

ANNUAL REPORT 2017



COLLEGE OF
PHYSICIANS & SURGEONS
OF NEWFOUNDLAND AND LABRADOR

JUNE 2018



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The College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL)

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COLLEGE OF PHYSICIANS & SURGEONS OF NEWFOUNDLAND AND LABRADOR 2017 ANNUAL REPORT

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Standards • Quality • Protection



A MESSAGE FROM THE COUNCIL CHAIR

Working with the College of Physicians and Surgeons NL's 2017 Strategic Plan, much was accomplished this past year! This was directly attributable to the significant contributions of the College leadership team, led by Dr. Inkpen, and by the College Council. Together, your College Council and staff are committed to executing the strategic and professional plans we set every year. Thank you to all.

The College welcomed new Council members in 2017 and sincerely thanked the departing members, all of whom had worked with the College for many years. Ms. Paula Rodgers had been a government-appointed Council member since August 31, 2005; she retired in April 2017. Mr. John White, also government-appointed, joined Council on August 31, 2005, and retired in April 2017. Council welcomed two re-appointed members, Dr. Susan MacDonald and Ms. Gail Hamilton, and four newly appointed Council members: Mr. Allan Bradley, Mr. Morgan Cooper, Mr. David Dove, and Dr. Mohamed Ravalia. Our new Deputy Registrar, Dr. Oscar Howell, joined the College and Council in January 2017.

The College continues to strive to fulfill its mandate of public protection through regulation of its physician members. College Value Principles—quality of service, fairness, communication, social accountability, transparency, and innovation—apply to all our public interactions, as well as to how we work with our physician members. To this end, our Standards of Practice, Practice Guidelines, and all communications to the public and physicians receive due and ongoing attention, review, and revision.

The College completed its third annual strategic planning review in 2017 and, at this

writing, was working towards completion of the 2018 College Operational Plan. The College's strategic planning reviews take place at September Council meetings; the operational plan and budget for the following year are approved at December Council meetings. These planning activities keep College work focused and goal-oriented—which is challenging when medical regulatory issues cause constant operational and time-management demands. Regular and robust review of the work that must be done and the work the College wants to undertake is an integral tool in remaining strategic and targeted in our activities.

As College work evolves in Newfoundland and Labrador, and throughout Canada, we must be ever more consultative, open, and approachable, and strive to highlight to everyone the importance of College communications—and that includes maintaining our online presence in terms that are informative and valuable to all. The College continues to welcome comments from the public—those whom we exist to serve and assist—and from our physician members, for whom we strive to prepare timely information and policies as we perform our regulatory duties for them.

You will find more information on the work we have accomplished in the Registrar's report, as well as information about the work your College wants to accomplish in an effective and efficient manner.

This annual report is an interesting and informative presentation about all aspects of College work. I encourage you to read it and to reflect on physician and public roles and issues. You can trust that the College is organizing its work to assist in ensuring the quality of medical care Newfoundlanders and Labradorians receive.

– Ms. Gail Hamilton

A MESSAGE FROM THE COLLEGE REGISTRAR

Looking back over 2017, we see another year in which the work of the College of Physicians and Surgeons of Newfoundland and Labrador continued to be identified and completed. Along with Council members and Council Chair, as well as College staff, I welcomed four new Council members in 2017: Mr. Allan Bradley, Mr. Morgan Cooper, Mr. David Dove, and Dr. Mohamed Ravalia. With the reappointments of Ms. Gail Hamilton and Dr. Susan MacDonald, the College Council achieved full membership last year. Along with Council's contribution, I would like to acknowledge our involved and committed membership, which made 2017 a year of action and accomplishment. Thank you to all.

Notices to College Members

COMMUNICATING WITH MEMBERS

and quarterly *Updates*, distributed via email, continued to receive favourable review from

College members in 2017. In addition to the obvious administrative requirements of licensing, generating important notices regarding College policies and concerns is fundamental to ensuring safe and competent medical practices. In addition to the two update tools mentioned above, regular College communications with members also include the College's Annual Report and the *Complaints and Discipline Update*, introduced early in 2018. These are some of the ways in which the CPSNL is using communication to be more consultative, responsive, open, and accountable in our work.

REVISING, CONSULTING

During 2017, the College continued to review and revise our complaints process and, in doing so, we have become more efficient and effective in working through complaints filed with the

College. Dealing only with complaints is not, by itself, an effective way to improve medical care. Our Quality Assurance endeavours, including methods for ensuring continued physician competency—a priority for the College in 2018—are a large part of College work. In addition, College policies continue to receive substantive attention. Several new or revised Standards of Practice and Practice Guidelines—the “musts” and the “shoulds”—were introduced in 2017, and our efforts to review, revise, and develop (where needed) all College policies continue. Mandatory review of all College Standards of Practice and Practice Guidelines occurs on a five-year cycle. During this process, some College policies (primarily Standards of Practice) are being sent to members for their comments before they are presented to Council for their review, input, and approval.

BECOMING MORE TRANSPARENT

On the “big picture” front, it is clear that the regulatory environment of yesteryear is much different than the one the College faces today. More transparency is required of us; as a result, much of what used to happen behind College closed doors is now posted on our website. Greater public scrutiny means that regulators, including this College, must continue to enhance transparency and address real—and perceived—conflicts of interest and achieve outcomes that are defensible in the public interest.

EMPHASIS ON CONTINUING EDUCATION

More specifically, CPSNL's legal mandate requires that we ensure standards of physician practice, which includes continuing medical education and professional development. To this end, the College has devoted time and resources to advocating for a robust, real-

time prescription monitoring program for our province. We continue to support all endeavours by government to address the abuse, misuse, and diversion of controlled and regulated substances. In partnership with Memorial University and the provincial Department of Health and Community Services, the College developed a safe-prescribing narcotics course. In 2017, we directed all physicians starting medical practices in Newfoundland and Labrador for the first time to complete this course within six months of applying for their licences. Licences to practice are not being granted unless this is accomplished. Approximately 330 physicians have completed the program, including both new and currently practising physicians.

As I hope you all understand, the safe-prescribing of narcotics remains a concern at the national and international levels. In recent years, many stakeholders in the medical community have provided prescriber education programs as a means of combating the opioid crisis. Regulator-required CME (Continued Medical Education) provides updated knowledge of safe-prescribing protocols. The management of opioid dependence and improved prescribing practices are integral to addressing this healthcare crisis.

OPTIMIZING OUR DATABASE

Internally, the College continued to work its way through the implementation of a new College database in 2017.

The result will support College work for some years to come. The licensing and website components of this upgrade were the first to be operationalized, and we are pleased with member acceptance of our new “face.” Work continues on these aspects and is expanding to other areas, as well. Four medical regulatory Colleges in Canada are using this iMIS database; worldwide, this system is used by thousands of businesses and agencies.

EMBRACING TECHNOLOGY

Looking ahead, it is very clear that, in the 21st century, effective medical practice requires physicians to continue to embrace new and evolving technologies. Within a few years, all authorized healthcare providers should be accessing—and contributing to—patients’ shared electronic health records in order to improve coordination of care. Not long after, all Canadians will likely have online access to their own health information.

JOINING THE CONVERSATION

Physicians alone cannot identify or address all the issues that arise as we carry out our duties in providing appropriate and high-quality medical care to the people of Newfoundland and Labrador. It is important, however, that College members remain vigilant in our professional endeavours and participate in discussions and decisions outside our primary areas of operations. In this way, we can inform the larger debate on healthcare services and delivery—and we teach, by example, our younger colleagues.

A TEAM EFFORT

The College’s planned and ongoing work would not be possible without the support of College staff and Council members. I salute their care, attention to detail, and ability to embrace ongoing changes to the details and processes of College endeavours and responsibilities. In today’s rapidly evolving regulatory work environment, their efforts underpin the College’s ability to successfully serve the public and you, our members. Thank you.

– Dr. Linda Inkpen

WHO WE ARE

Officers of the College 2017

COUNCIL CHAIR / Ms. Gail Hamilton

Ms. Hamilton, a chartered professional 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. She was appointed by government to the College of Physicians and Surgeons NL's Council in 2012 and began serving on the Complaints Authorization Committee that same year. In December 2015, she was appointed Chair of the College's Finance and Compensation Committee. In December 2016, she was appointed Council Chair. She also serves as Chair of both the Licensing and the Governance committees.

COUNCIL VICE-CHAIR / Dr. Peter Seviour

A licensed physician in both Canada and the United States, Dr. Seviour did his Family Practice residency at McGill after graduating from Memorial University's Faculty of Medicine. He has had a private practice in St. John's since 2006, with a focus in occupational medicine. Dr. Seviour is currently an RCMP designate physician, a Transport Canada examiner, and a fitness-to-work examiner for the mining and offshore industries, among several other postings. Elected to the College of Physicians and Surgeons in 2015, he served as vice-chair of the Complaints Authorization Committee in 2017 in addition to other duties with the Council. Dr. Seviour is also currently a member of the Advisory Committee on Newfoundland Interchangeable Drugs and the Newfoundland and Labrador Medical Association's Health Information Committee.

COMMITTEE CHAIR / Dr. Elizabeth Bannister

A practising Family Physician in St. John's, Dr. Bannister is a graduate of Memorial University's Faculty of Medicine. She has served with several provincial and national organizations, including the Medical Council of Canada's National Assessment Collaboration Central Coordinating Committee (NAC³, which she chaired from 2013 to 2016), the Office of Professional Development's Assessment and Retraining, Faculty of Medicine, Memorial University (as Director), and the board of the Newfoundland and Labrador Medical Association. Dr. Bannister was elected to the Council of the College of Physicians and Surgeons NL in 2016, and became the Chair of its Quality Assurance Committee in 2017.

COMMITTEE CHAIR / Dr. Oscar Howell

A graduate of Memorial University's Faculty of Medicine, Dr. Howell has a Master's degree in Occupational Health from McGill University and is both a fellow of the Canadian Board of Occupational Medicine and past president of the Occupational and Environmental Medical Association of Canada. His medical experience includes general practice (including obstetrics and emergency medicine) and a consultant practice in occupational medicine, during which period he served as Chief Occupational Medicine Officer for the Government of Newfoundland and Labrador as well as a Corporate Medical Officer. He served as Vice-President of Medical Services and Diagnostics with Eastern Health for a decade. He became the Deputy Registrar of the College of Physicians and Surgeons of Newfoundland and Labrador in January 2017.

College Council 2017

ELECTED MEMBERS

Dr. Elizabeth Bannister (St. John's/Mount Pearl)
Dr. Robert Forsey (remainder of NL)
Dr. Kevin Hogan (St. John's/Mount Pearl)
Dr. Rebecca Rudofsky (St. John's/Mount Pearl)
Dr. Peter Seviour (St. John's/Mount Pearl)
Dr. Carl Sparrow (remainder of NL)
Dr. Tracey Wentzell (remainder of NL)

NON-VOTING MEMBERS

Dr. Linda Inkpen (CPSNL Registrar)
Dr. Oscar Howell (CPSNL Deputy Registrar)

APPOINTED MEMBERS

Mr. Allan Bradley* (Dept. of Health and Community Services)
Mr. Morgan Cooper* (Dept. of Health and Community Services/Memorial University)
Mr. David Dove*** (Dept. of Health and Community Services)
Ms. Gail Hamilton** (Dept. of Health and Community Services)
Dr. Susan MacDonald** (Dept. of Health and Community Services/NLMA)
Dr. Mohamed Ravalia* (Dept. of Health and Community Services/NLMA)

* Appointed March 2017

*** Appointed August 2017

** Re-appointed March 2017

COLLEGE COUNCIL 2017

STANDING (L to R): Mr. Allan Bradley, Dr. Linda Inkpen, Dr. Elizabeth Bannister, Dr. Rebecca Rudofsky, Dr. Susan MacDonald, Mr. David Dove, Dr. Mohamed Ravalia, Mr. Morgan Cooper, Dr. Kevin Hogan, Dr. Robert Forsey, Dr. Oscar Howell

SEATED (L to R): Council Vice-Chair, Dr. Peter Seviour; Council Chair, Ms. Gail Hamilton

ABSENT: Dr. Carl Sparrow, Dr. Tracey Wentzell



Committees of Council 2017

COMPLAINTS AUTHORIZATION

Chair / Dr. Oscar Howell
Vice-Chair / Dr. Peter Seviour
Mr. Allan Bradley
Mr. Morgan Cooper
Ms. Gail Hamilton
Dr. Kevin Hogan
Dr. Rebecca Rudofsky
Dr. Carl Sparrow

FINANCE & COMPENSATION

Chair / Ms. Gail Hamilton
Mr. Morgan Cooper
Dr. Kevin Hogan
Dr. Susan MacDonald
Dr. Peter Seviour
Dr. Tracey Wentzell

GOVERNANCE

Chair / Ms. Gail Hamilton
Mr. Allan Bradley
Dr. Kevin Hogan
Dr. Mohamed Ravalia

LICENSING

Chair / Ms. Gail Hamilton
Dr. Elizabeth Bannister
Dr. Robert Forsey
Dr. Susan MacDonald
Dr. Carl Sparrow
Dr. Mohamed Ravalia

QUALITY ASSURANCE

Chair / Dr. Elizabeth Bannister
Mr. David Dove
Dr. Robert Forsey
Dr. Susan MacDonald
Dr. Mohamed Ravalia
Dr. Tracey Wentzell

AUDITORS

Noseworthy Chapman

ADMINISTRATIVE ASSISTANT TO COUNCIL

Lorraine Phillips



COLLEGE MANAGEMENT TEAM

L to R:

Dr. Oscar Howell (Deputy Registrar),
Dr. Linda Inkpen (Registrar),
Ms. Elyse Bruce (Legal Counsel),
Mr. Jamie Osmond (Associate
Registrar, Licensing and Quality;
Director of Operations).

COMMUNICATION & TRANSPARENCY



2017

4 COLLEGE
UPDATES

30 NOTICES TO
COLLEGE
MEMBERS

2 NEW
COMPLAINTS
BROCHURES

The College highly values the principles of communication and transparency; they go hand-in-hand with its responsibility to license and regulate physicians on behalf of the public. In 2017, the College Council specifically invested time in determining how it could be more open, communicative, responsive, and transparent in its work—for the benefit of the public, College members, and the healthcare and medical community at large.

WHAT IS SAID MUST BE READ

The importance of clearly providing important information and of embracing transparency in how the College works cannot be overstated. Just as it underlies successful physician/patient interaction, it is critical in supporting the work the College does on behalf of the public. Communication is a two-way activity, however, and so the College emphasizes, whenever possible, that members have a professional and ethical responsibility to read what we communicate. We know our members are busy, but we regularly remind them: “It is a professional obligation for College members to read all College communications.”

IMPROVING CPSNL.CA

The College uses several mechanisms to communicate with the public and College members, and most of them are paperless. Always available for viewing is the information on cpsnl.ca, the College’s website. In 2017, considerable attention continued to be focussed on improving the site’s ease of use—for both College members and the public—as well as enhancing its internal functionality. Ongoing planned and responsive modifications will be aimed at making College activity ever more transparent, enhancing the site’s efficiency for members, and providing the public with information it needs to know about physician members.

REPORTING ON WHAT WE DO

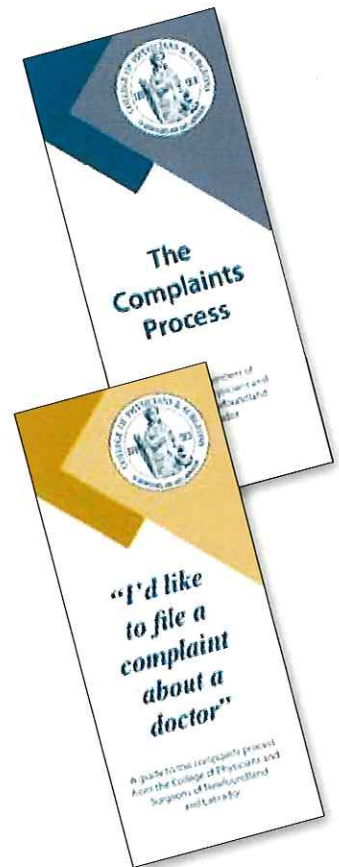
To proactively keep members apprised of Council discussions and actions, the Registrar emails a report after each of the College’s quarterly Council meetings. These *College Updates* also spotlight College news. They are all publicly available on the College’s website. In addition, *Notices to College Members* are emailed to inform members when emerging issues affecting members’ work arise. They highlight immediate and long-term responses that may be required of physicians. These, too, are posted to cpsnl.ca.

CONSCIOUS CHOICES

Internally, the College routinely examines all core functions and operational plan items with a communications lens. “How are we communicating this activity?” is the key question we must ask and answer. The answer sometimes prompts the creation of new communications tools. In 2016, for example, the College created a poster, aimed at the public, outlining opioid prescription protocols. It was made available to physicians for display in medical offices. In 2017, the College created two brochures—one for physicians, the other for the public—to provide details about the College’s complaints process. These are provided to complainants and physicians when a complaint inquiry occurs.

TWEAKING THE TOOLS

And, of course, the College annual report summarizes College and Council activities at both overview and detailed levels. In recent years, efforts have been made to make the information it contains both more informative and easier to read. The College intends to apply a critical eye to all its communications tools and continue to seek ways to evolve our communications to support College values and responsibilities.



Looking ahead

- Council **review of its media policy**, as outlined in the College’s governance manual (2018).
- Introduction of a quarterly emailed **update on Complaints activities and outcomes** (first issue sent January 2018).
- Creation of **client satisfaction survey tools**, to solicit information about our performance from complainants and physicians involved in the complaints processes.
- Enhancement of the **“Physician Search”** tool on the College’s website, to improve transparency. Specifically, the College wants to ensure that searching its membership system (Medical Register) will retrieve information related to members’ complaints and licence history (Summer 2018).

LICENSING & REGISTRATION

2017

1,342

MEMBER
LICENSES
RENEWED

1,115

WERE FULL
LICENCES

227

WERE
PROVISIONAL
LICENCES

604

LOCUM
LICENSES
ISSUED

LICENSING PRACTISING PHYSICIANS One of the College's core functions is licensing physicians who practise medicine in the province. The College's process for licence granting is similar to the method used in other Canadian provinces.

It involves a detailed review of the physician applicant's qualifications, practice experience, and references, plus criminal and vulnerable sector record checks and credential verification.

IMPROVING THE LICENSING PROCESS

In 2017, the College spent significant time and resources reviewing and revising its two annual licensing/renewal processes (for licences to practise medicine and Professional Medical Corporations).

The goals of this effort were to reduce the time members need to complete online application/renewal forms, and to improve the accuracy of member data.

REGISTERING LOCAL MEDICAL STUDENTS AND POST-GRADS

The College also registers—following a recommendation by Memorial's Faculty of Medicine—all medical students and residents from Memorial University and other Canadian and international medical schools who are in the province to undertake elective rotations with licensed medical doctors. And it annually licenses all physicians registered with Memorial University's Post-Graduate Medical Education Department.

IMPROVING ASSESSMENT OF INTERNATIONAL MEDICAL GRADS

In 2017, the College was successful in obtaining financial support from the provincial Department of Advanced Education, Skills and Labour to complete two important projects specific to the assessment and recognition of qualifications for International Medical Graduates. One project focuses on a LEAN assessment of the licensing process, and is undertaken in collaboration with the province's four Regional Health Authorities. The second project seeks to improve the College's communications by adding an application status/document tracking system to the CPSNL website. Both projects have a targeted completion date of Spring 2018.

CSAT: ONGOING TRAINING FOR FAMILY MDs

The College is a participant in the Clinical Skills Assessment Training program (CSAT), which is operated from the Faculty of Medicine at Memorial University (Corner Brook campus).

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 are partners in this program.

The CSAT program assesses and updates the skillsets of international medical graduate family physicians to enable them to practise in Newfoundland and Labrador. CSAT applicants are physicians who are ineligible for licensing when they apply here because their post-graduate training does not exactly meet College standards and/or because they have been out of medical practice for some time. In 2016, the College received 65 applications to this program; 44 of them were found to meet the eligibility requirements and approved to proceed with CSAT application. This number of successful applicants filled all available spaces through 2017, so a new CSAT application process did not take place in 2017.

iMIS: IMPROVING OUR RECORDS DATABASE

In the fall of 2016, the College began to implement a new membership management database: “iMIS.” Implementation continued throughout 2017, with a focus on improving data collection, coding, and reporting, and improving

all aspects of licensing. This work continues, but we are pleased with the improvements made to the system so far—the College’s ability to report and analyze important information about its membership is better than ever before.



2017

469

REQUESTS FOR CERTIFICATES OF PROFESSIONAL CONDUCT

63

UNDERGRADUATE REGISTRANTS

241

POST-GRADUATE EDUCATIONAL LICENCES

Looking ahead

- Developing and implementing an **online renewal application process for post-graduate residents** (2018).
- **Completing full implementation** of all components of the new licensing/membership management database (2018).

STANDARDS & GUIDELINES

2017

3 NEW STANDARDS

3 UPDATED STANDARDS

4 NEW GUIDELINES

1 UPDATED GUIDELINE

In 2017, the College continued implementation of the five-year review cycle for examining and updating the Standards of Practice and Practice Guidelines that it creates to govern and guide the conduct of its members. From 2015 through 2017, seven Practice Guidelines were written or updated and nine Standards of Practice were written or updated. In 2017, the Council approved three new Standards of Practice, which concern:

- Telemedicine
- Accepting New Patients
- Complementary and Alternative Medicine

In addition, the Council updated the Standards of Practice relating to medical assistance in dying, ending the physician-patient relationship, and professional responsibilities in medical education.

Four new Practice Guidelines were also approved in 2017:

- Opioid Prescribing
- Prescribing Opioids for Acute Pain
- Uninsured Services
- Suboxone (Buprenorphine/Naloxone) for Opioid Dependence

One Practice Guideline (regarding closure of a medical practice and extended leave from a practice) was also updated.

As part of this ongoing updating process, a new Standard of Practice—"Conflict of Interest"—and an updated version of the "Job Action" Standard of Practice were sent to members for feedback late in 2017.

Looking ahead

- Continuing to **improve the website presentation** of Standards of Practice and Practice Guidelines.
- **Making specific items easier to find on the College website.**
- **Creating and approving more new Standards of Practice and Practice Guidelines**, including a new Standard of Practice on conflict of interest and job action.

QUALITY ASSURANCE

OUR RESPONSIBILITY AND APPROACH The College of Physicians and Surgeons of Newfoundland and Labrador strives to ensure that doctors working in this province do so competently, safely, and in good health. The College's efforts to achieve these goals are grouped under four key Quality Assurance administrative portfolios:

- Quality Assurance Review
- Physician Practice Improvement
- Physician Health and Wellness
- Standards and Guidelines (for details, see page 12)

OVERSIGHT: THE QAC A five-member committee of College Council—the Quality Assurance Committee (QAC)—oversees the College's quality assurance activities. The QAC helps develop and maintain College programs, Standards of Practice, and

Practice Guidelines that assure the quality of patient care that physicians deliver in this province. In 2017, the Quality Assurance Committee met six times.

QUALITY ASSURANCE REVIEW The QAC is directly involved in initiating quality assurance reviews of medical practitioners and/or their practices. Reviews are performed when concerns about quality of care arise. In 2017, the College also continued

to perform practice assessments to ensure physician compliance with the College's Methadone Maintenance Treatment (MMT) Standards and Guidelines.

A key component of the College's Quality Assurance efforts is the Atlantic Provinces Medical Peer Review (APMPR) program. Established in 1993 and interprovincial in scope, APMPR is an educational program sponsored co-operatively by the medical associations and licensing authorities of three Atlantic provinces: New Brunswick, Prince Edward Island, and Newfoundland and Labrador. It allows the procedures and medical records of a practising physician to be examined by peer physicians who have similar scopes of practice.

These reviews help identify relevant learning needs and deficiencies, then address both through education and peer support. In 2017, the APMPR and funding partners agreed to review the program to assess whether it continues to meet the requirements and expectations of the partnering bodies, and whether assessment tools are current and still valid.

APMPR
2017

26

ONSITE REVIEWS

22

PASSES

4

NEED
REASSESSMENT

7

REASSESSMENTS
PERFORMED

APMPR
2017

37

OFFSITE REVIEWS

33

IN FAMILY MEDICINE

1

IN INTERNAL MEDICINE

1

IN OBSTETRICS &
GYNECOLOGY

2

IN PEDIATRICS

20 / 4

PASSES / FAILS
(13 SCORES PENDING)

PHYSICIAN PRACTICE IMPROVEMENT

The College has a duty to ensure that the physicians it licenses and registers practise to the highest standards and continue to function with competence throughout their careers. The programs and policy requirements outlined in this section are a large part of how it fulfills this responsibility.

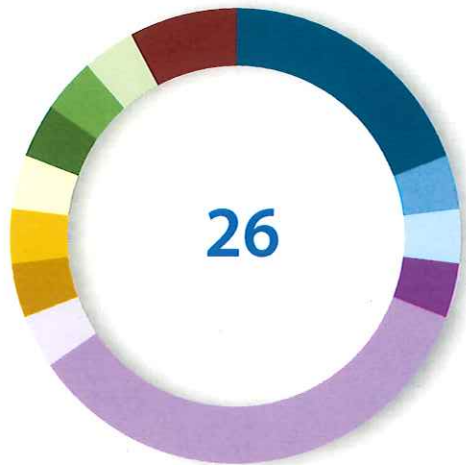
SAFE PRESCRIBING

The College is an active participant in ongoing provincial and national initiatives that are dealing with the challenges of safe prescribing of drugs and controlled substances. These efforts include, but are not limited to:

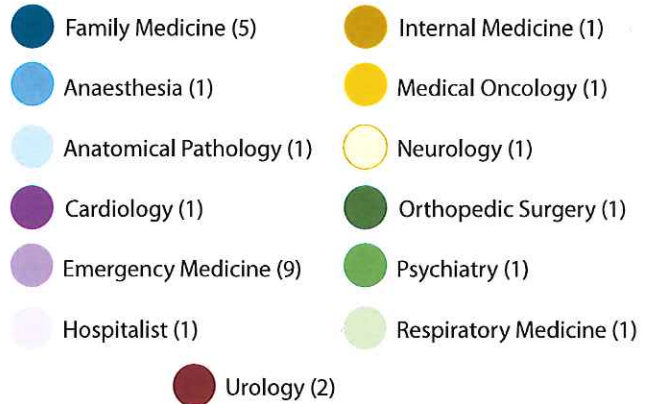
- providing input to the national Steering Committee of the 2017 “Guideline for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain”
- membership on the provincial Opioid Dependence Treatment Working Group
- membership on the Prescription Monitoring Program Advisory Committee, which is tasked with, among other things, providing advice and direction for the further development and operation of this program, using a collaborative approach

In addition, the College continued to use investigative “Ask Letters” (developed in 2015) as a mechanism for investigating the concerns it becomes aware of by requiring physicians to provide background and rationale for the practice in question. In 2017, two important new initiatives that directly focus on safe prescribing came into effect:

- all currently licensed and practising physicians were required to take an accredited course of their choosing dedicated to safe prescribing, within their continuing medical education cycles
- the Safe Prescribing course developed jointly with the provincial Department of Health and Community Services and Memorial University’s Medical School (Office of Professional Development) was opened to all College members and other medical professionals in the province. It is mandatory for all new physicians in this province to complete this course before they will be issued a licence to practise medicine by the College.



2017 APMPR Onsite Reviews



PHYSICIAN HEALTH & 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 this might be occurring, the Quality Assurance Committee may undertake a quality assurance review. Its results may lead the QAC to apply terms, conditions, or restrictions of practice—in order to protect the public and ensure 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 December 2017, the College signed a memorandum of understanding (MOU) with the Newfoundland and Labrador Medical Association to help it monitor physicians to ensure physician wellness and enhance the College's capacity to regulate physicians in the interest of public safety. The MOU allows the College to transfer some monitoring tasks to the NLMA's "Physician Care Network."

Looking ahead

- Reviewing, renewing, and implementing the College's **protocols for the sponsorship, orientation, and oversight of physicians with provisional licences** (2018). A Canada-wide jurisdictional review and analysis were completed in 2017, to support this work.
- Undertaking the **external review of the APMPR program** (Spring 2018).
- Developing a CPSNL analysis tool for identifying and assessing **risk factors affecting continued physician competency** (2018).
- With Memorial University of Newfoundland and other partners, **refining the processes for practice-ready assessment (PRA)** skills training and retraining.



COMPLAINTS & DISCIPLINE

One of the College of Physicians and Surgeons of Newfoundland and Labrador's main areas of activity is the investigation and resolution of complaints about physicians.

Over the past decade, the College has received an average of 70.4 complaints annually. The 88 new complaints received in 2017 mark an increase of 12 over 2016 and are the most complaints received in one year in the College's history.

HOW COMPLAINTS ARE RECEIVED

Complaints can be submitted to the College by its members or by the public. In addition, if the Registrar receives information that a physician may have engaged in conduct deserving of sanction, the Registrar can also initiate a formal complaint.

Historically, most complaints come from the public. They are made either by patients or their families using a complaint form that can be downloaded from the College's website. Complaints can generally be categorized into two main areas of concern:

- competence
- professionalism



2017 Highlights

-
- A part-time Registered Nurse joined the College as a **clinical investigator**.
 - Two **complaints process brochures** were developed—one for complainants and one for physicians.
 - The CAC approved a **Complaints Handbook**, an internal document that provides orientation information to new CAC members to help them understand the work of the committee and serves as a resource for current CAC members, to support consistency in decision-making.
 - The College's **complaint form** was updated.
 - **Analysis** of the streamlined complaints process that was established in 2016, which showed measurable improvements in both timelines and resource efficiency.

STEP 1: COMPLAINT REVIEW All complaints receive an initial review by the Registrar. In some cases—if the patient and the physician consent to this—the Registrar attempts to resolve the issue. When a complaint cannot be resolved this way, the Registrar refers the matter to the College’s Complaints Authorization Committee (CAC), which derives its authority from the *Medical Act, 2011*.

STEP 2: COMPLAINTS AUTHORIZATION COMMITTEE REVIEW The Complaints Authorization Committee assesses and investigates each complaint forwarded by the Registrar to determine if reasonable grounds exist to believe the physician named engaged in conduct deserving of sanction. For every complaint it reviews, the CAC issues a written decision and sends a copy of the decision to the complainant and the physician. In 2017, eight members of the College’s Council formed the CAC: five physicians and three public-representative members.

INVESTIGATION In most circumstances, the CAC will appoint an Investigator to review and investigate the complaint before a decision is rendered by the Committee. In 2017, the College was pleased to welcome Ms. Ella Reardon, R.N., as a part-time clinical investigator. At the CAC’s direction, Ms. Reardon gathers relevant information and evidence when allegations of conduct deserving of sanction are under review.

CAC: COMPLAINT DISMISSAL, WITH DIRECTION The CAC will dismiss a complaint if it determines that there are no reasonable grounds to believe the physician engaged in conduct deserving of sanction. In some instances, the CAC also provides direction to the physician involved. Most often, such input may instruct the physician to comply with a College bylaw, Standard of Practice, or Practice Guideline. It may also add guidance for dealing with a similar situation, should one arise in the future.

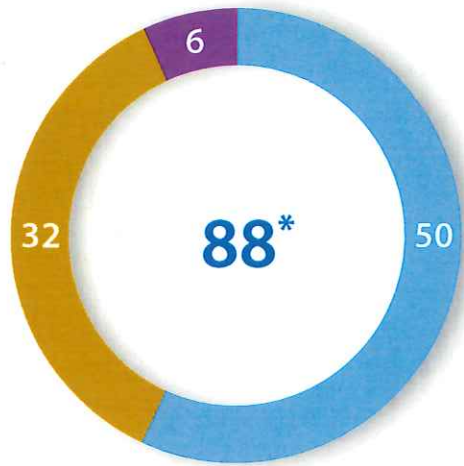
CAC: FURTHER ACTION REQUIRED If the CAC determines that there are reasonable grounds to believe the physician member has engaged in conduct deserving of sanction, the complaint is not dismissed.

Once the case is fully reviewed, the CAC either cautions or counsels the physician or, in the most serious cases, instructs the Registrar to refer the matter to the disciplinary panel for a hearing. In its cautioning or counselling of the physician, the CAC



- 14** CAC MEETINGS
- 56** COMPLAINTS DISMISSED
- 4** DISMISSED COMPLAINTS INCLUDED DIRECTION
- 2** CASES REFERRED TO ADR
- 12** CAUTION OR COUNSEL ISSUED BY CAC

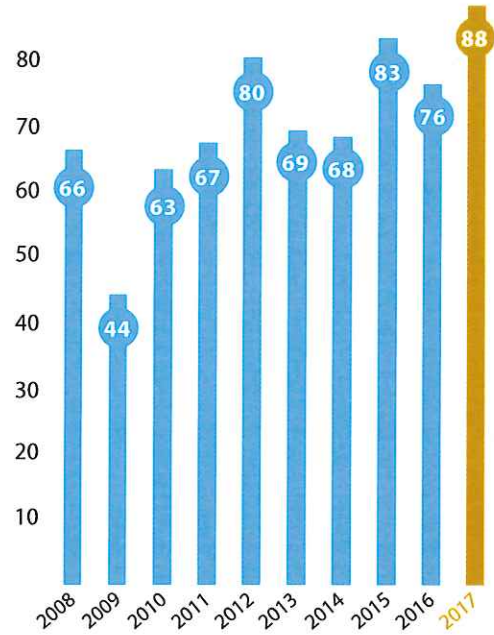
Complaints Received in 2017 by Category



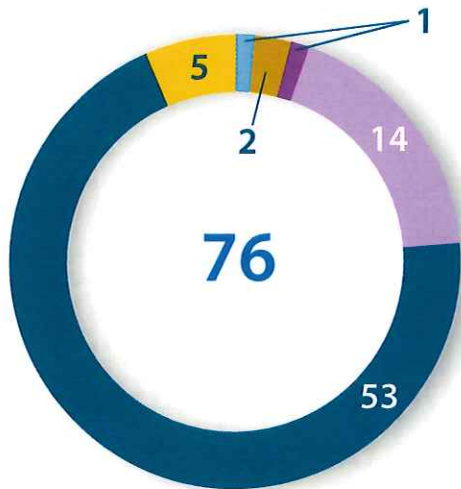
Professionalism Other Competence

* Complaints may be counted in more than one sub-category. No complaints about physician health were made in 2017.

Formal Complaints by Year



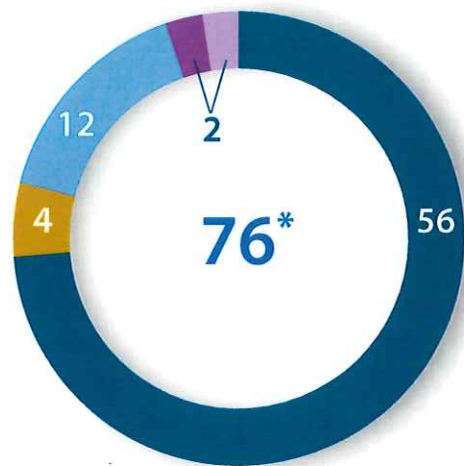
Complaints Resolved (CAC) in 2017 by Year of Submission



2009 2013
2014 2015
2016 2017

The complexity of a complaint, the time required to obtain responses from complainants and physicians, and the investigation requirements all affect the time required to resolve a complaint.

Complaints Resolved (CAC) in 2017 by Outcome



Dismissed Dismissed with direction
Caution or counsel Referred to tribunal
Referred to ADR

* Does not include the nine complaints that complainants withdrew after receiving the physician's response, or the three complaints resolved by the College Registrar.

2017

expresses the College's strong disapproval of the conduct or instructs that specific steps be taken to avoid repetition.

THE DISCIPLINARY PANEL

Two complaints were referred to the disciplinary panel in 2017. In any given year, the full disciplinary panel consists of a minimum of ten physicians appointed by the College Council and five public members appointed by government. The chair of the panel chooses three of its members (one non-physician and two physicians) to form a tribunal to preside over a hearing of a complaint.

TRIBUNAL HEARINGS

Generally, tribunal hearings are open to the public. In some cases, however, the proceedings might require the disclosure of personal matters, which could outweigh the desirability of holding an open hearing. The tribunal decides whether or not to close the proceedings when it receives an application for closure from one of the parties involved or another person affected by the case.

The tribunal hears information from both the College (on behalf of the complainant) and the physician against whom the complaint was made. The tribunal has the power to impose a fine, suspend a physician's licence, and apply other conditions or/and restrictions. One hearing relating to three complaints filed against a physician was held before an adjudication tribunal in November 2017.

When a hearing results in a finding against a physician, a summary of the tribunal's decision is posted to the College's website. The decision relating to the November 2017 hearing was posted in January 2018.

76 CAC WRITTEN DECISIONS
76% OF THE 76 WRITTEN DECISIONS WERE FOR CASES FILED IN 2016 OR 2017

14 MONTHS: MEDIAN TIME FOR COMPLAINT RESOLUTION

Looking ahead

- Developing a **Complaints & Discipline quarterly report** to be circulated to College members (January 2018).
- CAC members will attend a seminar—"Complaints Authorization Committee Fundamentals"—organized by the Health Regulators Network of NL, to **share perspectives with other health regulators** (February 2018).
- **Continued streamlining** and standardization of the complaints process.



FINANCE & OPERATIONS

FINANCE The College was fiscally prudent in 2017 and is in a stable financial position. The Finance and Compensation Committee met five times in 2017, continuing its work on both oversight of broad operational items as well as fiscal management. Three public and three physician members of Council sit on the committee.

The financial information presented here is in summary form. Full audited statements will be available on the College's website on June 19, 2018, after the Annual General Meeting on June 16.

OPERATIONS As part of the annual strategic and operational planning process (each September), the College mandate is reviewed and Council and staff provide input on the programs and services required for the coming twelve months.

In 2017, the College continued to implement operational efficiencies where necessary.

Operational activities included:

- developing and approving the 2018 Strategic Plan
- developing the 2018 Operational Plan
- continued implementation of the new membership management database solution (iMIS)
- reviewing and increasing the efficiency of key internal operational processes



Looking ahead

-
- The College will work with an external firm to **complete a partial business continuity/ disaster recover assessment** (begins Winter 2018).
 - Website improvements to enhance navigation and the user experience, for both College members and the public.

Summarized Statement of Financial Position As of December 31, 2017

	2017	2016	
ASSETS	Cash and cash equivalents	\$ 4,052,300	\$ 3,083,361
	Accounts receivable	107,485	49,723
	Equipment and leasehold improvements	936,828	999,381
	Investments	1,085,300	1,073,381
	\$ 6,181,913	\$ 5,205,846	
LIABILITIES	Accounts payable	\$ 83,513	\$ 118,730
	Deferred income	2,506,825	2,097,600
	Long-term debt	100,087	238,711
	Deferred lease inducements	72,171	80,189
	\$ 2,762,596	\$ 2,535,230	
NET ASSETS	Invested in capital assets	\$ 783,095	\$ 701,062
	Unrestricted and internally restricted	2,636,222	1,969,554
	\$ 3,419,317	\$ 2,670,616	
	\$ 6,181,913	\$ 5,205,846	

Summarized Statement of Revenue & Expenditures As of December 31, 2017

		2017	2016
REVENUE	Annual fees	\$ 2,664,779	\$ 2,725,286
	Professional corporation fees	138,025	130,722
	Registration and licensing fees	349,425	367,558
	Investment income	17,591	62,754
	Miscellaneous	277,600	116,711
	Rental income	94,500	94,500
		\$ 3,541,920	\$ 3,497,531
EXPENDITURES	Salaries and employee benefits	\$ 1,576,801	\$ 1,639,616
	Complaints and discipline	133,342	330,626
	Council and committees	129,819	128,450
	Occupancy	208,847	202,737
	Office and operational	626,584	483,156
	Amortization	117,826	104,391
		\$ 2,793,219	\$ 2,888,976
Excess of Revenues over Expenditures from Operations		\$ 748,701	\$ 608,555
Use of excess revenue over expenditures from operations			
FUNDS TRANSFERRED TO INTERNALLY RESTRICTED FUNDS	Operational Contingency	\$ 150,000	\$ 150,000
	Adjudication Tribunal Hearings	200,000	200,000
	College Infrastructure	150,000	-
	Loan Retirement	95,710	-
Excess of revenues		\$152,991	\$258,555

NOTE: The excess of revenue over expenditures (2017) will address the continued implementation of the College's new membership database, an Operational Contingency Fund, a Contingency Fund for Adjudication Tribunal Hearings, and a College Infrastructure Fund.

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 & SURGEONS OF NEWFOUNDLAND & 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;

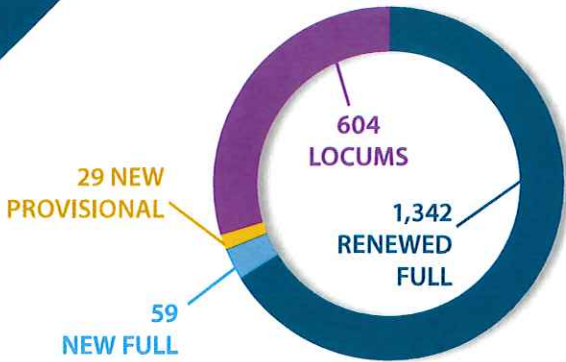
(b) the administration of a quality assurance program; and

(c) the enforcement of standards of conduct.”

As established by the *Medical Act, 2011*

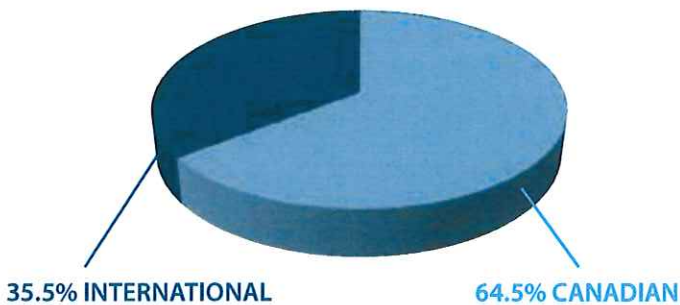
2017 AT A GLANCE

2,034 LICENCES ISSUED IN 2017



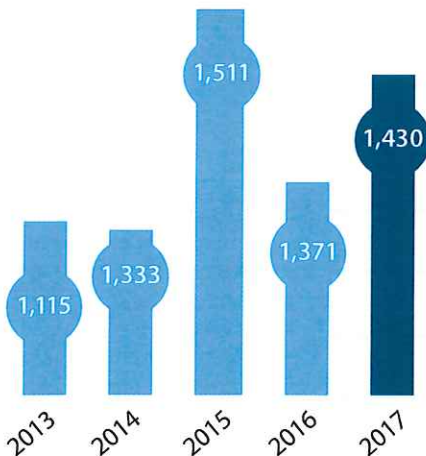
2017 LICENCES BY LOCATION OF MEDICAL DEGREE

* Totals do not include licences for locums

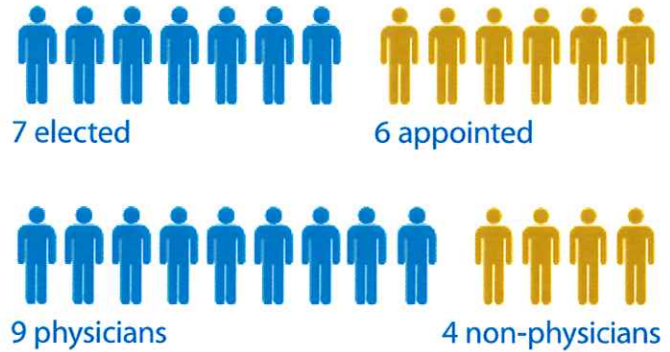


LICENCES: 5-YEAR TREND*

* Totals do not include licences for locums

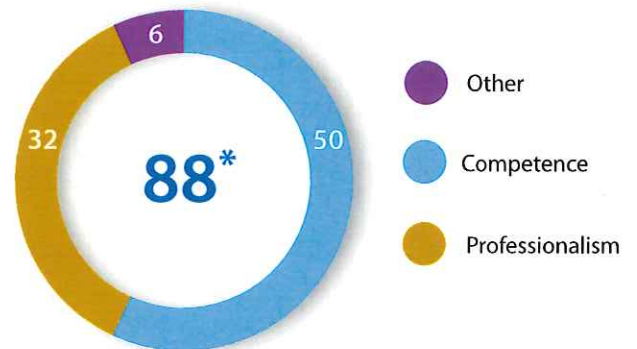


CPSNL COUNCIL MEMBERS

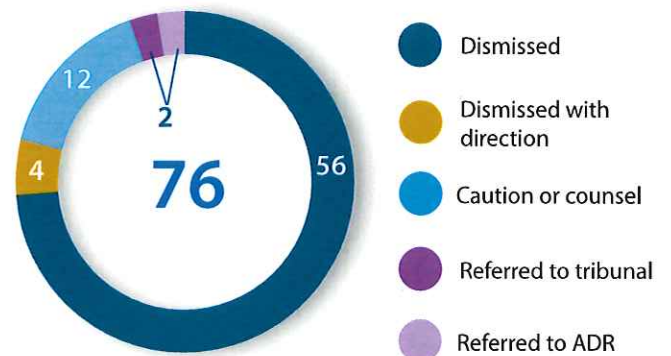


COMPLAINTS RECEIVED IN 2017 BY CATEGORY

* Complaints may be counted in more than one sub-category. No complaints about physician health were made in 2017.



COMPLAINTS RESOLVED (CAC) IN 2017 BY OUTCOME



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 2017, it licensed approximately 2,000 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 also Council members.



*Standards
Quality
Protection*



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