85%
Opioid Prescriptions	955,096	1,009,565	5.70%
Patients Receiving Opioids	78,608	72,994	-7.14%

We are fortunate that the spike in overdose deaths from illicit fentanyl in western Canada has not yet occurred in Nova Scotia. The province is taking action, however, with increased funding and support for programs like needle exchange, naloxone, and opioid replacement therapy. Regardless, there are still too many people dying.

There is also an increased awareness of chronic pain, of the difficult lives being led by those who suffer with it, and the challenges of providing them with good medical management.

The evidence is clear that opioids have a role for only a fraction of these patients. We need to identify and resource alternate therapies.

There is also broad acceptance that medicine has contributed to the problem through decades of excessive prescribing. Science is catching up to help physicians, with the new *Guidelines on the Use of Opioids for Chronic Non-Cancer Pain* giving a clear synthesis of the available evidence.

I genuinely feel a momentum within the profession to be part of the solution.

With that said, in many instances, our professional awareness could be more clearly focused. With the knowledge that opioid prescribing is a regulatory priority, some physicians may be overreacting to the detriment of their patients.

I worry particularly about the destabilization of legacy patients through tapering. Recommendation 9 of the Guidelines:

"For patients with chronic non-cancer pain who are currently using 90 mg morphine equivalents of opioids per day or more, we suggest tapering opioids to the lowest effective dose, potentially including discontinuation, rather than making no change in opioid therapy.

Some patients may have a substantial increase in pain or decrease in function that persists for more than one month after a small dose reduction; tapering may be paused or potentially abandoned in such patients."

These patients need to be managed sensitively, with realistic goals and expectations. The Guidelines and the College both recognize that for some of these patients, if not many or most, tapering might be impossible.

Going forward, the College, together with the NSPMP, have identified "improving the first prescription" as a strategic goal. There has been little focus on the initiation of opioid therapy for acute or post-surgical conditions, despite good evidence of the relationship between the first prescription and long term use.

The NSPMP is looking at program expansion to take on the monitoring of benzodiazepines. Although contra-indicated and dangerous, the concurrent prescribing of benzodiazepines and opioids is highly prevalent in Nova Scotia. We will need to take measured steps, with a view to educating the public and the profession about the perils of concurrent prescribing.

D.A. (Gus) Grant, AB, LLB, MD, CCFP, ICD.D
Chair, NSPMP
Registrar and CEO
College of Physicians and Surgeons of Nova Scotia

The College of Physicians and Surgeons of Nova Scotia collaborates with organizations and programs in a variety of health-related initiatives.

National and Provincial COLLABORATION

Nova Scotia Prescription Monitoring Program
- Chair, Dr. D.A. (Gus) Grant

Nova Scotia Regulated Health Professions Network
- Council

Dalhousie University, Faculty of Medicine
- Professionalism Committee
- Faculty Awards Committee
- Continuing Professional Development (CPD) Advisory Committee
- Admissions Review Committee, Chair, Dr. D.A. (Gus) Grant

Doctors Nova Scotia
- Health System Physician Coordination Council

Nova Scotia Health Authority
- Practice Ready Assessment for Family Medicine Steering Committee
- Nova Scotia Recruitment and Retention Advisory Committee

Nova Scotia Medical-Legal Society
- President, Dr. D.A. (Gus) Grant

Nova Scotia Department of Health and Wellness
- Leadership Committee on Opioid Drug Misuse and Overdose
- Enhancing Opioid Prescribing, Pain Management, Prescription Monitoring Working Group

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
- 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
- Legislation Committee
- Nominating Committee
- 360 Steering Committee
- Research and Development Committee
- Application for Medical Registration (AMR) Working Group

Royal College of Physicians and Surgeons of Canada
- Competency-Based Continued Professional Development Steering Committee

Kellie Skelhorn
Chief Operating Officer and Associate Registrar

Our OPERATIONS

For 2017, the College budgeted a deficit of $210,000. Our actual deficit from operations was $190,000.

Disciplinary and hearing costs continue to increase, with a high volume of serious and complex complaints. This is a national trend, with no end in sight, and likely represents the new normal. The costs of our Professional Conduct Department increased by more than 70% from the previous year and was the principal driver of our deficit. To address the backlog of complaints, we implemented an additional investigations committee.

“We conducted a complete review of our medical licensing process to make it accessible and welcoming.”

Our reserves are in good shape and we are in a healthy financial position. We have budgeted to break-even for the coming year.

Our office lease at Bayers Road will be coming to an end in 2019. The College will be relocating to the Hammonds Plains area, with a new 13-year lease on favourable terms. Over the last few years, money has been set aside in a special fund, earmarked for our upcoming relocation and lease-hold requirements. We are not anticipating additional costs from our operations for the move.

In terms of our day-to-day work, we continue to look for ways to improve our services. There were significant changes made to streamline the annual licence renewal, which were well received. We conducted a complete review of our medical licensing process to make it accessible and welcoming. We would welcome any feedback.

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Report of the Independent Auditor 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, 2017, and the summary statement of revenue and expenditures for the year then ended, are derived from the 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, 2017.

We expressed an unmodified audit opinion on those complete financial statements in our auditor's report dated March 23, 2018.

The summary of financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the 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 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.

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 Standard (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, 2017 are a fair summary of those financial statements, in accordance with the basis described in Note 1.

Grant Thornton LLP

Halifax, Canada
March 23, 2018

Chartered Professional Accountants
Licensed Public Accountants

Audit • Tax • Advisory
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College of Physicians and Surgeons of Nova Scotia
Summarized statement of financial position

December 31

	2017	2016
Assets		
Current		
Cash, short-term investments and receivables	$ 4,974,609	$ 4,963,187
Other assets	75,064	40,615
	5,049,673	5,003,802
Investments	4,214,735	3,944,616
Capital assets	380,155	423,656
	$ 9,644,563	**$ 9,372,074**
Liabilities		
Current		
Payables and accruals	$ 5,173,803	$ 4,977,286
Other liabilities	4,556	7,771
	5,178,359	4,985,057
Net Assets		
Internally restricted	4,214,735	3,944,616
Unrestricted	251,469	442,401
	$ 9,644,563	**$ 9,372,074**

College of Physicians and Surgeons of Nova Scotia
Summarized statement of revenues and expenditures

Year ended December 31

	2017	2016
Revenues		
Licensing fees	**$ 5,317,375**	$ 5,221,373
Certificates of professional conduct	**49,900**	55,200
Professional incorporation fees	**194,225**	194,950
Other income	**3,545**	3,220
Investment income – unrestricted	**27,304**	30,371
Methadone maintenance program	**24,362**	18,991
	5,616,711	5,524,105
Expenditures		
Administration	**2,096,531**	1,951,416
Communications	**267,575**	277,708
Council	**197,387**	164,488
Occupancy	**350,374**	382,684
Physician performance	**938,277**	858,016
Professional conduct	**1,536,408**	893,681
Registration	**421,091**	467,437
	5,807,643	4,995,430
(Deficit) surplus from operations	**(190,932)**	528,675
Internally restricted revenues		
Gain on investments	**215,147**	282,238
Investment income	**54,972**	57,221
	270,119	339,459
Excess of revenues over expenditures	**$ 79,187**	$ 868,134

College of Physicians and Surgeons of Nova Scotia
Notes to summary financial statements

December 31, 2017

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, 2017, 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 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 revenues 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 revenues 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.

DR. GEORGE BUCKLEY'S MEDICAL PRACTICE

1867 to 1936

Born in Sydney in 1847, George Buckley apprenticed to Dr. Samuel Muir in Truro before attending Jefferson Medical College in Philadelphia where he received his MD in 1867.

Dr. Buckley immediately established a medical practice in the town of Guysborough, and provided medical attendance to the residents of Eastern Guysborough County and Southeastern Antigonish County for more than six decades. His patients included residents of the African Nova Scotia settlements of Lincolnville and Upper Big Tracadie, as well as the residents of the First Nations community of Paq'tnkek at Pomquet, Antigonish County.

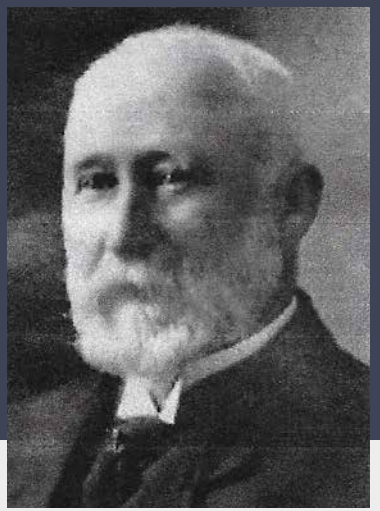
We know a great deal about Dr. Buckley's medical practice because his daybooks and ledgers have survived and were recently donated to the Nova Scotia Archives. The Buckley collection includes 47 daybooks and 10 ledgers covering the period of 1867 to 1936. Sample entries in his daybooks describe every aspect of Dr. Buckley's medical care:

- on May 9th, 1900 "reducing fracture of thigh $9.00"
- on May 27th, 1900 "visit to wife of James Diggins and accouchement $7.50"

(accouchement is the French word for childbirth and was a common term used by some physicians in Nova Scotia prior to and during the first decades of the 20th century).

During a typical day he would see 15 or 20 patients either in his office or while travelling in his horse and buggy. The Buckley collection represents the most complete set of records of a rural general medical practitioner in Canada.

Dr. Allan E. Marble
Chair, Medical History Society of Nova Scotia



Dr. Buckley's home in Guysborough County

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