



COLLEGE OF
PHYSICIANS & SURGEONS
OF NOVA SCOTIA

Building Bridges

2018 ANNUAL REPORT





Our Mission:

Is to serve the public by effectively regulating the medical profession.

Our Vision:

Is to be a respected leader that protects the public while supporting the medical profession.

Our Commitment:

Is to be thorough, clear, decisive, and fair.

Our work will reflect the value we place in:

- Respect for human dignity;
- Excellence in medical care; and
- Professionalism.

ABOUT THIS PUBLICATION

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



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Message from the PRESIDENT



"The times they are a-changin'"
(Bob Dylan, 1964)

Change is happening at an ever increasing rate. In the current environment, that change is characterized by the #MeToo movement, an opioid epidemic, climate change, artificial intelligence, fintech, technology driven changes in work, and heightened expectations of accountability. The healthcare sector is not immune to the impact and influence of those changes.

The practice of medicine is continuously evolving with changes to models of healthcare delivery, advances in technology to support success in patient outcomes, encroachment by other professionals into scope of practice, and a redefining of scope of practice. Correspondingly, the public and the medical profession have expectations for a response from the system in which medicine is delivered. Medical regulation, as one component of that system, is expected to respond and is responding.

In the healthcare landscape in Nova Scotia, access to care is a theme that dominates our news cycle and experiences. Stories about lack of access and the complications that arise from lack of access are in abundance. For the public, lack of access to family physicians, long wait-lists, emergency room closures, and hospital closures are issues that populate the news. For physicians, expanding patient lists, mounting paperwork, increasing patient expectations, physician shortages, challenges facing international

Dr. Mary Oxner, PhD
President, College of Physicians and Surgeons of Nova Scotia

“ As a public representative on Council from a rural area, I am aware of many of the challenges stressing our healthcare landscape. The Council and I, as President of the College, are in a unique and privileged position to support the responsiveness and leadership of the College in addressing those stressors. ”

colleagues, overwhelming workloads, and lagging compensation persist. As a public representative on Council from a rural area, I am aware of many of the challenges stressing our healthcare landscape. The Council and I, as President of the College, are in a unique and privileged position to support the responsiveness and leadership of the College in addressing those stressors.

Continuing to support improved access to healthcare through its regulatory role remains a strategic imperative of the College. The College is responding while maintaining effective standards in regulating the medical profession. Recent initiatives at the College demonstrate that responsiveness and include the development of a Clinical Assistant Program to address regional healthcare service needs, the issuance of restricted licences to address identified scopes of practice, the streamlining of processes to ensure an efficient licensing process for all physicians, changes to policies on acceptable alternatives to licensure, and evolving standards to meet changes in the healthcare environment.

The practice of medicine is evolving and complex. The role of its regulator is also evolving and complex. As the President of Council, my lens of engagement naturally drifts toward governance, financial oversight, fulfillment of the regulatory mandate, and development of policies and standards. During my first year as President, I have been increasingly struck by the thoroughness in deliberation, the robustness of financial oversight, the emphasis on quality improvement, the importance of collaboration with other healthcare stakeholders, and the concern for public safety and physician success at the College. The College is responding.



Message from the REGISTRAR & CEO

Patients searching for doctors. Waiting rooms needing more chairs. Hospitals seeking coverage. Doctors asking for relief and support. Although access to care is a flashpoint, the public's dissatisfaction with the profession is gaining voice, demanding medical practice be both excellent and available.

This is a time for action. On behalf of the public, the College is leaning in on issues not traditionally tackled by regulators.

It's all hands on deck to improve access to care. The College's many initiatives include providing oversight to Dalhousie University's new Practice Ready Assessment Program for family medicine. The College has also played an integral role in the development of a Clinical Assistant Program for mental health in the Northern and Eastern zones. The College sits on the province's Recruitment and Retention Advisory Committee. We travel with the Nova Scotia Health Authority on recruiting trips to the United Kingdom. Our work was instrumental in the development of an expedited immigration stream for international medical graduates.

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

“ This is a time for action. On behalf of the public, the College is leaning in on issues not traditionally tackled by regulators. It’s all hands on deck to improve access to care. ”

We are removing the red tape associated with licensing physicians. We have entered into memorandums of agreement with other Atlantic colleges to reduce the paperwork and cost for physicians licensed in multiple provinces. Locum licences throughout the region are now processed in less than five days. Duplication in applications for licensure and privileging have been eliminated for newly arrived physicians. The College’s Centralized Registration Process, undertaken in partnership with the Nova Scotia Health Authority and the IWK, provides a single process for obtaining medical licensure and privileging.

On another front, our profession needs to more openly confront an uncomfortable truth: that sexual misconduct by physicians is more prevalent than we wish to believe. Historically the regulatory response to such behaviour has fallen short of the public’s expectation; as such, there is a call for more accountability.

The practice of medicine, like many professions, is built on relationships of power and trust. Across Canada, medical regulators are receiving a growing number of complaints regarding sexual misconduct. It is hard to know whether it is the malignant behaviour or its reporting that

is actually increasing. What we do know is this egregious behaviour is certainly under-reported, with victims reluctant to be re-traumatized through the regulatory process of investigation.

The College is taking steps to support complainants who allege sexual misconduct. We have increased the training offered to our teams, sensitizing all to the unique traumas associated with sexual misconduct allegations. We have initiated an independent legal review, in search of recommendations to reduce the harm to all parties authored by the investigation process, ensure integrity of the legal process for all involved, and safeguard the public interest. Recommendations from the independent review will be in the public domain by summer 2019.

Finally, I would like to thank all of the physicians and members of the public who play a role in our task of effectively regulating medicine. Doctors and public members are involved in all we do. In addition to sitting on Council and committees, physicians are stepping forward to carry out practice assessments when needed. Physician engagement is the core of professional regulation, and the College is most grateful to all who continue to lend their expertise.



Members of
COUNCIL 2018-2019

FRONT ROW (left to right)
Ms. Sandra Aylward
Dr. Andria MacAulay
Mr. Kyle Kilby (*Medical Student Representative*)
Dr. William Stanish
Dr. Mary Oxner (PhD)

Mr. Richard Nurse
Dr. Cindy Marshall
Dr. Farokh Buhariwalla
BACK ROW (left to right)
Mr. Mark Rosen
Dr. Trevor Topp

Dr. John Ross
Dr. D. A. (Gus) Grant (*Registrar & CEO*)
Ms. Michele Brennan
Dr. Martin Gardner
Dr. Leo Fares (*Maritime Resident Doctors Appointee*)

ABSENT
Dr. Leslie Houck
Dr. Rebecca Taylor Clarke

Recognizing PROFESSIONALISM AND LEADERSHIP

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

The College is pleased to announce Dr. David Brake as the recipient of its 2018 Gold-Headed Cane Award. Dr. Brake is a respirologist and an intensive care specialist. Recognized for working tirelessly on behalf of his patients, Dr. Brake has practised in Sydney for twenty years.

A Memorial University Medical School graduate, Dr. Brake later became Chief Resident of Internal Medicine at Dalhousie University. Dr. Brake went on to study at the University of Western Ontario where he obtained subspecialty training in respirology. At Western, he also became Chief Resident of the Critical Care Program, along with completing a fellowship in critical care medicine.

Dr. Brake exemplifies professionalism and service to his patients through his many leadership positions. He is Medical Director of Critical Care Medicine at the Cape Breton Regional Hospital, as well as Medical Director of its Pulmonary Lab. Dr. Brake is co-founder of the Cape Breton Chest Clinic. He is also Physician Lead (Critical Care) of the Cape Breton Regional Hospital Redevelopment Project.

As well, Dr. Brake has made significant and regular contributions to continuing medical education for his own department and in the Department of Family Medicine.

The College's Gold-Headed Cane recognition is presented at an annual awards ceremony in partnership with the Humanities in Medicine Program at Dalhousie University Medical School. The award was presented to Dr. Brake on May 3, 2019.



Dr. David Brake,
BSC, MD, FRCPC, FCCP

Public
MEMBERS OF
COUNCIL



(left to right) Ms. Sandra Aylward, Mr. Mark Rosen, Dr. Mary Oxner (PhD), Ms. Michele Brennan, Mr. Richard Nurse



REFLECTIONS FROM A PUBLIC MEMBER

I have served as a public member of the College's governing Council for two years. At a time when many may feel the voice of the public is excluded or minimized in matters of patient care, I deeply appreciate how the public perspective informs and influences the work of the College.

As a public member, I have seen first-hand the rigour and objectivity the College brings to regulating medicine in the public interest. I am also a member of the Registration Committee and the Investigation Committee, tasked with decision-making that directly impacts the standard of care on the frontlines in communities throughout Nova Scotia. This responsibility is guided by the College's commitment to fairness and due process.

Ensuring professional standards of care for Nova Scotians is a preoccupation of the College. I am so pleased to have the opportunity to serve as a public member and contribute to protecting the public.

*Ms. Sandra Alyward
Public Member of Council*

The fundamental responsibility when regulating the profession of medicine is to do so in the public interest. The participation of public members on the College's governing Council plays an essential role in fulfilling this duty.

Public members work with physician members of Council on behalf of patients in Nova Scotia. Public members are tasked with participating in such matters as licensure, investigating complaints, and developing policy. All members are keenly aware of the importance of striking the right balance between safeguarding patient care and overseeing professional competence by way of reasonable expectations.

While representing the public is the primary focus, public members also bring extensive experience in areas such as education, health, financial management, and governance to the work of Council and its committees. This expertise supports the College's ongoing commitment to upholding standards of care, strengthening transparency, ensuring fairness, and supporting accountability.

The unique perspective of public members is a key ingredient in upholding the privilege of professional regulation as granted by the *Medical Act*. Public members help physicians and staff at the College see the patient's perspective. This view is a key lens through which the College undertakes its responsibilities.

Participating in Professional REGULATION




Physicians from across the province actively participate in the College's work of effectively regulating the practice of medicine in the public interest.

Dr. Andria MacAulay is a family doctor in Truro and a member of the College's Council. She is one of dozens of physicians who each year make a vital contribution to the regulation of the medical profession in Nova Scotia. She began contributing to the work of the College in 2005 as an examiner. She then was a physician advisor on the College's Practice Improvement Committee, and was one of the physicians who led the redesign of the Peer Review Program.

"I can't overstate the importance of being self-regulated. It is vital that the experiences of physicians and patients are heard and considered. Regulating the profession relies on doctors who are actually working in communities to inform decisions that affect practice," said Dr. MacAulay.

Professional regulation brings together physicians and members of the public to uphold the practice of medicine in the public interest by way of developing policy, reviewing licensing requirements, investigating complaints, and assessing physicians to support practice improvement.

Dr. Andria MacAulay, MD, CCFP, FCFP



“When I began working with the College, I probably had the same view that many doctors have of the College, seeing it as a punitive ivory tower organization out of touch with practice,” recalled Dr. MacAulay. “I was so impressed to see how much the College is concerned for physicians. The College is working to support physician success by way of a deep commitment to upholding standards of patient care.”

Dr. MacAulay was elected to the College’s Council in 2017 and sits on the Executive Committee, the Professional Standards Committee, and the Registration Policy Committee.

“Although we are all so busy, I would still encourage any physician to get involved in the work of the College. It’s crucial that we bring our real-life experience and the voices of our patients to the task of professional regulation. It’s such an interesting and meaningful way to give back to our profession.”



RECOGNIZING PHYSICIAN PARTICIPATION

The College would like to express its sincere appreciation to all of the physicians from communities throughout the province for stepping up to participate in the regulation of medicine.

The expertise of physicians, the experienced insights from their years of practice, and their collective commitment to professionalism are key to upholding the integrity of the profession.

2018–2019

STRATEGIC PLAN: KEY DEVELOPMENTS

1

Access to Healthcare:

We will support access to healthcare through collaboration and leadership.

The College completed a review of licensing processes with a view to eliminating red tape. Timelines for the licensure of qualified candidates have been significantly shortened. In collaboration with the Nova Scotia Health Authority and the IWK, the College is piloting a Centralized Registration Process, whereby physicians submit all documents for both licensing and privileging directly to the College. As well, the College, together with the other Atlantic colleges, has signed a memorandum of agreement committing to a five-day process for expedited locum licensure.

Having been involved in its development, the College now oversees the Practice Ready Assessment Program for family medicine being implemented by Dalhousie University. In addition, the College is conducting practice ready assessments of international medical graduates in other specialties on a case-by-case basis in collaboration with Dalhousie University and the involved health authority.

The College expanded the province's approach to clinical assistants, playing a lead role in the development of a Clinical Assistant Program for mental health in the Northern and Eastern zones.

The College continues to explore ways to support conditionally licensed physicians, whether it be to assist in their efforts to attain certification or to explore licensure restricted to scopes of demonstrated competence.

The College supports efforts to recruit physicians by sitting on the Nova Scotia Recruitment and Retention Advisory Committee and attending recruiting initiatives locally and abroad.

2

Sexual Misconduct Complaints:

We will serve the public with processes that are progressive, fair, and sensitive to all involved.

The College has hired a Patient Support Advisor, trained as a social worker and experienced in working with trauma, to assist complainants as they navigate the complaint process.

The College has retained the Canadian Centre for Legal Innovation in Sexual Assault Response (CCLISAR) to review the College's processes in the management of sexual misconduct complaints. The review will search for recommendations to reduce the harm to all parties authored by the investigation process while preserving legal fairness. The recommendations will be made public by summer 2019.

3

Prescribing:

We will promote safe and effective prescribing through education and regulation.

The College continues to work closely with the Nova Scotia Prescription Monitoring Program (NSPMP), chaired by the College's Registrar, Dr. Gus Grant. The program has identified a number of strategic themes. These include improvement of the first prescription (to the opioid naïve patient) and the development and launch of a comprehensive response to the concurrent prescribing of opioids and benzodiazepines. The NSPMP is to undergo a governance review, the results of which should be available by end of 2019.

4

Conflicts of Interest in Medicine:

We will direct physicians on how to conduct business ethically and safely.

The College provided educational presentations to physicians throughout the province on the College's newly developed set of standards addressing matters of conflict of interest.

The College continues to promote to physicians the professional standards relating to matters arising from the intersection of medical practice with their financial and commercial interests.

Licensing QUALIFIED PHYSICIANS

All stakeholders in the delivery of healthcare in Nova Scotia are focused on improving patient access to care. For the Registration Department of the College, this past year was focused on flexibility, on reducing red tape, and on expanding our approach to licensure, without compromising the standards of quality our public expects and deserves.

There are some important developments upon which to report.

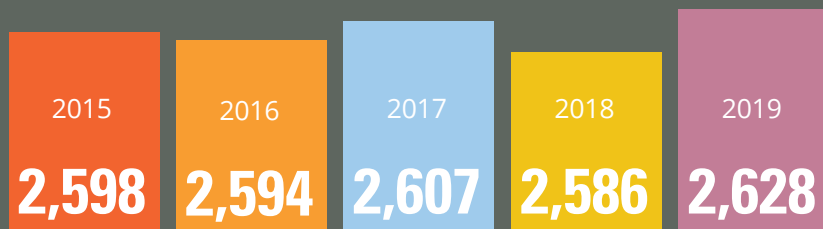
In collaboration with the Province and the College, Dalhousie University has launched a Practice Ready Assessment Program for internationally trained family physicians who do not have the qualifications for licensure in Nova Scotia. These are early days for the program, which has the difficult challenge of determining whether physicians from diverse backgrounds have attained the competencies required for independent practice. We are confident this program will provide an important stream of competent family physicians going forward.

In response to the crisis of access to mental health services, the College is pleased to announce a new Clinical Assistant Program. The program is the result of a collaboration between the College, the Department of Psychiatry, the Nova Scotia Health Authority, and the Province. Clinical assistants have already begun to work in the Eastern and Northern zones. Clinical assistants are a class of health professionals, typically international medical graduates, who operate in a manner similar to residents at the end of their training. Until this program, clinical assistant programs have been limited to academic departments in the Central zone. It is hoped the model used to develop this program will be applied to other specialties in areas of need.



Keri McAdoo, MD, CCFP, FCFP
Deputy Registrar

REGISTRATION STATISTICS AS OF THE FIRST OF JANUARY



REGISTRATION STATISTICS AS OF DECEMBER 31, 2018

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

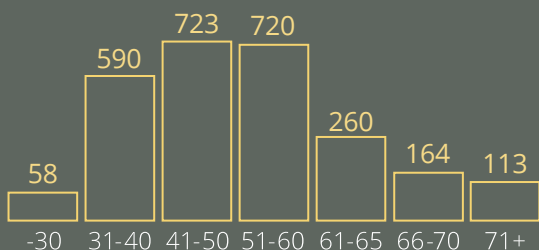
Licence Type	Total	Family Medicine
Full Licence	2,252	1,106
Full Licence – Non-Resident	133	46
Defined Licence	91	9
Academic Licence	66	0
Defined Licence - Fellowship	27	0
Clinical Assistant	23	0
Restricted Licence	18	16
Full Licence with Postgraduate Training	18	4
TOTAL	2,628	1,181

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

NEW RESIDENTS
188

TOTAL MEDICAL STUDENTS
463

PHYSICIAN AGE DEMOGRAPHIC



We are also pleased with the development of a Centralized Registration Process. The processes for licensure and privileging rely on largely the same documents. Until now, physicians had to apply for licensure, then apply for privileges, resubmitting many of the same materials. Now, the College takes in all necessary documents for both processes, sharing whatever is necessary with the privileging body through a secure channel. It is a small but important victory in the battle against red tape.

To be eligible for a Full licence, Canada's national standards require a physician to have a recognized medical degree, to be a licentiate of the Medical Council of Canada, and to be certified by either the Royal College or the College of Family Physicians of Canada. Some physicians, most commonly those without certification, may be eligible for time-limited provisional licensure.

Many of our underserved areas rely on provisionally licensed physicians, who are faced with the challenge of preparing for exams while caring for patients. These physicians require support. At the urging of the College, and through the Health System Physician Coordination Council, there is important, collaborative work ongoing to secure time and resources to set these physicians up to succeed in their certification exams.

The evidence is well established that uncertified physicians are at much higher risk for poor practice or disciplinary sanction. The College is exploring roles for physicians who are unable to attain certification, in the knowledge that many physicians practise well in scopes more narrow than that tested by the certifying examinations. Specifically, when the legislated limit of provisional licensure has expired for a physician, the College may examine whether a form of restricted licensure would be appropriate. The scope of such licensure would be limited only to areas where the physician has demonstrated competence.

Investigating PHYSICIAN-RELATED COMPLAINTS



The investigation of complaints serves many purposes. First and foremost, it provides the public with an opportunity to hold the medical profession accountable. At the same time, by holding itself accountable, the profession can continue to merit the public's confidence. In the eyes of many, this is the most important work of the College.

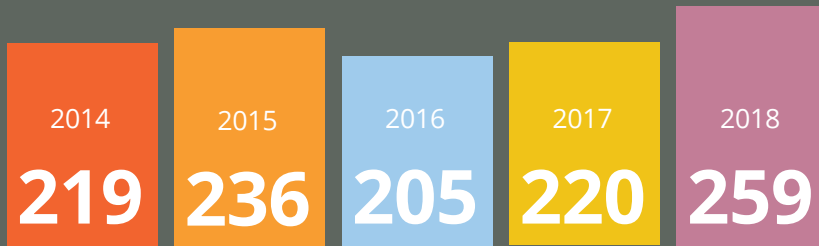
The work is challenging, complex, and emotionally charged. The investigation of a complaint is unfamiliar and stressful for physicians and patients alike. At the end of the process, the committee considering the complaint strives to generate a decision that is fair, sensitive, and realistic.

These are changing times. The volume of complaints continues to rise. The public's expectations for professional accountability continue to rise. Moreover, the courts are demanding more and more rigour from regulators. All expect these trends to continue.

The College is responding. We have formalized an expedited approach for urgent complaints, including those that allege sexual misconduct. In these matters, complainants are now supported by a Public Support Advisor with considerable experience in managing trauma-informed situations. Physicians have access to comparable supports through the Physician Navigator Program offered by Doctors Nova Scotia.

Noreen Gaudet
Director, Professional Conduct

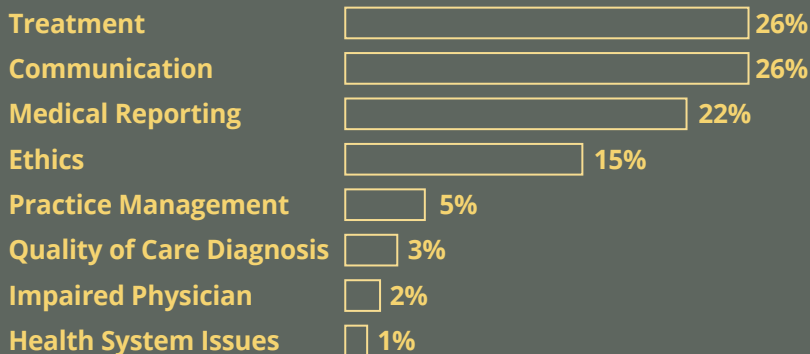
TOTAL COMPLAINTS RECEIVED



OUTCOMES OF COMPLAINTS CLOSED IN 2018

Dismissed by Investigation Committee	82
Dismissed by Registrar	67
Dismissed with Advice	34
Caution	23
Withdrawn	21
Consensual Retirement	8
Consensual Reprimand	6
Caution with Follow-up Assessment	5
Suspension (Hearing Decision)	2
Consensual Revocation	1
TOTAL COMPLAINTS CLOSED IN 2018	249

2018 CLOSED COMPLAINTS BY CATEGORY



“ The public’s expectations for professional accountability continue to rise. Moreover the courts are demanding more and more rigour from regulators. All expect these trends to continue.”

The College expects further changes. We have retained the services of the Canadian Centre for Legal Innovation in Sexual Assault Response (CCLISAR). The Centre is to conduct an external independent review of the College’s processes regarding professional sexual misconduct complaints. The goal is to reduce harms to all parties authored by our investigation process, enhance transparency, and safeguard fairness.

The cost of investigating and resolving complaints is trending higher for regulators across the country. While the College institutes a rigorous approach to forecasting such costs, it is acutely aware that unforeseen legal challenges and prolonged hearings can and do happen. Though such costs in 2018 were 11 percent lower over the previous year, a number of matters in 2019 are heading toward hearings.

Investigating complaints is hard and unpopular work, undertaken by physicians and members of the public who care deeply about public safety and the medical profession. The days are long and the issues contentious. On behalf of the both the profession and the public, the College wishes to thank those who work on our committees, all of whom share in our commitment to doing this difficult work well.

Physician PERFORMANCE



Peer Review

In keeping with requirements of the *Medical Act*, physicians participate in a practice assessment program. The College's Peer Review Program aims to promote a culture of continuous quality improvement within the profession, enhance competence, and ensure the provision of safe medical care. Since the commencement of the Peer Review Program in April 2017, 88 family physicians have completed a peer review.

In June 2018 our peer reviewers attended a full-day workshop, supported by our partners at Dalhousie University. The day provided education on best practices in report writing and how best to use the physician-coach model to support quality improvement.

Guided by the emerging body of literature linking practice quality to a physician's individual and practice factors, our Peer Review Program streams physicians according to "risk." Using a modified Delphi approach, we advanced a "physician factors rubric," designed to stream physicians into two levels of assessment intensity.

Rhonda Kirkwood
Director, Physician Performance



“ The College’s Peer Review Program aims to promote a culture of continuous quality improvement within the profession, enhance competence, and ensure the provision of safe medical care. ”

There is strong evidence that factors can be either positive (supportive) or negative (risk). Supportive factors include evidence of directed continuing professional development, practising within a shared or team environment, and being involved with teaching. Risk factors include advanced age, professional isolation, lack of certification, and disciplinary history. To streamline our peer review process, a physician with more supports in practice is directed to a less intensive off-site review. A physician with more risk factors is directed to a standard on-site review.

We recognize that when it comes to physician factors, there are no absolutes, only predictors with a general sense of strength and influence or risk and benefit. Certain factors appear to interact, that is they exacerbate or mitigate one another. As we move forward in our program, we will evaluate how physician factors interact and serve as predictors of practice quality.

The practice of medicine is constantly changing. Not surprisingly, physicians are very aware that continuous learning and practice improvement are fundamental to safe patient care.

Supervision of Defined Licensees

Supervisors and sponsors play a vital role overseeing physicians with a Defined licence who are working toward Full licensure. Supervision includes such tasks as direct practice observation, reviews of patient records, and interviews with colleagues. In 2018, 32 physician supervisors provided reports to the College on a regular basis. Reports identified areas for improvement and outlined steps taken to help Defined licensees enhance their understanding of the practice requirements necessary to meet Canadian medical standards.

A key milestone for Full licensure is to successfully challenge mandatory certification examinations. Many physicians with a Defined licence are preparing for these exams while also providing clinical care to patients in underserved areas. The College acknowledges how challenging this dual role can be. The College encourages supervisors, sponsors, and the health authority to invest in these physicians by providing them with the supports they need to successfully challenge their certification exams.

Professional STANDARDS AND GUIDELINES

Developing professional standards of practice is central to the work of the College. These documents define minimum standards of practice in all facets of medicine for physicians throughout their careers. Standards also set expectations of physician conduct and character that uphold the integrity of the profession and lead to high-quality care for patients.

This effort is led by the Professional Standards Committee, composed of practising physicians and public members. The committee works to ensure standards provide physicians and the public with clear, concise, and evidenced-based direction.

The committee's work is informed by input from clinical experts and consultation with stakeholders and physicians. Consultations aim to ensure professional standards reflect the context of daily medical practice while ensuring public safety.



Above: Ms. Michele Brennan
Below: Ms. Sandra Aylward

STANDARDS OF PRACTICE

Developing standards for medical practice warrants input from both the public and physicians. Our unique perspectives ensure professional standards clearly articulate the responsibilities of doctors along with the expectations patients should have when receiving care.

*Ms. Michele Brennan
Chair, Professional Standards Committee*

In 2018, the committee developed standards to provide guidance on matters of conflict of interest as it relates to the intersection of commerce and medicine. The following were subsequently approved by Council:

- Professional Standards Regarding Conflict of Interest
- Professional Standards Regarding Advertising and Public Communications by Physicians
- Professional Standards Regarding the Sale of Product and Services to Patients
- Professional Standards Regarding Billing
- Professional Standards Regarding Physician Participation in Continuing Professional Development
- Professional Standards Regarding Interest or Ownership in a Facility or Enterprise
- Professional Standards Regarding Commercial and Ethical Aspects of Research

In addition, the committee received Council approval on the following documents:

- Professional Standards Regarding Disruptive Behaviour by Physicians
- Professional Standards and Guidelines Regarding Duty to Report Health Professionals
- Professional Standards and Guidelines Regarding Physician Use of Social Media
- Professional Standards and Guidelines Regarding Reducing the Size of a Medical Practice
- Professional Standards Regarding Temporarily or Permanently Closing a Medical Practice
- Professional Standards Regarding the Provision of Telemedicine Services

The College's professional standards are available to all on our website. All physicians are expected to conduct themselves in adherence with the College's professional standards and the Canadian Medical Association's *Code of Ethics and Professionalism*.



Opioid PRESCRIBING

There is convincing data speaking to significant improvement in physician prescribing over the last three years in Nova Scotia. Although overdose deaths continue, and the broad social harms associated with addiction are increasingly recognized, it appears physician prescribing is improving in Nova Scotia.

We are fortunate in Nova Scotia to enjoy rich and granular data through the Nova Scotia Prescription Monitoring Program (NSPMP). The real-time availability of this data allows physicians to make better and more informed prescribing decisions for the good of their patients. The accumulated data allows all stakeholders to assess prescribing trends.

The total volume of dispensed morphine equivalents prescribed by physicians has gone down 25 percent over a two-year period ending in 2018. Over the same period of time, the number of patients receiving opioid replacement therapy has increased by almost 7 percent. Similarly, the number of new patients receiving first-time prescriptions of opioids has reduced by 7 percent. The average size of prescription, as in the number of pills per prescription, has also reduced by approximately 9 percent.



“ It seems reasonable to assume that the changes in prescribing reflect an increased professional awareness of the potential harms of opioids. ”

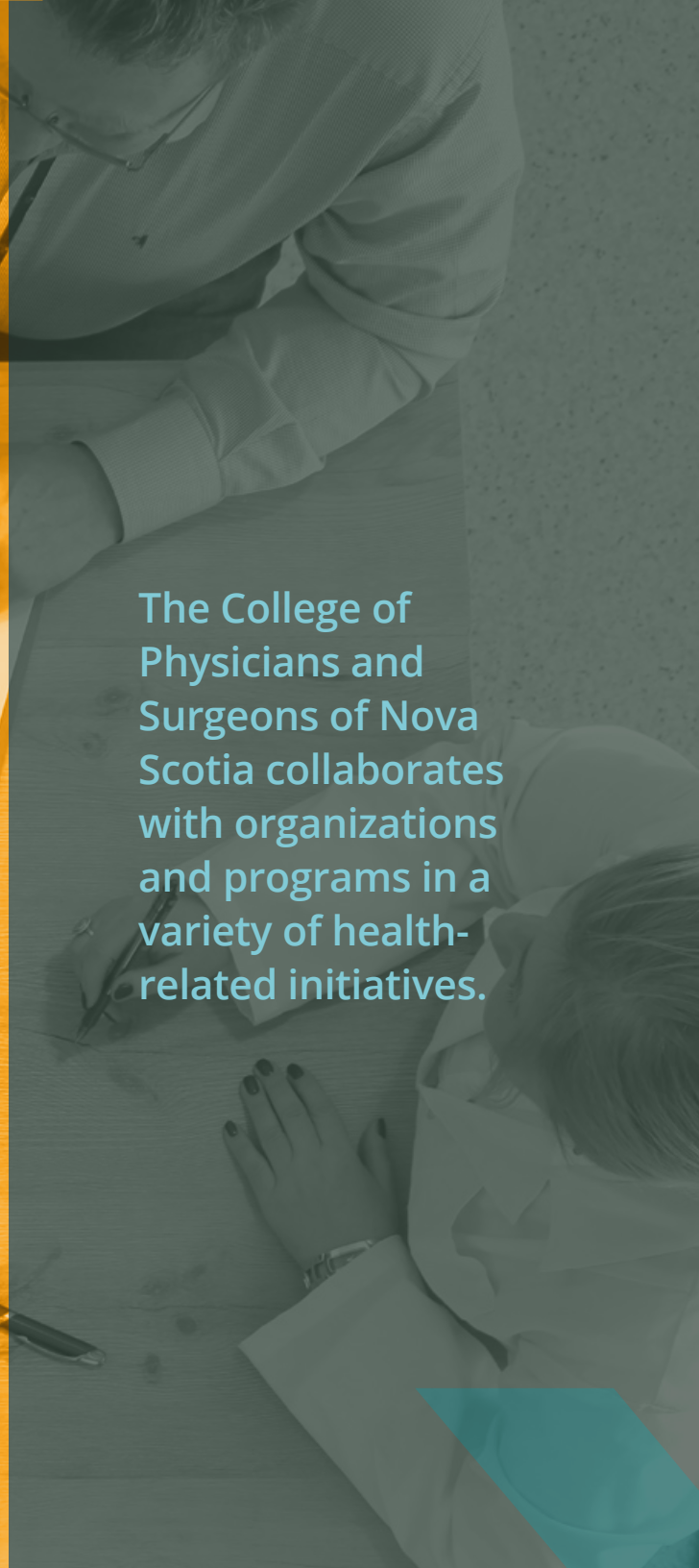
Although one can only speculate, it seems reasonable to assume that the changes in prescribing reflect an increased professional awareness of the potential harms of opioids.

While the effectiveness of opioids for the management of chronic non-cancer pain is minimal, many Nova Scotians are presently dependent on opioids. These patients need medical management that is sensitive and realistic. In keeping with the *2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain*, although tapering and weaning should be offered to such patients, physicians must accept that successful weaning will not always be possible.

In collaboration with the College, the NSPMP has identified a number of priorities. Specifically, the NSPMP is committed to improving the first prescription. The evidence linking dose and duration of an initial prescription to an opioid-naïve patient to long-term use and dependence is overwhelming. The NSPMP, through surveillance and education, will focus on ways to help prescribers treat acute pain without promoting long-term dependence.

In addition, the NSPMP has recently begun to track benzodiazepine prescribing data. While the management and response to this data have not been fully finalized, it is clear that concurrent prescribing of opioids and benzodiazepines in Nova Scotia is both commonplace and contraindicated. As all who work in the field know, benzodiazepines are very frequently present in the blood of opioid overdose victims.

Dr. D. A. (Gus) Grant
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

- Faculty Awards Committee
- Continuing Professional Development (CPD) Advisory Committee
- Continuing Professional Development, Program Evaluation Working Group
- Collaborating for Comprehensive Clinical Assessment of Practice (CCAP)
- Collaborating for Practice Ready Assessment (PRA) for Specialists
- Application Documentation System (ADS) Portal

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
- Collaborating for the Centralized Registration Process
- Application Documentation System (ADS) Portal

Nova Scotia Medical-Legal Society

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

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 Competence Working Group
- Risk Management Committee
- Working Group on Physician Health
- Registration Working 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

Canadian Family Physician Council

- Outcomes of Training Project Advisory Group

PrescibeIT

- Working Group

SimEd Network

- Post-Licensure Subcommittee (Postgraduate and Professional)

Nova Scotia Practice Ready Assessment Program for Family Physicians

- Program Development Steering Committee



Our OPERATIONS

Our operations are driven by the College's dedication to serve both the profession and the public by way of the effective and efficient regulation of medicine. We are committed to the prudent management of the College's finances.

In 2018, continued planning was a priority as we prepared to relocate to Western Parkway just off Hammonds Plains Road. Our new 13-year lease provides both more space and a lower rental cost per square foot. Over the past few years the College earmarked funds for this relocation with no additional operating cost projected to retrofit the new space as a result of the move.

Kellie Skelhorn
Chief Operating Officer and Associate Registrar

“ Our operations are driven by the College’s dedication to serve both the profession and the public by way of the effective and efficient regulation of medicine. We are committed to the prudent management of the College’s finances. ”



While a breakeven year was budgeted for 2018, the actual operating surplus was \$436,000. Many costs were deferred to 2019, including 10 referrals to hearings. The surplus for 2018 combined with the deficit budgeted for 2019 will provide a small surplus of roughly \$60,000.

A summary of the audited financial statements is provided here, with the full financial statements available on the College’s website.

Report of the Independent Auditor on the Summary Financial Statements

To the members of the **College of Physicians and Surgeons of Nova Scotia**

Opinion

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2018, and the summary statements of operations, changes in net assets and cash flows for the year then ended, and related note, are derived from the audited financial statements of the College of Physicians and Surgeons of Nova Scotia for the year ended December 31, 2018.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria disclosed in Note 1.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated March 29, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria disclosed in Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with the Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Halifax, Canada
March 29, 2019

Grant Thornton LLP

Chartered Professional Accountants
Licensed Public Accountants

College of Physicians and Surgeons of Nova Scotia
Summary statement of financial position

December 31

	2018	2017
Assets		
Current		
Cash, short term investments and other assets	\$ 5,663,054	\$ 5,049,673
Investments	4,274,713	4,214,735
Capital assets	296,550	380,155
	\$ 10,234,317	\$ 9,644,563
Liabilities		
Current		
Payables and accruals	\$ 5,521,853	\$ 5,178,359
Net Assets		
Internally restricted	4,274,713	4,214,735
Unrestricted	437,751	251,469
	\$ 10,234,317	\$ 9,644,563

College of Physicians and Surgeons of Nova Scotia
Summary statement of operations

Year ended December 31

	2018	2017
Revenues	\$ 5,960,455	\$ 5,616,711
Expenditures	5,524,173	5,807,643
Surplus (deficit) from operations	436,282	(190,932)
Net investment income	(190,022)	270,119
Excess of revenues over expenditures	\$ 246,260	\$ 79,187

College of Physicians and Surgeons of Nova Scotia
Summary statement of changes in net assets

Year ended December 31

	Internally restricted	Unrestricted	2018 Total	2017 Total
Net assets, beginning of year	\$ 4,214,735	\$ 251,469	\$ 4,466,204	\$ 4,387,017
Transfers during the year	250,000	(250,000)	-	-
Excess (deficiency) of revenues over expenditures	(190,022)	436,282	246,260	79,187
Net assets, end of year	\$ 4,274,713	\$ 437,751	\$ 4,712,464	\$ 4,466,204

College of Physicians and Surgeons of Nova Scotia
Summary statement of cash flows

Year ended December 31

	2018	2017
Increase (decrease) in cash and cash equivalents		
Operating	\$ 177,454	\$ 354,456
Investing	(394,955)	(147,963)
Net (decrease) increase in cash and cash equivalents	(217,501)	206,493
Cash and cash equivalents		
Beginning of year	283,816	77,323
End of year	\$ 66,315	\$ 283,816

College of Physicians and Surgeons of Nova Scotia

Note to summary financial statements

December 31, 2018

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, 2018, prepared in accordance with Canadian accounting standards for not-for-profit organizations, of the College of Physicians and Surgeons of Nova Scotia.

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 statements of operations, changes in net assets and cash flows, and do not include any other schedules, a summary of significant accounting policies or the notes to the financial statements. The summary statements of financial position, operations, changes in net assets and cash flows 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 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.

The summary financial statements contain the information from the complete financial statements dealing with matters having a pervasive or otherwise significant effect on the summary financial statements. The full set of annual audited financial statements is available on the College of Physicians & Surgeons of Nova Scotia's website.

MEDICAL HISTORY VIGNETTE

Dr. Eliza Brison was a Role Model

In 1931, 20 years after graduating from Dalhousie University Medical School, Dr. Eliza Brison was appointed Provincial Psychiatrist for Nova Scotia. She was one of two women in a class of 18 students to graduate in medicine in 1911, making her the twentieth woman to graduate from Dalhousie Medical School.

During the next 20 years, she travelled to communities throughout the province, counselling parents about sanitation and immunization, and observing the mental health of both adults and children. When she identified individuals who needed psychiatric treatment, she arranged for them to travel to the Nova Scotia Hospital. She was well qualified for her position considering that, in addition to her medical training, she had trained in psychiatry at Northampton State Hospital and at the Fernald State School for the Mentally Deficient, both located in Massachusetts.

Eliza Brison was born in West Gore, Hants County, in 1882. Prior to attending medical school, she worked for a few years as a schoolteacher. In her twenties, she became crippled due to a deformed hip. For the remainder of her life she had a severe disability, which required her to rely on crutches. This situation did not deter her from entering medical school or travelling to Boston to study psychiatry.

Prior to being appointed Provincial Psychiatrist, Dr. Brison served as Superintendent of the Imperial Order of the Daughters of the Empire Home for Feeble-Minded Girls in Halifax where she cared for 10 to 12 adults. Many of the young women she worked with went on to gain a level of independence and to live productive lives during that time. Dr. Brison died at West Gore in 1974 at the age of 92.

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



Dr. Eliza Brison
*(Photo courtesy of the Medical Alumni Office,
Dalhousie University)*



DALHOUSIE UNIVERSITY MEDICAL SCHOOL CIRCA 1911, HALIFAX, NS
(Photo courtesy of the Nova Scotia Archives)

