



# 2015 ANNUAL REPORT

College of Physicians & Surgeons  
of Newfoundland and Labrador

June 2016

### **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, photographs, production: Sandy Newton

# CONTENTS

From the Council Chair	2
From the College Registrar	2
Who We Are	4
Licensing & Registration	8
Quality Assurance & Policy	10
Complaints	14
Finance & Operations	17
Summarized Statement of Financial Position	18
Summarized statement of Revenue & Expenditures	19
2015 Annual Report At-a-Glance	20

*Standards*

*Quality*

*Protection*

## FROM THE COUNCIL CHAIR

The membership of the College Council changed in December 2015. As Chair of the Council, I am pleased to welcome Dr. Elizabeth Bannister, Dr. Robert Forsey, and Dr. Peter Seviour as new Council members, elected from a field of 14 nominated candidates.

The College thanks all members who expressed interest in participating in Council work and notes that opportunities will continue to arise for physician members to become involved in 2016: another Council election will occur in the Fall, and there will be calls for “expressions of interest” for several other activities throughout the year. Please take note of these, as well as election announcements and timelines, and consider lending your physician experience and expertise to College work.

The activities of the College continued with added focus and energy in 2015. Significantly, the Council was pleased to review and accept the College’s first annual strategic plan. We look forward to continuing this practice annually.

The College mandate is to protect the public through physician regulation, which it strives to fulfill with diligence, respect, efficiency, and consistency. The College appreciates the comments and input it receives from both the public we serve and our physician members, which help us to realize our goals.

I would like to extend the College’s gratitude to Council members Drs. William Moulton and Vinod Patel for their many years of dedication to the College of Physicians and Surgeons of Newfoundland and Labrador. Each completed his service with the Council at the end of 2015.

– Dr. Arthur Rideout  
Council Chair

## FROM THE COLLEGE REGISTRAR

2015 was a busy and productive year. With the support and guidance of Council and College members, much work was accomplished.

The first cycle of an annual strategic planning process was completed in 2015. It will serve as a template for yearly strategic review. The 2016 work plan was set in December 2015; it built not only on the work identified and completed in 2015, but also on an in-house risk assessment and on the affirmation of the College’s mandate, values, and priorities. The planning goal continues to be identifying the work that *must* be done and the work that *should* be done—and the time frames within which both should be completed.

In 2015, for the first time, the College elections took place online—a highly successful process. The College welcomed three new Council members in December. The annual licence renewal and professional medical corporation registration were combined and became an online process this year. Despite making the process less paper-focussed and despite numerous notices and communications to members about deadlines for renewal, the College continues to experience challenges achieving full membership renewal by the deadline.

The new *Medical Regulations, 2015* came into effect on July 1, 2015. They are being incorporated into College business practices and standards of practice.

The College’s mandate includes ensuring standards of physician qualification, which includes continuing medical education and professional development. The College believes that a mandated Prescription Drug Monitoring Program should be an integral component of all provincial, federal, and College programs in order to address the abuse, misuse, and diversion of controlled and regulated substances. In March of 2015, the College mandated that all College members belong to either the College of Family Physicians of Canada

or the Royal College of Physicians and Surgeons. Additionally, the College worked with both organizations to ensure that education about safe prescribing would be added to their mandatory CME/CPD course cycles. College work continues to further our own regulatory actions for current and prospective physician members, to assist in addressing this major societal issue.

In 2015, the College also began its physician-oriented standard of practice work on the issue of Physician-Assisted Dying. This file is one in which all Canadian medical regulatory authorities have invested resources, focus, and energy. Physician-assisted death becomes a legal medical intervention in 2016. It is a difficult and sensitive topic for the Canadian public and for Canadian physicians.

To enhance communications with members, the College began emailing “Notices to College Members” in 2015 about issues arising—often through member/public questions and uncertainty—during the course of College work. Brief, directed, and responsive rather than scheduled, the Notices are intended to serve as reminders of good patient care, management, and communication practices. In addition, quarterly College “Updates” were initiated. Emailed to members approximately two weeks after quarterly Council meetings, each “Update” reflects Council business/decisions and topical issues. The College Annual Report strives to represent the College work and statistics in an annual overview, and to provide the financial data underlining College operations and the expenditure of College members’ fees.

Physicians alone cannot identify or address all the issues that arise in providing appropriate and high-quality medical care to the people of Newfoundland and Labrador. It is important, however, that we, as College members, remain

vigilant in our professional endeavours and participate in discussions and decisions outside our primary area of operations, so that we may be thorough and well informed in the execution of our mandate. The College continues to work to discharge its responsibilities to Newfoundlanders and Labradorians and to our physician members.

In 2015, the College welcomed its first in-house legal counsel, Ms. Elyse Bruce. The addition of Ms. Bruce to our staff complement has provided the College with more timely advice and allowed the College to incorporate upfront legal consideration in all its deliberations.

The College’s ongoing work would not be possible without the support of its staff and College Council members. Together, this dedicated team accomplishes many tasks successfully and identifies further work to be done in our common process. The care, attention to detail, ability to view known issues in new light, and a shared understanding that each team member has an important role to play are all critical elements enabling the College to successfully serve the public and its members.

– Dr. Linda Inkpen  
Registrar

# ABOUT THE COLLEGE

Established by law in 1893 as the Newfoundland Medical Board, the College of Physicians and Surgeons of Newfoundland and Labrador regulates the practice of medicine in the public interest. It gained its current name with the passing of *The Medical Act, 2005*.

The College grants licences to practise medicine in Newfoundland and Labrador. In 2015, it licensed more than 2,600 full-time and locum physicians. Through licensing and registration of physicians, as well as its additional core activities—complaint investigation and the provision of a Quality Assurance Program—the College works to provide Newfoundlanders and Labradorians with quality and safe medical care.

The College is governed by a 15-person Council, whose members include elected and appointed physicians and representatives of the public. The College's Registrar and Deputy Registrar, licensed medical practitioners, are ex-officio Council members.

# WHO WE ARE

## 2015 COMMITTEES OF COUNCIL

### COMPLAINTS AUTHORIZATION

**Chair / Dr. Nigel Duguid**

**Vice-Chair / Dr. James Hickey**

Ms. Gail Hamilton

Dr. Gurmit Minhas

Dr. Vinod Patel

Mr. John White

### CREDENTIALS

**Chair / Dr. Arthur Rideout**

Dr. Susan MacDonald

Mr. John White

### FINANCE AND COMPENSATION

**Chair\* / Dr. Vinod Patel**

Dr. John Campbell

Ms. Gail Hamilton

Dr. Gurmit Minhas

Dr. Arthur Rideout

\* Ms. Hamilton became chair on December 14, 2015.

### QUALITY ASSURANCE

**Chair / Ms. Paula Rodgers**

Dr. John Campbell

Dr. Susan MacDonald

Dr. William Moulton

Dr. Arthur Rideout

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### CPSNL CORPORATE SECRETARY

Carmelita O'Brien

### LEGAL COUNSEL (EXTERNAL)

Stewart McKelvey

### AUDITORS

Noseworthy Chapman

## OFFICERS OF THE COLLEGE

### DR. ARTHUR RIDEOUT, COUNCIL CHAIR

A graduate of Memorial University's Medical School, Dr. Rideout practises in Newfoundland and Labrador with a specialty in plastic and reconstructive surgery. He joined the College Council in 2006 and began serving as Council Chair in December 2014. Dr. Rideout is an

integral member of Team Broken Earth; he offers his surgical talents in many under-resourced countries. In 2015, he served as a member of the College's Quality Assurance, Finance and Compensation, and Credentials committees.



**SEATED (L TO R):** Dr. Arthur Rideout (St. John's, Council Chair), Dr. James Hickey (St. John's, Council Vice-Chair)

**STANDING (L TO R):** Dr. Gurmit Minhas (Grand Falls–Windsor), Dr. Robert Forsey (Happy Valley–Goose Bay), Dr. Elizabeth Bannister (St. John's), Dr. Robert Williams (ex officio), Ms. Gail Hamilton\* (St. John's), Dr. Nigel Duguid (St. John's), Mr. John White\* (Bay Roberts), Ms. Paula Rodgers\* (St. John's), Dr. Linda Inkpen (ex officio)

**ABSENT:** Dr. John Campbell (Grand Falls–Windsor), Dr. Susan MacDonald (St. John's), Dr. Peter Seviour (St. John's)

**2015 COUNCIL MEMBERS NOT PRESENT (TERMS COMPLETED EARLIER IN 2015):** Dr. Vinod Patel, Dr. Bill Moulton

Public members indicated by “\*”.

# WHO WE ARE

## OFFICERS OF THE COLLEGE, CONT.

### DR. JAMES HICKEY, COUNCIL VICE-CHAIR

In 2015, Dr. Hickey served as Vice-Chair of College Council and Vice-Chair of the Complaints Authorization committee. A graduate of Memorial University, he has worked as a family doctor in several Newfoundland and Labrador communities, continues to practise family medicine, and serves as a Medical Consultant with the Workplace Health and Safety Compensation Commission. Dr. Hickey joined the College Council in 2012.

### DR. NIGEL DUGUID, COMMITTEE CHAIR

Dr. Duguid was nominated by the Newfoundland and Labrador Medical Association to serve as the Council's government-appointed physician member

in 2012. In 2015, he served as Associate Registrar of the College, handled complaints and investigations, and chaired the Complaints Authorization committee. Dr. Duguid began his respirology medicine practice in St. John's in 1979.

### MS. GAIL HAMILTON, COMMITTEE CHAIR

Ms. Hamilton, a professional chartered accountant, is a director with several public, private and not-for-profit organizations and a former partner with KPMG, where she provided audit and business advisory services to a wide range of organizations. Appointed by government to the College Council in 2012, she became Chair of the Finance and Compensation committee in December 2015 and



**COLLEGE MANAGEMENT TEAM**

**LEFT TO RIGHT:** Mr. Jamie Osmond / Associate Registrar, Quality Assurance, Policy, and Operations  
Dr. Robert Williams / Deputy Registrar  
Ms. Elyse Bruce / In-House Legal Counsel  
Dr. Linda Inkpen / Registrar  
Dr. Nigel Duguid / Associate Registrar Complaints and Investigations



# 2015 COLLEGE MEMBERSHIP

also serves on the Complaints Authorization committee and the ad hoc College building exploratory committee.

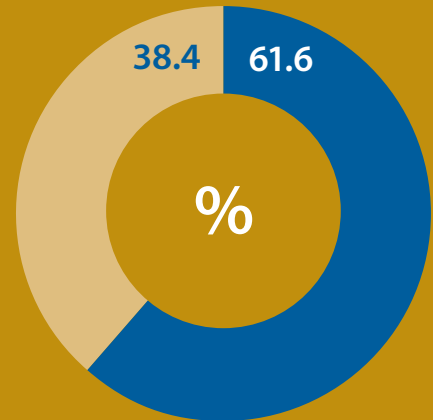
## **DR. VINOD PATEL, COMMITTEE CHAIR**

Dr. Patel practised emergency medicine for many years and now works in family practice and long-term care. He was first elected to Council in 2002 and is a Past Council Chair. In 2015, he chaired the Finance and Compensation committee and served on the Complaints Authorization committee. He also chairs an ad hoc College building exploratory committee. 2015 was his final year on Council.

## **MS. PAULA RODGERS, COMMITTEE CHAIR**

Ms. Rodgers, a government-appointed public member of Council, began serving on Council in 2005. She is a social worker by profession and has held many senior administrative positions. In 2015, she chaired the Quality Assurance committee, a role she has performed since that committee's inception in September 2012.

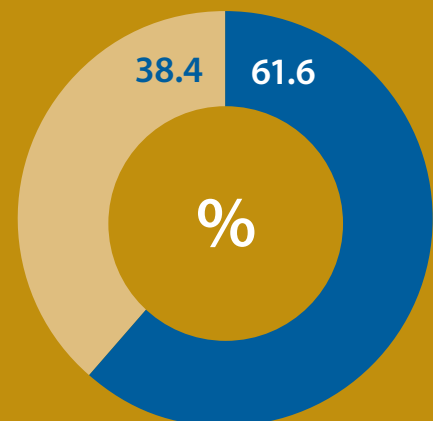
### BY GENDER



FEMALE MALE

Includes locums and residents

### BY MEDICAL DEGREE



INTERNATIONAL MEDICAL GRADUATES CANADIAN MEDICAL GRADUATES

Does not include residents

# LICENSING & REGISTRATION

## THE LICENSING PROCESS

The process for granting a licence to practise medicine in Newfoundland and Labrador is similar to licence granting in other Canadian provinces: there is a pre-application step followed by a detailed review of the physician applicant’s qualifications, practice experience, references, and credential verification.

In 2015, the College approved 161 new applications to practise medicine in Newfoundland and Labrador and renewed 1,350 licences. There were also 1,301 locum licences issued in 2015.

## QUALIFICATION AND TRAINING

Every year, the College licenses all physicians registered with Memorial University’s Post-Graduate Medical Education Department. In 2015, 300 post-graduate physician students were licensed. The College also registers—through assessment by Memorial’s Faculty of Medicine—all medical students and residents from other Canadian and international medical schools who are in the province to undertake elective rotations

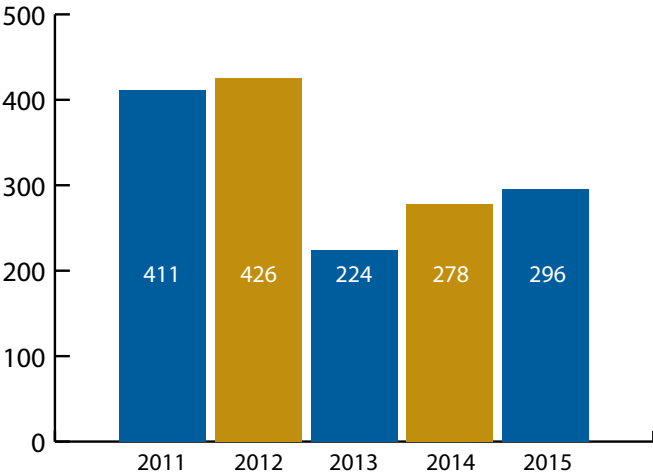
with licensed medical doctors. Of the 87 elective students registered in 2015, 41 were from Canadian medical schools and 46 were from international medical schools.

## CLINICAL SKILLS ASSESSMENT OF TRAINING (CSAT) PROGRAM

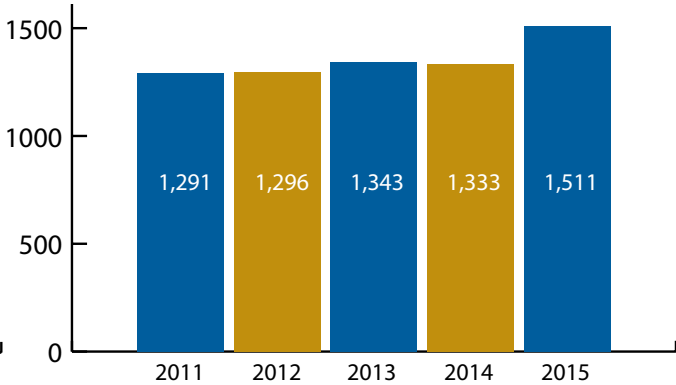
The CSAT Program updates the skillsets of family physicians to enable them to practise in Newfoundland and Labrador. CSAT applicants are physicians who are, upon application, ineligible for licensing because their post-graduate training does not exactly meet College standards and/or because they have been out of medical practice for some time. At the close of 2015, 241 physicians had successfully completed the CSAT program since its inception in 1997.

The CSAT program operates from the Faculty of Medicine at Memorial University (Corner Brook campus) and is a partnership with the Faculty of Medicine, the provincial Department of Health and Community Services, the College of Physicians and Surgeons of Newfoundland and Labrador, and the four provincial Regional Health Authorities.

## PRE-APPLICATION ASSESSMENTS PERFORMED 2011 TO 2015

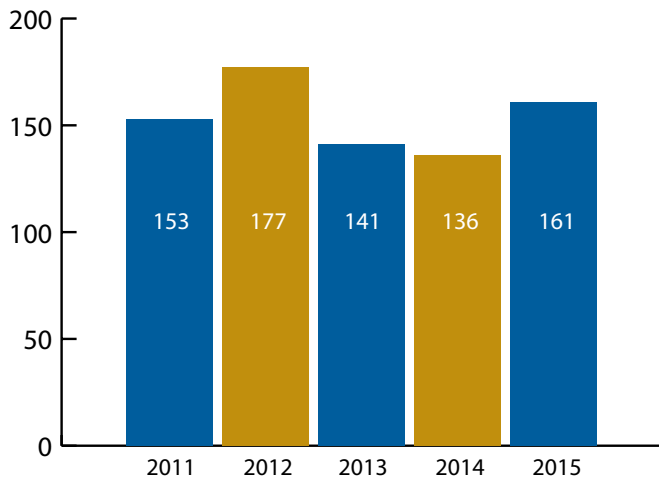


## TOTAL\* LICENCES GRANTED 2011 TO 2015



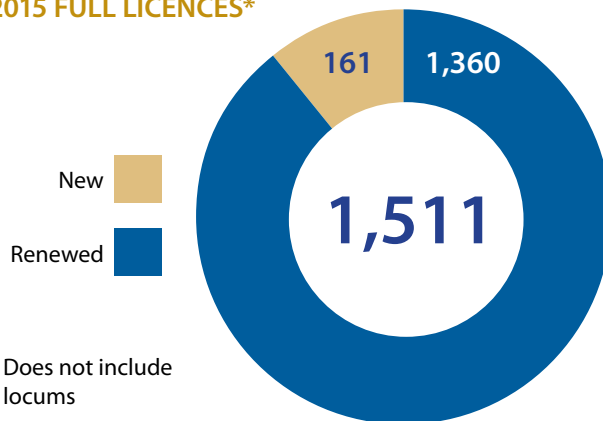
\* Does not include locums

### NEW LICENCES GRANTED, 2011 TO 2015\*



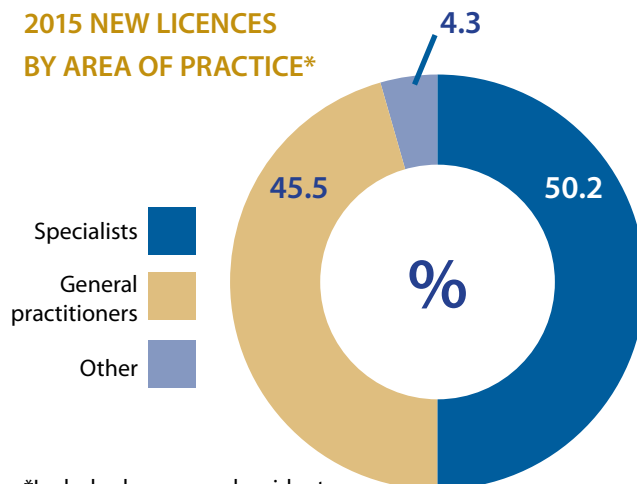
\* Lower numbers following 2012 reflect a change in how College records distinguish between "new" and "renewed" licences.

### 2015 FULL LICENCES\*



\* Does not include locums

### 2015 NEW LICENCES BY AREA OF PRACTICE\*



\*Includes locums and residents

## 2015 HIGHLIGHTS

- *Medical Regulations, 2015* came into effect on July 1, 2015. These new regulations afford greater flexibility in setting both licensing standards and licensing business practices.
- Physiciansapply.ca came online in December 2015. A Medical Council of Canada endeavour, it is the official online portal through which all physicians seeking to practise medicine in Canada must apply.
- The College's Certificate of Professional Competence was reworked and processing improved so that certificates can now be produced, upon request, within ten business days.
- The processing of College Annual Licence Renewal and the annual renewal for Professional Medical Corporations was combined. Renewals begin in November and must be completed by January 15.
- The College made CME/CPD mandatory for licensing of all College members (commencing in 2016). Adherence to CME/CPD requirements will be handled through the Royal College and the College of Family Physicians of Canada.

## ON OUR HORIZON

- 2016 – The College is moving to a streamlined categorization of medical licences. The two primary categories will be Practising and Non-Practising Licences; both will have subcategories.
- 2016 – The College will initiate a new systems-wide and interconnected membership database. A new website and physician portal access will be of interest to and practical use for College members.
- 2018 – Target date for full implementation of all components of the database.

# QUALITY ASSURANCE & POLICY

The College of Physicians and Surgeons of Newfoundland and Labrador ensures that doctors working in this province do so competently, safely, and in good health. Administratively, the College’s efforts to achieve these goals are grouped under “Quality Assurance and Policy” and have three main areas of activity:

- Peer assessment and performance improvement
- Policies and guidelines
- Physician health and wellness

A five-member committee of Council—the Quality Assurance Committee (QAC)—guides the College’s Quality Assurance and Policy activities. The QAC helps develop and maintain programs, policies, and standards of practice that will assure the quality of practice of the profession in this province.

The QAC is also directly involved in conducting quality assurance reviews of medical practitioners and/or their practices. These reviews are performed either when requested by the Complaints Authorization Committee or the Registrar, or as a College initiative. In 2015, the Quality Assurance Committee met seven times.

## PEER ASSESSMENT AND PERFORMANCE IMPROVEMENT

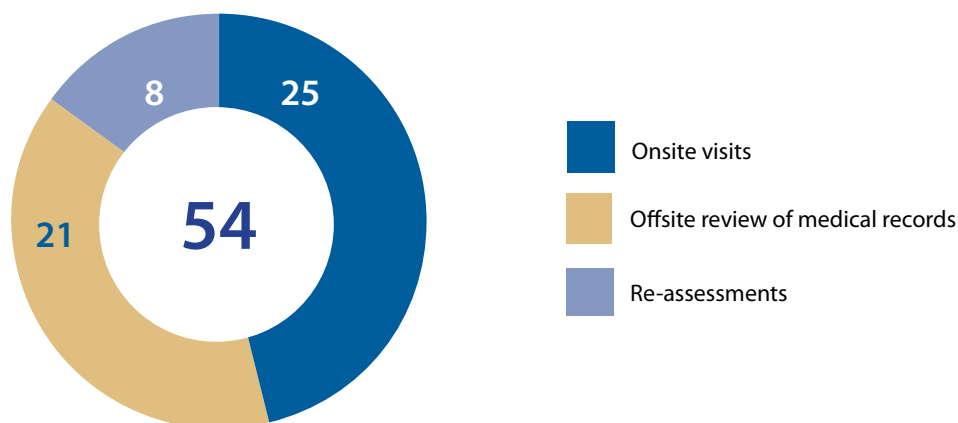
The College has a duty to ensure that the physicians it licenses and registers will practise to the highest standards and function with competence throughout their careers. To this end, the College has several programs devoted to physician performance improvement. It also participates in the comprehensive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

### ATLANTIC PROVINCES MEDICAL PEER REVIEW (APMPR) PROGRAM

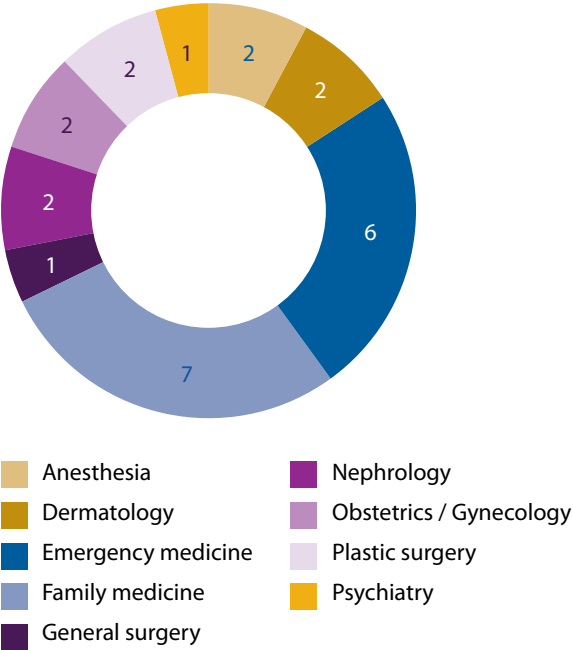
Established in 1993 and interprovincial in scope, APMPR is an educational program that is sponsored co-operatively by the medical societies and licensing authorities of New Brunswick, Prince Edward Island, and Newfoundland and Labrador.

The APMPR 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.

### 2015 APMPR PEER ASSESSMENTS BY TYPE



**2015 APMPR ONSITE PEER REVIEWS  
BY SCOPE OF PRACTICE**



In 2015, forty-six new onsite and offsite reviews were completed in this province, as well as eight re-assessments.

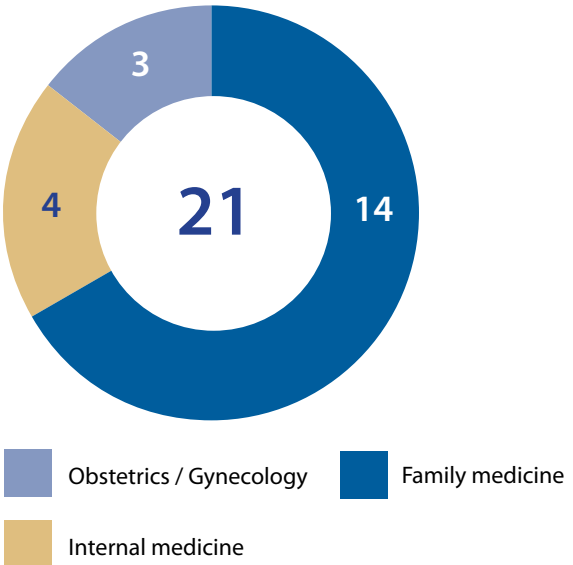
**SAFE PRESCRIBING OF DRUGS AND  
CONTROLLED SUBSTANCES**

The harm associated with the abuse and misuse of controlled and regulated substances/drugs is a major—and complex—public health and safety issue. It is clearly of concern to the College because of the College’s mandate to “regulate the practice of medicine and the medical profession in the public interest.”

Without the oversight of a provincial prescription-monitoring program, the College relies on information shared by other provincial health regulatory bodies and, in some cases, concerns brought to it by the public to identify potential prescribing issues. In 2015, the College introduced “Ask Letters” as a mechanism for investigating the concerns it became aware of: it asks—by letter—any doctor whose name has been mentioned to provide a background and rationale for the practice in question.

In 2015, the College sent ten Ask Letters to physicians that requested responses. The written replies were reviewed by the Quality Assurance Committee, which then determined if the prescribing patterns outlined were within the parameters of supported best practices.

**2015 APMPR OFFSITE PEER REVIEWS  
BY SCOPE OF PRACTICE**



**METHADONE MAINTENANCE TREATMENT  
(MMT) PROGRAM**

The College’s policy regarding Methadone Maintenance Treatment was established in 2013. Reviews to ensure that the practices administering the program were following the College’s standards and guidelines were done after its introduction. In 2015, six practices underwent similar review (there are 16 practices in total in the province which administer methadone maintenance treatment). No major concerns were identified during the 2015 review.

## POLICY AND GUIDELINES

In 2015, the College's Quality Assurance Committee reviewed five policies. Two were adopted—a College Privacy Code and a revised Boundary Violation Policy—while three (methadone for pain Guidelines, revised MMT Standards and Guidelines, and revision of the Certificate of Professional Conduct) were deferred for future consideration.

In addition to working on policies for its members, the College continued to actively participate in the formulation of public policy. College members and/or staff participated in many external committees in 2015, in work that helps provide direction for the practising of medicine in Newfoundland and Labrador. Committee participation included:

- The national Physician Practice Improvement/Physician Achievement Review Committee
- The provincial Committee on the Abuse of Prescription Medications
- The provincial Primary Health Care Advisory Committee
- The provincial Nurse Practitioner Standards Committee

## PHYSICIAN HEALTH, WELLNESS AND COMPETENCY

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 that they are delivering, the Quality Assurance Committee may undertake a quality assurance review. The results of a review may then lead the QAC to apply terms, conditions, or restrictions of practice—all with the goal 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.

In 2015, the QAC had five new cases referred to it. It also re-examined ten case files in which terms, conditions, and/or restrictions had previously been placed on a physician's practice. Of the ten case reviews, conditions of practice were lifted for two physicians.

## INFORMING THE PUBLIC

In its efforts to make information more easily available to the public, in 2015 the College expanded the “Physician Search” resource on its website, in the “Physician Profile” area. That information now includes any licence or practice conditions and restrictions applicable to an individual physician.



## 2015 HIGHLIGHTS

- The College developed a Safe-Prescribing Action Plan.
- The “Ask Letter” process was introduced, to help ensure safe prescribing of drugs and controlled and regulated substances.
- The College participated in provincial, national, and international committees that help shape the practice and delivery of health care in this province.

## ON OUR HORIZON

- 2016 – Adopting the College’s policy guidelines for Physician-Assisted Dying (accomplished March 2016).
- 2016 – Signing a Memorandum of Understanding with the NLMA for the development of a Physician Health Program.
- 2016 – Developing, in partnership with the Department of Health and Community Services and Memorial University’s Medical School (Office of Professional Development), of a Safe Prescribing Course, which will be mandatory for all new licensed physicians in the province.
- 2016 – Reviewing and updating the College’s Methadone Maintenance Treatment Standards and Guidelines.
- Undertaking an operational assessment of the APMPR Program.

# COMPLAINTS

The College of Physicians and Surgeons of Newfoundland and Labrador investigates and resolves complaints against physicians. Complaints may be submitted by College members or the public, using the College’s Complaint form (available on the College’s website). The College also receives questions and inquiries from the public, most often by telephone but also by email. If the Registrar receives information that a physician may have engaged in conduct deserving of sanction, the Registrar can initiate a formal complaint.

Formal complaints focus on two main areas of concern:

- competence
- professionalism

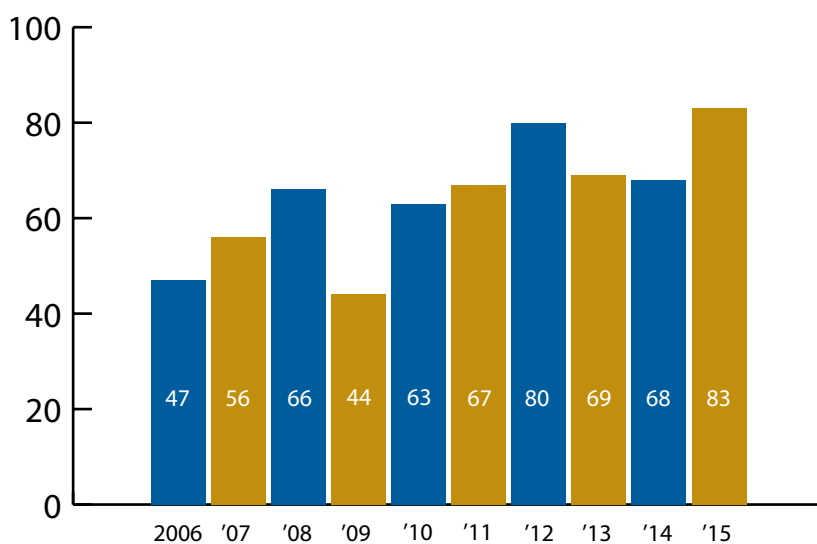
The Deputy Registrar performs a preliminary review of all formal complaints. In some cases—and with the patient’s and the physician’s consent—either the Registrar or the Deputy Registrar attempts to resolve the complaint.

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 2015, six members of the College’s Council formed the CAC: four physicians and two public-representative members.

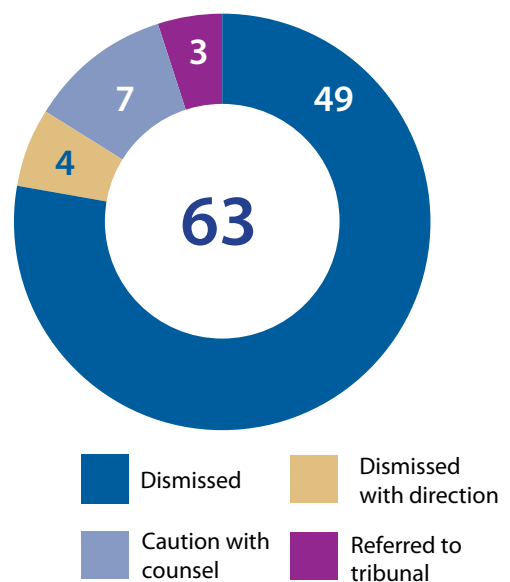
Over the past decade, the College has received an average of 64 formal complaints annually. In 2015, 83 new complaints were received (referencing 72 physicians), an increase of 15 over 2014, and the CAC met 19 times.

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.

FORMAL COMPLAINTS BY YEAR



COMPLAINTS RESOLVED IN 2015 BY OUTCOME





If the CAC determines that there are no reasonable grounds to believe the physician engaged in conduct deserving of sanction, it can dismiss a complaint. In 2015, 49 cases were dismissed. In some cases that are dismissed, the CAC may provide direction to the physician involved. Often this advice includes guidance for dealing with a similar situation, should one arise in the future. In 2015, four cases were dismissed with direction.

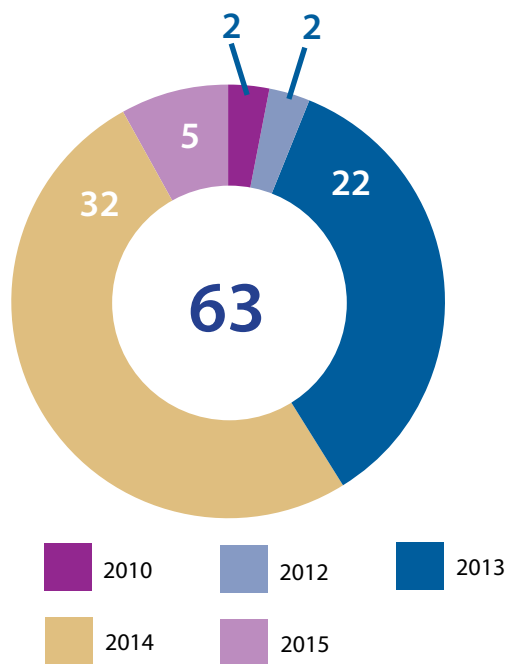
In cases where the CAC determines there are reasonable grounds to believe the physician has engaged in conduct deserving of sanction, it will either caution and counsel the physician or—in the most serious cases—advise the Registrar to refer the matter to the disciplinary panel. In its cautioning and 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. In 2015, the CAC issued a “caution with counsel” in seven cases.

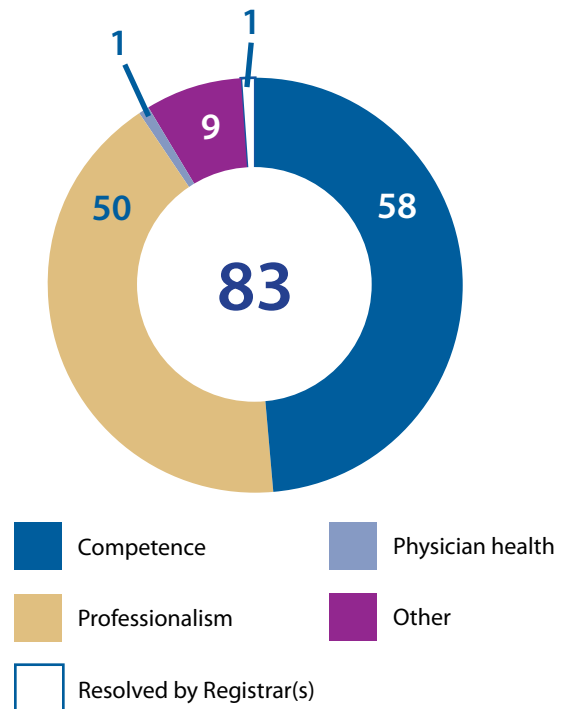
For cases sent to the disciplinary panel, the panel’s chair appoints an adjudication tribunal of two doctors and a representative of the public interest to preside over a hearing of the complaint. Tribunal hearings are open to the public, but the tribunal has the power to exclude the public when it believes 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 and with supporting reasons, make a request for the hearing to be closed. 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

**COMPLAINTS RESOLVED IN 2015  
BY YEAR OF SUBMISSION**



**FORMAL COMPLAINTS RECEIVED IN 2015  
BY CATEGORY**



the physician. Under the *Medical Act, 2011*, the tribunal has the power to impose a fine, suspend a doctor's licence, or apply other conditions or/and restrictions. In 2015, three cases were referred to the disciplinary panel for a hearing.

### COMPLAINTS RESOLVED IN 2015

The CAC issued written decisions on 63 complaints in 2015, 58 of which (92 percent) were filed prior to 2015.

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. At the end of December 2015, there were 74 complaints awaiting decisions.

### 2015 ADJUDICATION TRIBUNAL HEARINGS

Four hearings were held before an adjudication tribunal in 2015. When a hearing resulted in a finding against a physician, a summary of the tribunal's decision was uploaded to the College's website. Two decisions were posted in 2015.

## 2015 HIGHLIGHTS

- The College hired in-house legal counsel, Ms. Elyse Bruce, in January 2015.
- The College's formal complaint form was revised and made clearer.
- The efficiency of the College's complaints process was improved with a new four-step process and timeline parameters.

## ON OUR HORIZON

- Further streamlining of the complaints process.
- Appointment of new physician members to the discipline panel.

# FINANCE & OPERATIONS

## FINANCE

The College has been fiscally prudent and is in a stable financial position. As part of the annual strategic and operational planning process, the College mandate is reviewed and Council and staff provide input on the programs and services required for the coming twelve months.

In 2015, the College's Finance and Audit Committee—which traditionally oversaw College operations and ensured effective and efficient means of program and service delivery—was reformed as the Finance and Compensation Committee. The new committee's scope was expanded over its predecessor's, and the new responsibilities include all that Finance and Audit did before plus the responsibility to oversee broader operational items, such as human resources. The committee's composition has not changed, however: it includes one public and four physician members of Council.

The financial information presented here is in summary form. Full audited statements will be available on the College's website on June 6, 2016, after the Annual General Meeting of June 4, 2016.

## OPERATIONS

The College continues to review its internal operations annually and implement efficiencies where necessary. In 2015, College operational efforts included:

- developing and approving a strategic plan
- developing the 2015/2016 operational plan
- initiating an information-management review
- selecting a vendor and solution to replace the legacy physician membership database
- becoming the fifth province to join the national Medical Council of Canada Physician Apply online portal ([physicianapply.ca](http://physicianapply.ca))

The resulting increased efficiencies from the College's 2014 property downsizing, which now provide rental income, allowed the College to keep membership fees unchanged in 2015.

## ON OUR HORIZON

- 2016 – The College will initiate a new membership-management database that will enhance and streamline online access for both College members and internal operations.

## SUMMARIZED STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2015

	2015	2014
<b>ASSETS</b>		
Cash and cash equivalents	\$ 1,943,754	\$ 1,419,878
Accounts receivable	1,409,177	1,567,595
Equipment and leasehold improvements	764,102	617,122
Investments	1,004,090	982,149
	<b>\$ 5,121,123</b>	<b>\$ 4,586,744</b>
<b>LIABILITIES</b>		
	315,712	251,493
Accounts payable	2,378,625	2,290,900
Deferred income	276,516	312,987
Long-term debt	88,207	96,224
Deferred lease inducements		
	<b>\$ 3,059,060</b>	<b>\$ 2,951,604</b>
<b>NET ASSETS</b>		
	422,020	232,609
Invested in capital assets	1,640,043	1,402,531
Unrestricted	\$ 2,062,063	\$ 1,635,140
	<b>\$ 5,121,123</b>	<b>\$ 4,586,744</b>

**SUMMARIZED STATEMENT OF REVENUE & EXPENDITURES**  
**DECEMBER 31, 2015**

	2015	2014
<b>REVENUES</b>		
Annual fees	\$ 2,645,930	\$ 2,637,095
Professional corporation fees	108,075	92,550
Registration and licensing fees	274,860	279,775
Investment income	7,963	61,781
Miscellaneous	177,523	47,458
Rental income	94,500	15,750
	<b>\$ 3,308,851</b>	<b>\$ 3,134,409</b>
<b>EXPENDITURES</b>		
Salaries and employee benefits	1,588,694	1,544,629
Complaints and discipline	471,860	377,603
Council and committees	155,940	296,834
Occupancy	215,225	215,338
Office and operational	365,516	433,146
Registrar search/retirement	–	129,931
Amortization	84,693	76,699
	<b>\$ 2,881,928</b>	<b>\$ 3,074,180</b>
Excess: Revenues over		
Expenditures from Operations	<b>\$ 426,923</b>	<b>\$ 60,229</b>

NOTE: The Excess Revenues over Expenditures (2015) will address the incorporation of a new College Membership Database, a contingency fund for Adjudication Tribunal Hearings, and ongoing College operations aligned with College strategic planning.

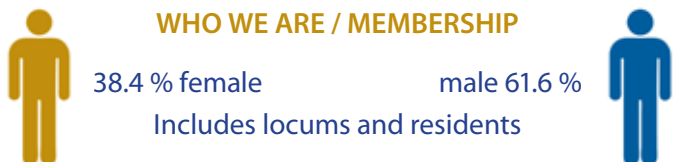
# CPSNL • 2015 ANNUAL REPORT AT A GLANCE

## WHO WE ARE / COUNCIL

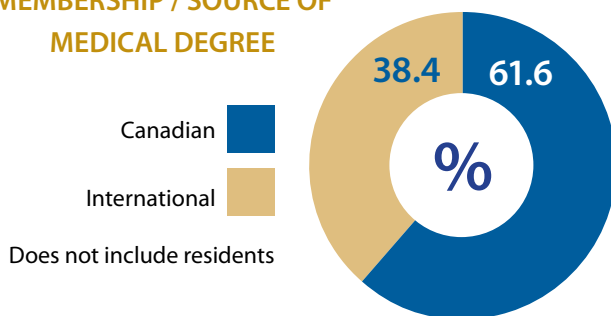
13 members  
elected and appointed



## WHO WE ARE / MEMBERSHIP



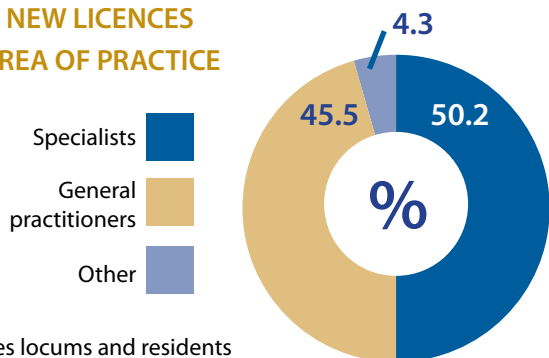
## MEMBERSHIP / SOURCE OF MEDICAL DEGREE



## LICENSING & REGISTRATION

**1,511** Full licences issued in 2015  
**161 NEW** / **1,360 RENEWED**

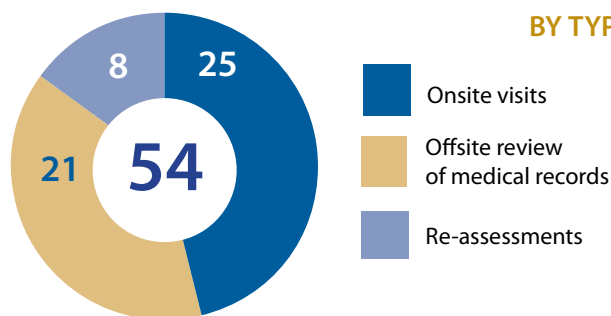
### 2015 NEW LICENCES BY AREA OF PRACTICE



## QUALITY ASSURANCE

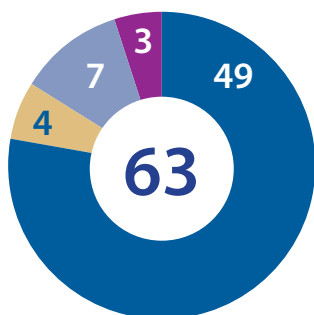
**60 to 70%** of CPSNL website traffic accesses "Physician Search"

### 2015 APMPR PEER ASSESSMENTS BY TYPE

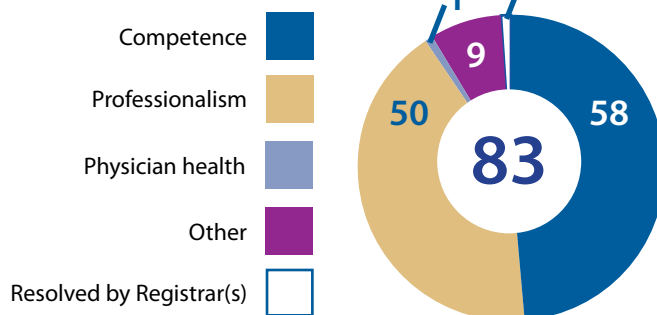


## COMPLAINTS ADJUDICATION

### COMPLAINTS RESOLVED IN 2015 BY OUTCOME



### FORMAL COMPLAINTS RECEIVED IN 2015



## 2015 HIGHLIGHTS

- Medical Regulations, 2015 come into effect in July
- First online election for Council positions
- Completed first cycle of College's Strategic Plan
- Complaints process improved: new four-step process and timeline parameters
- Created the Physician-Assisted Dying policy
- In-house legal counsel hired



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