

Annual Report 2014

College of Physicians and Surgeons
of Newfoundland and Labrador

June 2015



Original Powers of the Newfoundland Medical Board

“The making and enforcing of measures necessary for the regulation and practice of medicine and the protection and preservation of life and health . . . so that those seeking medical care may have every confidence . . . in the care they receive.”

As established by the *Newfoundland Medical Act, 1893*

Mandate of the College of Physicians and Surgeons of Newfoundland and Labrador

“8. (1) The college is authorized to regulate the practice of medicine and the medical profession in the public interest.

(2) The objects of the college include

(a) the promotion of

(i) high standards of practice, and

(ii) continuing competence and quality improvement through continuing medical education;

(b) the administration of a quality assurance program; and

(c) the enforcement of standards of conduct.

As established by the *Medical Act, 2011*

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The College of Physicians and Surgeons of Newfoundland and Labrador

Editing & Production: Sandy Newton

FROM THE COUNCIL CHAIR	2
FROM THE REGISTRAR	3
WHO WE ARE	4
LICENSING AND REGISTRATION	6
QUALITY ASSURANCE AND POLICY	8
COMPLAINTS	10
FINANCE AND OPERATIONS	12

Standards • Quality • Safety

From the Council Chair

Having been a member of the College of Physicians and Surgeons of Newfoundland and Labrador since 1990, and of its Council since 2006, I feel confident in saying that 2014 was one of the College's busiest and most interesting in recent memory.

Much of the Council's work over the past 12 months focussed on internal College business and direction. With the news of Registrar Dr. Robert Young's 2014 impending retirement, the Council undertook to establish new criteria for the position and find a suitable candidate. We were very pleased to appoint Dr. Linda Inkpen as new Registrar effective September 17, 2014. Dr. Inkpen's experience and skillsets are ideally suited to realizing the Council's immediate goals and helping shape its longer-term direction.

Having worked 38 years for the College—23 of them as Registrar—Dr. Young set a high standard of dedication that we are unlikely to see again. On behalf of the Council, I extend sincere gratitude for his service to the College. Thanks are also due to Dr. Gurmit Minhas, who served as the Council Chair for the last two years, passing the baton to me at the end of November 2014.

The activities of the College have continued with renewed focus and energy in 2015. With a mandate to protect and preserve life and health through oversight of the province's physicians and surgeons, the College keeps the medical care of Newfoundlanders and Labradorians squarely in its sights. College members are encouraged and invited to become involved in this work.

The College strives to remain responsive to the people we serve, and to act responsibly, transparently, and fairly in its dealings with the public and with the more than 1,300 physicians who make up its membership.

– Dr. Arthur Rideout

2014 Highlights

- New Registrar appointed
- Creation of a new licensing time frame
- 68 formal complaints received
- Creation of a College management team
- Development of a College operational plan

From the Registrar

Since September of 2014, it has been my honour to serve as Registrar of the College of Physicians and Surgeons of Newfoundland and Labrador, and I am delighted to have participated in the preparation of this 2014 annual report. In the coming months and years, I plan to use my skills and experience to further the work of the College and to identifying the priorities and processes that will increase its ability to fulfill its mandate to regulate the practice of medicine and the medical profession in the public interest.

Becoming Registrar of the College that I have been a member of throughout my career is a fascinating and stimulating professional step. Thank you, College colleagues, for your patience, understanding, and the valued information-sharing you have given me as I assumed the role—you have greatly helped me deepen my understanding of the College's work and history.

In collaboration with staff and colleagues during the fall of 2014, a review and assessment of College expenditures were undertaken and a substantive College operational plan was developed. This ongoing plan is being regularly reviewed and revised in management team meetings. Annual Council strategy sessions will underpin subsequent work plans. The goal is to identify the work that must be done and the work that should be done, as well as the time frames within which both should be completed.

We also began to develop a Governance Manual for the College in the fall of 2014. It will provide guidelines for delineating roles and responsibilities within the College as well as for all aspects of College operations and governance. The development of a complementary and robust administrative/operations manual has also been undertaken.

The College's work on new *Medical Regulations* was completed and submitted to the Province's Minister of Health and Community Services in 2014. Once it is signed, the College will begin appropriate and full communication to members about the details and implications the *Regulations* carry for physicians working in the province, now and in the future.

A mandated Prescription-Drug Monitoring Program should be an integral component of all provincial, federal, and College programs that address the abuse, misuse, and diversion of controlled and regulated substances. The College is planning its own approach to this societal issue but continues to advocate for a robust prescription-drug monitoring program to underpin these efforts. We believe such a program is an integral tool in ensuring the delivery of the best possible patient care.

In 2014, we took measures to improve the timeliness of our annual registration renewal process for physicians. We also began to develop a substantive new Physician Practice-Ready Orientation and Oversight program, to

be presented to all physicians who are about to commence medical practice in Newfoundland and Labrador.

Physicians alone cannot identify or address all the issues that arise in providing appropriate and high-quality medical care to Newfoundlanders and Labradorians. However, it is important that the College and its members remain vigilant in our professional endeavours and participate in discussions outside our primary area of operations, so that we may be thorough and well informed in the execution of our mandate. The College will continue to strive to execute our responsibilities for the benefit of our members and the people of this province.

Successfully performing the College's ongoing work would not be possible without the support of College staff. This dedicated team performs many of the tasks needed to carry out the Council's and its Committees' decisions, deliberations, programs, and initiatives. Their dedication, care, and attention to detail are a critical part of how the College serves both its membership and the public.

– Dr. Linda Inkpen

Who We Are

THE COUNCIL

PHYSICIAN MEMBERS

Chair – Dr. Arthur Rideout, St. John’s
Vice-Chair – Dr. James Hickey, St. John’s
Dr. John Campbell, Grand Falls–Windsor
Dr. John Collingwood,¹ St. John’s
Dr. Nigel Duguid, St. John’s
Dr. Linda Inkpen,² St. John’s
Dr. Susan MacDonald, St. John’s
Dr. Gurmit Minhas, Grand Falls–Windsor
Dr. William Moulton, Marystown
Dr. Vinod Patel, St. John’s
Dr. Robert Williams (ex officio), St. John’s

PUBLIC MEMBERS

Ms. Gail Hamilton, St. John’s
Ms. Paula Rogers, St. John’s
Mr. John White, Bay Roberts

1 January to September.

2 January and February; from September, ex officio.

3 As of September 2014.

COMMITTEES OF COUNCIL

COMPLAINTS AUTHORIZATION COMMITTEE

Chair – Dr. Nigel Duguid
Vice-Chair – Dr. James Hickey
Ms. Gail Hamilton
Dr. Gurmit Minhas
Dr. Vinod Patel
Mr. John White

CREDENTIALS COMMITTEE

Chair – Dr. Gurmit Minhas
Dr. Susan MacDonald
Mr. John White

MANAGEMENT TEAM

Dr. Linda Inkpen	Registrar ³
Dr. Robert Williams	Deputy Registrar
Dr. Nigel Duguid	Associate Registrar Complaints and Investigations
Mr. Jamie Osmond	Associate Registrar Quality Assurance, Policy, and Operations

FINANCE AND AUDIT COMMITTEE

Chair – Dr. Vinod Patel
Dr. John Campbell
Ms. Gail Hamilton
Dr. Gurmit Minhas
Dr. Arthur Rideout

QUALITY ASSURANCE COMMITTEE

Chair – Ms. Paula Rodgers
Dr. John Campbell
Dr. Susan MacDonald
Dr. William Moulton
Dr. Arthur Rideout

CORPORATE SECRETARY

Carmelita O’Brien

LEGAL COUNSEL

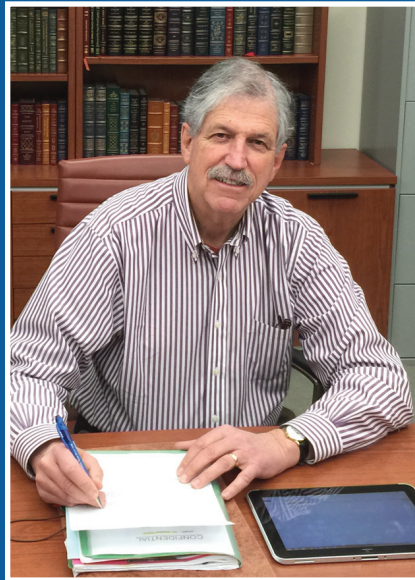
Stewart McKelvey

AUDITORS

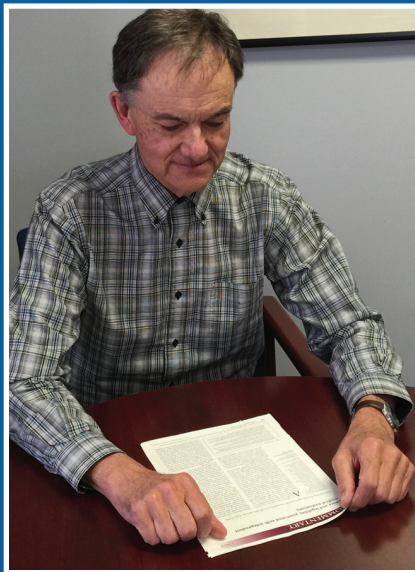
Noseworthy Chapman



Registrar Linda Inkpen



Deputy Registrar Robert Williams



Associate Registrar Nigel Duguid



Associate Registrar Jamie Osmond

With a mandate to protect and preserve life and health through oversight of the province's physicians and surgeons, the College keeps the medical care of Newfoundlanders and Labradorians squarely in its sights.

Licensing and Registration

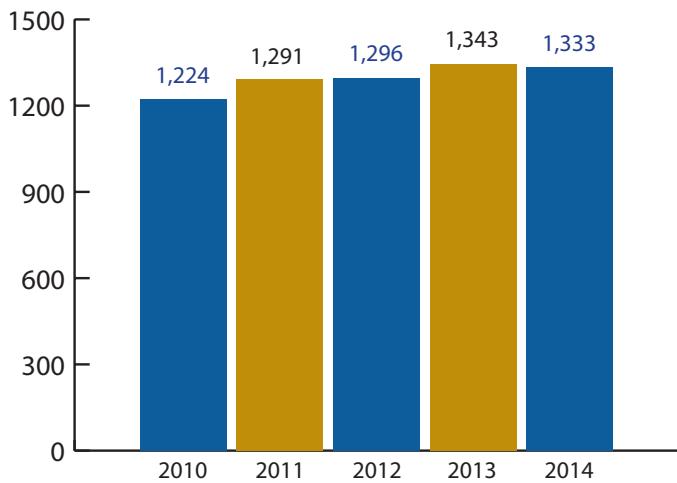
THE LICENSURE PROCESS

Granting a licence to practise medicine in Newfoundland and Labrador is a two-step process: first, the College assesses applicants for eligibility to apply, then it performs a detailed review of the applicant's qualifications, practice experience, training, character references, and credential verification.

In 2014, the College completed 1,721 application assessments, and issued 1,333 licences—both new and

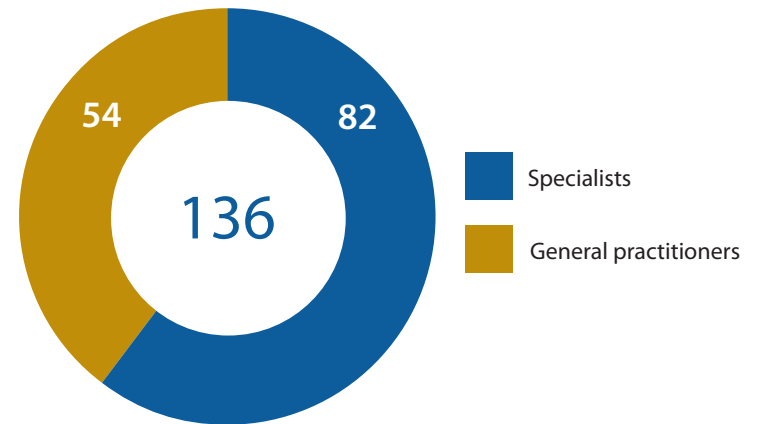
renewed—to practise medicine in Newfoundland and Labrador.

With the expected introduction of new medical *Regulations* in 2015, the College is working on a new Licensing and Registration Manual.

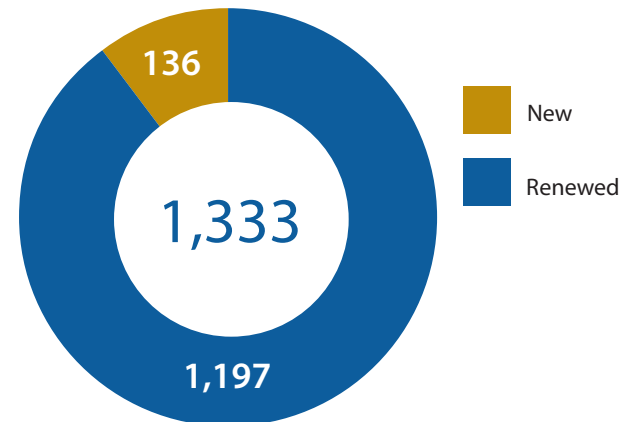


TOTAL ANNUAL LICENCES GRANTED: 2010 TO 2014*

* Totals do not include locums.



2014 NEW LICENCES: BY AREA OF PRACTICE



2014 LICENCES: NEW AND RENEWED

EDUCATION AND TRAINING

The College annually licenses all post-graduate trainees at Memorial University of Newfoundland (MUN) Medical School. The number fluctuates every year—in 2014, 182 post-graduate trainees were licensed. It is expected to increase in the coming years because of an increase in undergraduate enrolment at MUN from 60 to 80.

The College also registers undergraduate medical students from Canadian and international medical schools who are in the province to undertake elective rotations with licenced practitioners. Of the 127 such students registered in 2014, 46 were from Canadian medical schools and 81 were from international medical schools.

CLINICAL SKILLS ASSESSMENT OF TRAINING PROGRAM

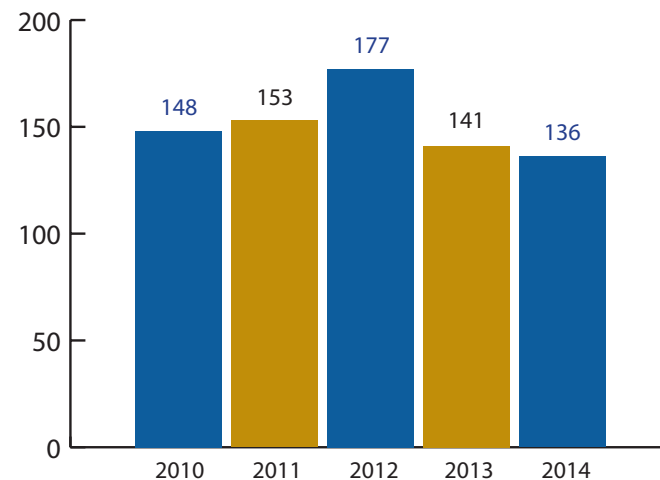
The Clinical Skills Assessment of Training (CSAT) program trains family physicians for practice in Newfoundland and Labrador who are otherwise ineligible for licensure because their post-graduate training did not quite meet the requirements of this College, or because they have been out of active practice for more than two years. At the close of 2014, 231 physicians had successfully completed the CSAT program since its inception.

A cooperative venture launched in 1997, the CSAT program operates from the Faculty of Medicine at Memorial University (Corner Brook campus). Its partners include the provincial Department of Health, the College of Physicians and Surgeons of Newfoundland and Labrador, and the four provincial Regional Health Authorities.

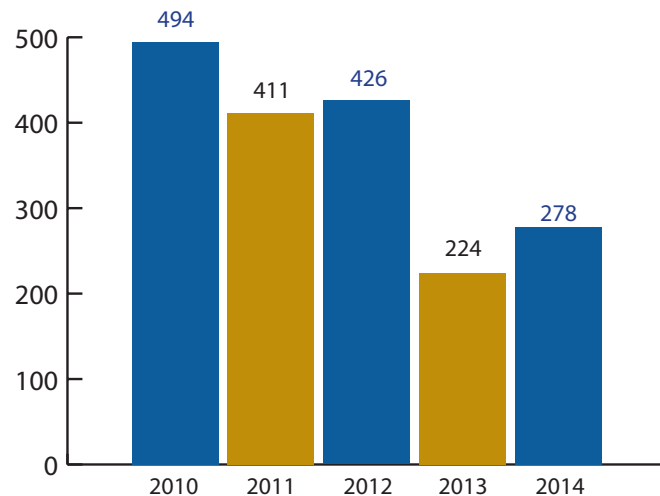
A sponsor acceptable to the College must be in place for all trainees before they begin the CSAT program.

The program has two main components. The first component involves an elaborate two-day assessment designed to identify the areas where further training or skills are necessary. The second component—a subsequent six-month training program—is tailored to address these needs. This training program has an assessment process built into each clinical rotation. Physicians who successfully complete both elements of the program are eligible for provisional licensure in Newfoundland and Labrador, and are sponsored by a Regional Health Authority to provide medical care in hard-to-fill medical practices.

In June 2014, the College reviewed the retention of program graduates from 2007 through 2011. Of the 90 CSAT graduates during that period, 48 were still practising in the province. Of the 42 who had left, 30 had remained in practice here for more than two years.



NEW LICENCES GRANTED: 2010 TO 2014



PRE-APPLICATION ASSESSMENTS PERFORMED: 2010 TO 2014

Quality Assurance and Policy

The College ensures that doctors working in this province do so competently, safely, and in good health. Its efforts to achieve these goals, grouped administratively under “Quality Assurance and Policy,” have three main thrusts:

1. Peer assessment and performance improvement
2. Policies and guidelines
3. Physician health and wellness

A five-member committee of Council—the Quality Assurance Committee (QAC)—guides the Council’s Quality Assurance and Policy activities. The QAC contributes to the development and maintenance of programs, policies, and standards of practice to assure the quality of practice of the profession. The QAC is also directly involved in conducting quality assurance reviews of medical practitioners and/or their practices, which are performed either when requested by the Complaints Authorization Committee or the Registrar, or as a College initiative. In 2014, the Quality Assurance Committee met eight times.

1. PEER ASSESSMENT AND PERFORMANCE IMPROVEMENT

The College has a duty to ensure that the physicians it licenses and registers practise to the highest standards and function with competence throughout their careers. To this end, the College has several programs devoted to physician performance improvement; it also participates in the comprehensive regional program for peer review described below.

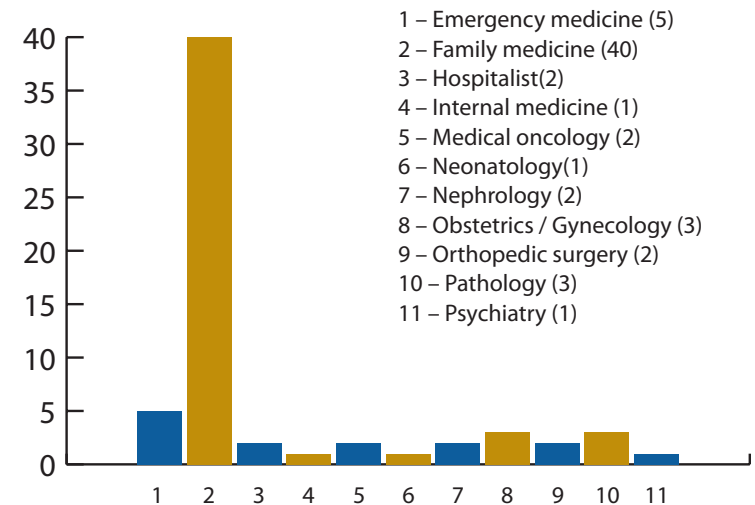
ATLANTIC PROVINCES MEDICAL PEER REVIEW (APMPR) PROGRAM

This interprovincial program, established in 1993, is an educational process sponsored co-operatively by the medical societies and licensing authorities of New Brunswick, Prince Edward Island, and Newfoundland and Labrador.

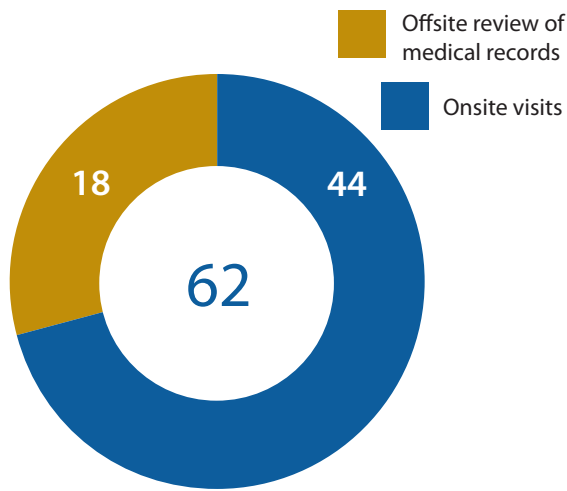
The program allows the procedures and medical records of a practising physician to be examined by peer physicians with similar scopes of practice. These reviews help identify relevant learning needs and identify any deficiencies, then address both through education and peer support.

Sixty-two physicians were assessed through this program in Newfoundland and Labrador in 2014, up from 57 in 2013.

In 2014, the APMPR program struck a sub-committee (chaired by this College’s Associate Registrar, Jamie Osmond) to assess the merits and costs of adding multi-source feedback to its evaluation process. This type of 360-degree input would go beyond assessment of charts to include input from a physician’s patients and co-workers. The committee completed its investigations, and recommended that the APMPR program partners participate in and await the results of a concurrent national-level evaluation of the practice before forming its own policy.



2014 APMPR PEER ASSESSMENTS BY SCOPE OF PRACTICE



2014 APMPR PEER ASSESSMENTS: BY TYPE

2. POLICY AND GUIDELINES

BLOOD-BORNE PATHOGEN POLICY

The College approved a blood-borne pathogen policy for physicians in February 2014. It was designed to safeguard the health of both patients and physicians in relation to blood-borne virus infection, and to minimize the risk of exposure to blood-borne pathogens during the provision of health care. The policy is available on the College’s website.

MARIHUANA ADVISORY

Just prior to the implementation date of the federal *Maribuana for Medical Purposes Regulations* (April 1, 2014), the College issued its own advisory and interim guidelines to physicians practising in Newfoundland and Labrador. This advisory clearly states the College’s concern about the new regulations and the reasons for them, and outlines guidelines for physicians considering prescribing the substance. The policy is available on the College’s website.

The College urges all physicians to become familiar with both the *Maribuana for Medical Purposes Regulations* and the College’s advisory. We continue to review developing practices, policies, and information on this issue, from which further guidelines and standards for physicians may follow.

3. PHYSICIAN HEALTH AND WELLNESS

The College’s quality-assurance mandate includes ensuring that physicians’ personal health and wellness do not negatively affect the quality of care they provide to their patients. When the College becomes aware that a physician’s own health and wellness may be affecting the quality of care being delivered, a quality assurance review may occur. In turn, the results of the review may lead to the application of terms, conditions, or restrictions of practice, in the interest of protecting the public and ensuring quality medical care. Post-review oversight includes monitoring the progress of all physicians to whom terms, conditions, and restrictions of practice have been applied.

The College has a duty to ensure that the physicians it licenses and registers practise to the highest standards, and function with competence throughout their careers.

Complaints

The College of Physicians and Surgeons of Newfoundland and Labrador investigates and resolves formal (written) complaints against physicians that have been submitted to it by its members and the public. (The College also receives many questions and informal complaints from the public, most often by telephone but also by email.) The main areas of concern of formal complaints are:

- competence
- professionalism
- physician health

The Deputy Registrar performs a preliminary review of all formal complaints. In some cases, with the patient's and the physician's consent, either the Registrar or the Deputy Registrar resolves the complaint.

When a complaint cannot be resolved through this approach, the Deputy Registrar refers it to the College's Complaints Authorization Committee (CAC), which derives its authority from the *Medical Act, 2011*. In 2014, six members of the College's Council formed the CAC: four physicians and two public-representative members.

Over the past decade, the College has received an average of 61 formal complaints annually. In 2014, 68 new complaints were received and the CAC met 23 times.

The CAC assesses and investigates each formal complaint forwarded by the Deputy Registrar to determine if reasonable grounds exist to believe the physician in

question engaged in conduct deserving of sanction. A written decision is issued by the CAC for each complaint and a copy of the decision is sent to the complainant and the physician.

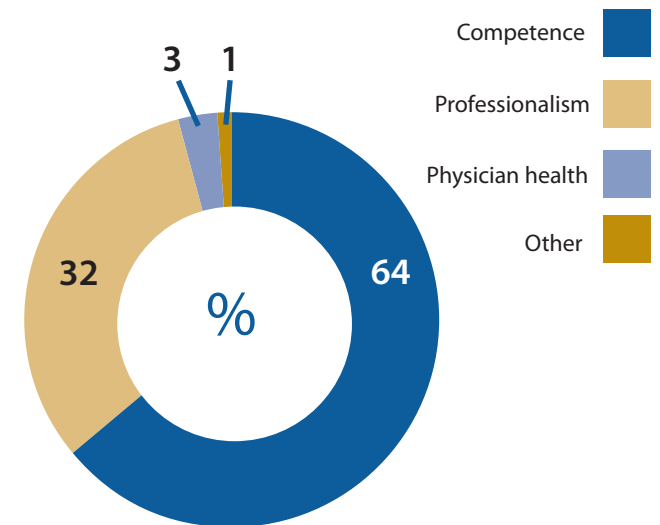
If the CAC determines that there are not reasonable grounds to believe the physician engaged in conduct deserving of sanction, it can dismiss a complaint. In such cases, it may still provide direction to the physician involved about how to deal with a similar situation, should one arise in the future.

In cases where the CAC determines there are reasonable grounds, the CAC will either caution and counsel the physician or, in the most serious cases, advise the Registrar to refer the matter to the disciplinary panel. In its cautioning and counselling of the physician, the CAC expresses the College's strong disapproval of the conduct and instructs that specific steps to be taken to avoid repetition.

For cases sent to the disciplinary panel, the panel's chair appoints an adjudication tribunal of two doctors and a representative of the public interest to preside over a hearing of the complaint. Tribunal hearings are open to the public. The tribunal does, however, have the power to exclude the public from a hearing where it believes that the possible disclosure of personal matters relating to the complainant outweighs the desirability of holding the hearing in public. In these circumstances, the College will, on behalf of the complainant, make a request for the hearing to be closed and provide

supporting reasons. The tribunal then decides whether the hearing will be open or closed.

The tribunal hears information from both the College (on behalf of the complainant) and the physician. Under the *Medical Act, 2011*, the tribunal has the power to impose a fine, suspend a doctor's licence for a period of time or permanently, or apply other conditions or restrictions.



2014 FORMAL COMPLAINTS RECEIVED: BY CATEGORY

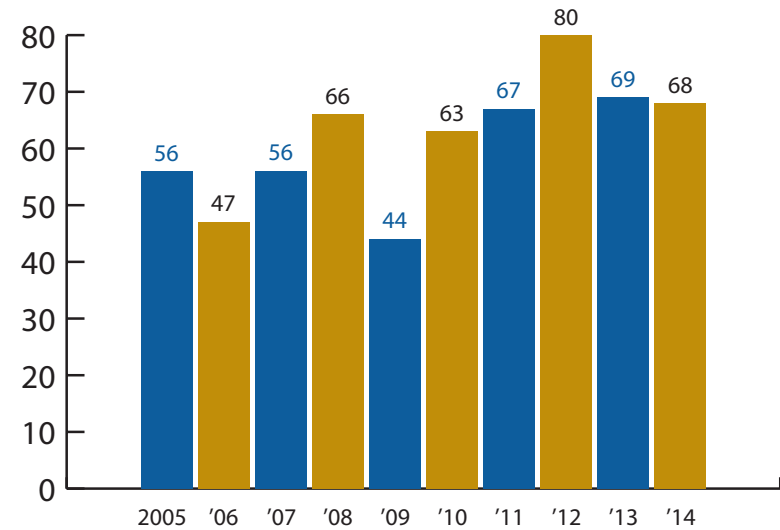
COMPLAINTS RESOLVED IN 2014

The CAC issued written decisions on 65 complaints in 2014, 52 of which (83 percent) were filed in 2012 or 2013.

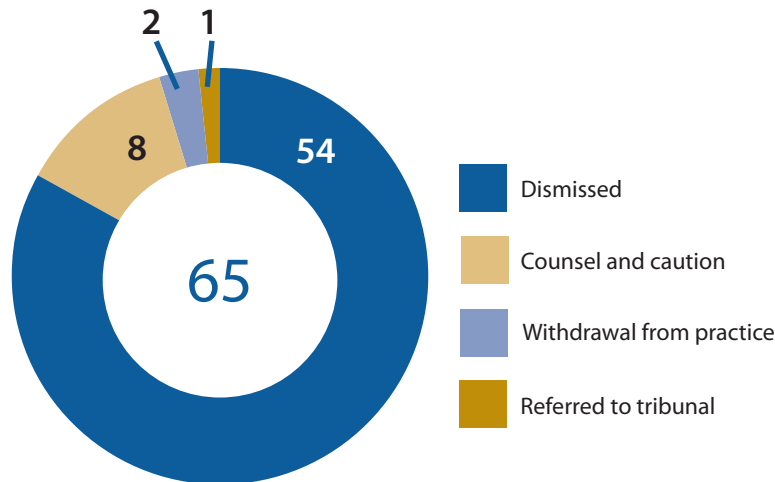
The complexity of each individual complaint, the time required to obtain adequate responses from complainants and physicians, and the investigation requirements are all key factors that affect the time required to resolve a complaint.

2014 ADJUDICATION TRIBUNAL HEARINGS

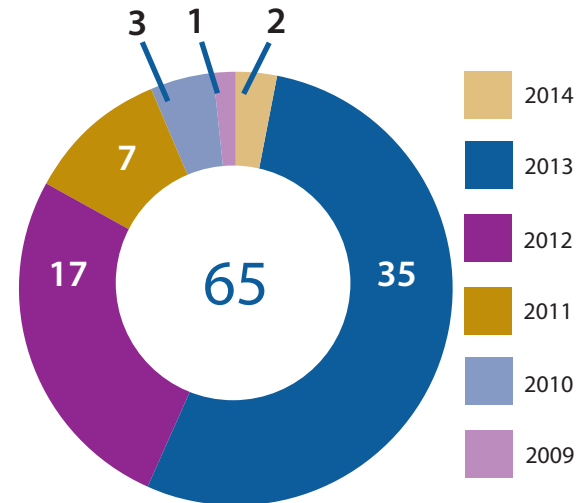
The College completed one public hearing in 2014, during September. A summary of the tribunal's decision is available on the College's website. A second hearing began in December 2014 and concluded in February 2015.



FORMAL COMPLAINTS: BY YEAR



2014 COMPLAINTS RESOLVED: BY OUTCOME



2014 COMPLAINTS RESOLVED: BY YEAR OF SUBMISSION

Finance and Operations

FINANCE

The College has been fiscally prudent since its inception and is in a stable financial position.

During the annual budgeting process, the mandate of the College is reviewed (as required by the *Medical Act, 2011*) and the Council and staff provide input on programs and services required. The Finance and Audit Committee and financial team then evaluate options to ensure cost-effective and efficient means of delivery.

The Finance and Audit Committee comprises one public and four physician members of Council. The Committee's duties include reviewing the College's financial reports, meeting with its external auditor, and making a recommendation to Council on the acceptance of the Annual Financial Statements. In 2015, the Committee's scope will expand to include Human Resource and Compensation matters.

The financial information presented here is in summary form. Full audited statements are available on the College's website.

OPERATIONS

In 2014, the College completed a review of its internal operations. Under examination and consideration were expenditures, efficiency, administrative policy, and office space. The results of these reviews included:

- the development of the 2014/2015 Operational Plan
- review of all bylaws, standards, and guidelines
- several changes to internal processes to optimize efficiency
- the sub-leasing of one-third of the College's office space

The subsequent increased efficiency and addition of rental income allowed the College to keep membership fees unchanged for 2015.

SUMMARIZED STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2014

	2014	2013
ASSETS		
Cash and cash equivalents	\$ 1,419,878	\$ 581,678
Accounts receivable	1,567,595	12,290
Equipment and leasehold improvements	617,122	674,469
Investments	982,149	930,123
	\$ 4,586,744	\$ 2,198,560
LIABILITIES		
Accounts payable	251,493	171,518
Deferred income	2,290,900	—
Long-term debt	312,987	347,888
Deferred lease inducements	96,224	104,243
	\$ 2,951,604	\$ 623,649
NET ASSETS		
Invested in capital assets	232,609	249,096
Unrestricted	1,402,531	1,325,815
	\$ 1,635,140	\$ 1,574,911
	\$ 4,586,744	\$ 2,198,560

SUMMARIZED STATEMENT OF REVENUE & EXPENDITURES
DECEMBER 31, 2014

	2014	2013
REVENUES		
Annual fees	\$ 2,637,095	\$ 2,421,720
Professional corporation fees	92,550	99,875
Registration and licensing fees	279,775	273,528
Investment income	61,781	38,551
Miscellaneous	47,458	19,099
Rental income	15,750	—
	\$ 3,134,409	\$ 2,852,770
EXPENDITURES		
Salaries and employee benefits	1,544,629	1,399,712
Complaints and discipline	377,603	235,528
Council and committees	296,834	323,747
Occupancy	217,398	201,994
Office and operational	431,086	403,733
Registrar search/retirement	129,931	30,415
Amortization	76,699	87,219
	\$ 3,074,180	\$ 2,682,348
Excess: Revenues over		
Expenditures from Operations	\$ 60,229	\$ 170,422

Notes



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of Newfoundland and Labrador
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