



ANNUAL REPORT 2018

*COLLEGE OF
PHYSICIANS & SURGEONS
OF NEWFOUNDLAND AND LABRADOR*

SPRING 2019



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*



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

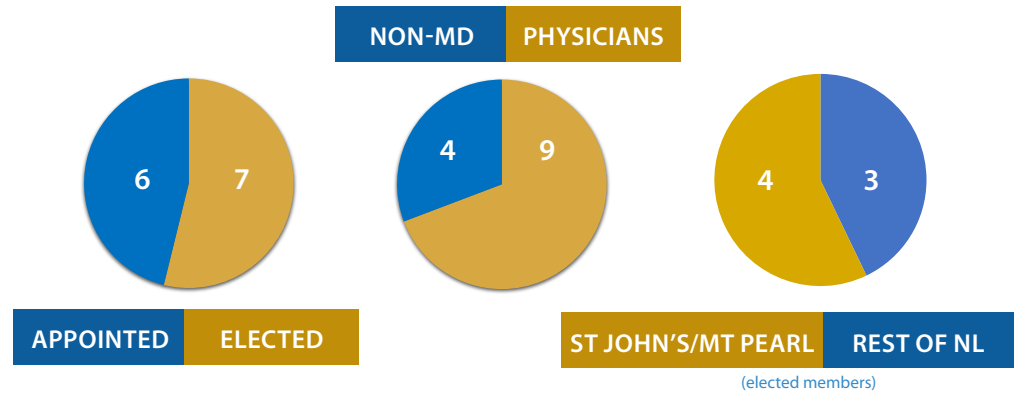
Editing, production: Sandy Newton

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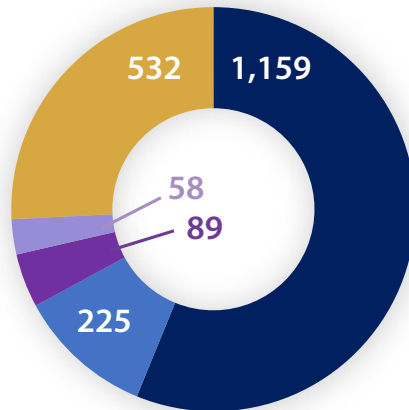
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STANDARDS • QUALITY • PROTECTION

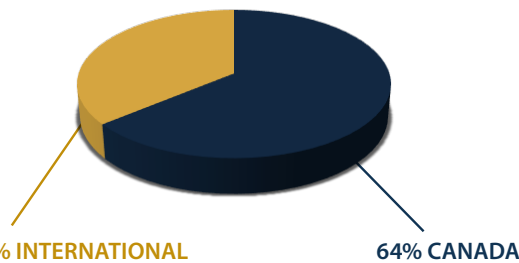
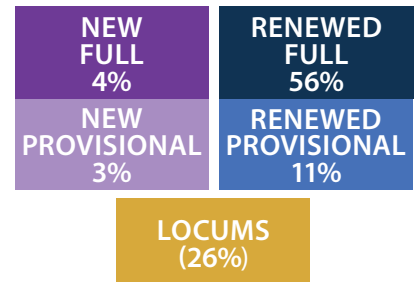
OUR COUNCIL



OUR MEMBERS



LICENCES ISSUED IN 2018 1,531 NEW & RENEWED



LICENCES ISSUED IN 2018 BY LOCATION OF MEDICAL DEGREE

* Totals do not include licences for locums

**FOUR NEW
STANDARDS OF PRACTICE
AND PRACTICE GUIDELINES**

1. **Conflict of Interest**
2. **Physician Use of Social Media**
3. **Medical/ Surgical Procedures in Non-Hospital Facilities**
4. **Duty to Report a Colleague**

62

**MEDICAL
PEER REVIEW
ASSESSMENTS
IN 2018**

94

**COMPLAINTS
RECEIVED**

18

**RESOLVED BY
REGISTRAR**

12

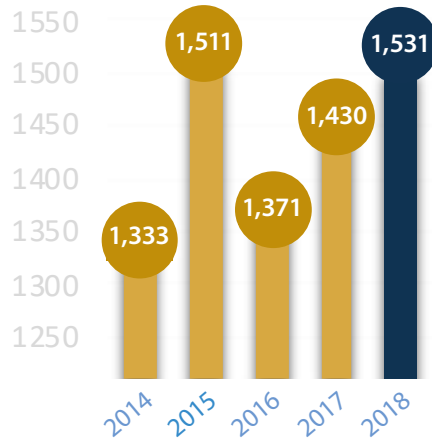
**CAC
MEETINGS**

CAC is the Complaints Authorization Committee, a committee of the CPSNL Council

68

**CAC
DECISIONS**

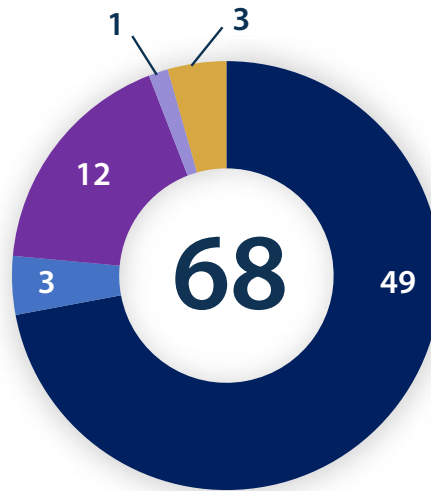
LICENCES: 5-YEAR TREND*



* Totals do not include licences for locums

**OUR
WORK**

**COMPLAINTS RESOLVED
IN 2018 BY OUTCOME**



12

**Median # of months
from complaint received
to final decision**

A MESSAGE FROM THE COUNCIL CHAIR



The College of Physicians and Surgeons of Newfoundland and Labrador was ambitious in the breadth of its endeavours in 2018. Through the regulation of the province's physicians, it accomplished much in its work to protect the public. I wish to recognize and thank the focussed, dedicated efforts of the

College staff and management teams and acknowledge with deep thanks the hard work of my College Council colleagues.

The College continues to devote considerable resources to determining how best to fulfill its mandate; we work to assure Newfoundlanders and Labradorians that we approach our task with our eyes set squarely on College values: fairness, quality of service, social responsibility, transparency, innovation, inclusivity, and diversity. This report outlines the details of work undertaken and accomplished in 2018. I encourage you to read it, reflect on the issues and responsibilities we face, consider our evolving regulatory challenges, and provide your own insights to us. We welcome your input.

In 2018, the Council was sorry to accept the resignation of Dr. Mohamed Ravalia, who was appointed in 2017. He resigned in the Fall in order to take up the duties of Canadian Senator. Our congratulatory best wishes and thanks are extended to Dr. Ravalia. We also offer congratulations to College Registrar Dr. Linda Inkpen, who was appointed as Chair of the Board of the Federation of Medical Regulatory Authorities of Canada (FMRAC). FMRAC is the national body to which all Colleges of Physicians and Surgeons in Canada belong. Its mission is "to advance medical regulation on behalf of the public through collaboration, common standards and best practices." Dr. Inkpen's role on its board both acknowledges the high standards being set in our own College's work, and allows us excellent insights into issues and best practices occurring nationally and internationally.

Ms. Gail Hamilton, a chartered professional accountant, sits on the board of directors for several public, private, and not-for-profit organizations. She was appointed to College Council in 2012 and is a former partner with KPMG.

A MESSAGE FROM THE COLLEGE REGISTRAR

Self-regulation is a privilege and honour and the College of Physicians and Surgeons of Newfoundland and Labrador values it highly. Through regularly scheduled activities, including annual reviews of our strategic plan and reviewing guiding principles/values, operations planning and budget preparation, the College works to identify the work we must do, the work we want to do—and any and all developing issues that will influence new work we must take on.

OUR CORE WORK

Newfoundland and Labrador's College is small, even by Canadian standards. We cannot benefit from economies of scale that larger Colleges take advantage of. We strive to meet national standards and programs, but our work is supported by fees collected from a relatively small member base. So what we have, we must manage well, and with solid financial stewardship. College fees are reviewed annually and compared with other Canadian medical regulatory colleges. In 2018, for the first time in four years, annual renewal fees for member licences increased (by \$100).

Licensing and registering physicians consume about a third of College time. College Quality programs and our Policy division develop and implement programs to support physicians working safely, competently, and in good health. Currently, here and across the country, questions about how to assess and address continuing physician competency are of hot interest.

In 2018, 94 complaints were received by the College. Thanks to efforts to improve our complaints processing, the College can now respond faster and more efficiently, as the Complaints section in this report outlines. In 2018, the College also laid solid foundations for new programs that will allow us to assure the public that physicians are continuing to practise safely and ethically. The goal is to develop and adopt a more preventative system of regulation: identifying competency and adverse behaviour issues—and correcting them—before disciplinary action is required.



The regulatory environment in which the College operates continues to change—and it is asking us to be more and more transparent.

2018 HIGHLIGHTS

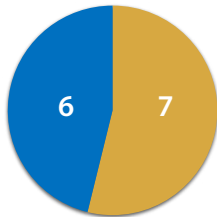
You'll find more information about all College core activities and special projects undertaken in 2018 in the following pages. I'd like to particularly point out these 2018 highlights:

- We welcomed our first Director of Quality, Brian Bennett.
- We refined a new Physician Assessment Training and Oversight program (PATO), to be operated through Memorial's Faculty of Medicine beginning in the fall of 2019 (see page 16).
- We developed a new approach to sponsorship and oversight of physicians with provisional licences, in collaboration with the province's regional health authorities (see page 13).
- We supported Memorial University in the development of a new, multi-source feedback pilot program that physicians can use to improve their professionalism, communications, and collaborative skills (see page 17).
- We continued to implement and refine the College's database system (iMIS), allowing us to leverage even further data management.
- We began work on a new, online Indigenous cultural awareness program for our physicians; it should be ready for physician access in 2019.
- We continued to identify interventions we can make to address the problems that prescription-drug abuse are causing. One essential tool in this effort is now operational: a real-time prescription drug monitoring program, which the College strongly supports and welcomes.

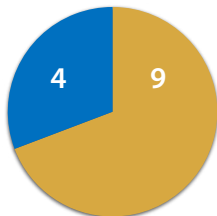
I would like to sincerely thank my colleagues in the College office for their enthusiasm, creativity, and plain old hard work. I extend much gratitude to College Council members for their support, wise counsel, and feedback. I am grateful for members of the public who engaged us throughout 2018, engendering constructive debate about College work. And I thank College members, whose insightful comments are greatly valued in all College work.

Dr. Linda Inkpen has been the Registrar of the College since September 2014. In 2018, she began a two-year term as the president of the Federation of Medical Regulatory Authorities of Canada (FMRAC).

COUNCIL & STAFF 2018



APPOINTED ELECTED



NON-MD PHYSICIANS

COLLEGE COUNCIL 2018

SEATED (L to R):

Council Vice-Chair, Dr. Peter Seviour
Council Chair, Ms. Gail Hamilton

STANDING (L to R):

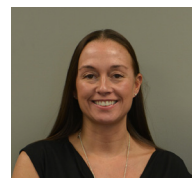
Mr. Allan Bradley
Dr. Linda Inkpen*
Dr. Elizabeth Bannister
Dr. Rebecca Rudofsky
Dr. Susan MacDonald
Mr. David Dove
Dr. Mohamed Ravalia
Mr. Morgan Cooper
Dr. Kevin Hogan
Dr. Robert Forsey
Dr. Oscar Howell*

* Non-voting members

ABSENT:



Dr. Carl Sparrow



Dr. Tracey Wentzell

OUR COUNCIL

APPOINTED MEMBERS

- Mr. Allan Bradley (Health and Community Services, HCS) PUBLIC
- Mr. David Dove (HCS) PUBLIC
- Ms. Gail Hamilton (HCS) PUBLIC
- Mr. Morgan Cooper (HCS / MUN)
- Dr. Susan MacDonald (HCS / NLMA)
- Dr. Mohamed Ravalía* (HCS / NLMA)

* Dr. Ravalía stepped down from Council and Committees upon his appointment to the Canadian Senate, September 2018.

ELECTED MEMBERS — ST. JOHN'S / MOUNT PEARL

- Dr. Elizabeth Bannister
- Dr. Kevin Hogan
- Dr. Rebecca Rudofsky
- Dr. Peter Seviour

ELECTED MEMBERS — REMAINDER OF NL

- Dr. Robert Forsey
- Dr. Carl Sparrow
- Dr. Tracey Wentzell

NON-VOTING MEMBERS

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



COLLEGE STAFF BY DEPARTMENT

- Finance
- Complaints
- Quality Assurance
- Administration
- Licensing

AUDITORS

Noseworthy Chapman

ADMINISTRATIVE ASSISTANT TO COUNCIL

Ms. Lorraine Phillips

COUNCIL COMMITTEES

COMPLAINTS AUTHORIZATION (CAC)

Chair / Dr. Oscar Howell

Vice-Chair / Dr. Peter Seviour

Mr. Allan Bradley PUBLIC

Mr. Morgan Cooper

Ms. Gail Hamilton PUBLIC

Dr. Kevin Hogan

Dr. Rebecca Rudofsky

Dr. Carl Sparrow

FINANCE & COMPENSATION

Chair / Ms. Gail Hamilton PUBLIC

Mr. Morgan Cooper

Dr. Kevin Hogan

Dr. Susan MacDonald

Dr. Peter Seviour

Dr. Tracey Wentzell

GOVERNANCE

Chair / Ms. Gail Hamilton PUBLIC

Mr. Allan Bradley PUBLIC

Dr. Kevin Hogan

Dr. Mohamed Ravalia*

COLLEGE MANAGEMENT TEAM

L to R:

Dr. Oscar Howell (Deputy Registrar)

Dr. Linda Inkpen (Registrar)

Ms. Elyse Bruce (Corporate Counsel;
Director of Complaints)

Mr. Jamie Osmond (Associate Registrar;
Director of Operations)

LICENSING

Chair / Ms. Gail Hamilton PUBLIC

Dr. Elizabeth Bannister

Dr. Robert Forsey

Dr. Susan MacDonald

Dr. Carl Sparrow

Dr. Mohamed Ravalia*

QUALITY ASSURANCE (QAC)

Chair / Dr. Elizabeth Bannister

Mr. David Dove PUBLIC

Dr. Robert Forsey

Dr. Susan MacDonald

Dr. Tracey Wentzell

Dr. Mohamed Ravalia*



COMMUNICATIONS & TRANSPARENCY

The College of Physicians and Surgeons **regulates the practice of medicine in the public interest**. To fulfill our mandate, it is critical that we develop—and continue to improve—not only what we do and how we do it, but how we communicate about our work. Internally, in all areas of endeavour, the College continues to ask: “How are we communicating this activity?”

COMMUNICATIONS CHECKUP

As the summary at right reflects, the College sent members various communications in 2018. Although we know that rates of “opening” are on par with elsewhere in the country, we need to be confident that all members are seeing, reading, and acting upon all that we must communicate. To assess our methods and determine areas for action or improvement, the College **commissioned an independent review of our methods of communication** with members in the fall of 2018. The project comprised both a comparative jurisdictional review and a survey of members. We look forward to implementing recommendations from the resulting report in 2019.

IMPROVING CPSNL.CA

In addition, much work was done in 2018 to improve the functionality of the College’s website—cpsnl.ca—for members of the public and for physicians. Details about specific improvements are noted throughout this report.

Communication works best when it goes both ways—we are all better communicators if we hone our listening skills. The College seeks member input specifically when developing or revising certain standards of practice and practice guidelines. But we encourage members of the public and physicians to be in touch about any College activity. Your input can help us do our work better.

It is a professional obligation for College members to read all College communications.

DECEMBER 2018 UPDATE

Highlights: 2018 Q4 Council Meeting

The College's fourth-quarter Council meeting was held on December 8 at the office of the Chartered Professional Accountants NL, in St. John's. Highlights of the meeting included:

- Welcome and congratulations to newly identified/declared members of Council, who will begin serving their terms on December 10 (see next page for details).
- Approval of the College's budget (\$3.75 million) for 2019.
- Review of reports on two new joint projects the College is undertaking (details below).
- Discussion of a new guideline for sponsoring provisionally licensed physicians developed in consultation with the Regional Health Authorities (see next page).
- Approval of a new Standard of Practice: "Dispensing of Medications by Physicians."
- Choosing the leadership of the 2019 College Council—Ms. Gail Hamilton as Chair and Dr. Elizabeth Bannister as Vice Chair—and committee members and chairs for the coming year. Committee details will be posted on caption.

The Council was also updated on work the College does to ensure that physicians in the province practice competently and safely throughout their medical careers. This endeavor and focus remains work priorities for the College.

LOOKING AHEAD: PHYSICIAN PERFORMANCE

PILOT PROJECT NL360+

CPSNL has given MUN Faculty of Medicine (Office of Professional Development) an educational grant to pilot "NL360+." This is a structured, in-depth, multi-source feedback process through which physicians gain insights into their performance as communicators, collaborators, and professionals—three key CanMEDs Principles. NL360+ will involve participants completing MCC (Medical Council of Canada) 360. It will also provide them with valuable peer-coaching to support the implementation of a personalized learning plan.

PROJECT PATO

At the same time, the College is participating—with MUN, NLMA, Regional Health Authorities, and the Department of Health & Community Services—in the introduction of a new program for physician assessment, training, and oversight (PATO) in the province, following the recommendations of the 2018 Task Force report. Leadership for the project has been appointed and physician intake is expected to begin in 2019.

FROM OUR OFFICE TO YOURS

Sincere best wishes to CPSNL members and their families for a safe and happy New Year.

The CPSNL office will be closed from December 25 to January 1, inclusive.

PLUS A FRIENDLY AND TIMELY REMINDER...

For the holiday season and year-round, it is recommended that practice medicine while impaired, no matter the source.

2019 JANUARY 15
Two major renewal deadlines: medical licenses & professional medical corporation licenses

FEBRUARY 15
Renewal deadline NLMA membership

Missing either the Jan. 15 or Feb. 15 deadline results in administrative fines and license action

MARCH 9
College Council meeting in St. John's at The Gathering Place

www.cpsnl.ca

4 College Updates

Standard of Practice: Dispensing of Medications by Physicians

A standard is the minimum standard of professional behaviour and ethical conduct on a specific issue expected by the College.

Dispensing of Medications by Physicians

Preamble

Dispensing of medications is an important component of medical care delivery which is typically performed by pharmacists. The Medical Act, 2011 contemplates limited circumstances in which a physician can dispense medications. This Standard of Practice sets out the College's expectations for physicians who dispense medications.

Standard of Practice

This standard of practice is applicable to physicians who dispense medication consistent with Section 78(3) of the Medical Act, 2011 (the "Medical Act").

Approval of the College

Physicians who propose to dispense medications as part of their practices must first obtain the approval of the College. To be approved, a physician must establish that the "services of a pharmacist are not readily available" to the satisfaction of the College.

Physicians can dispense medications in emergency situations without prior approval from the College. Physicians who dispense medications under such circumstances must report to the College as soon as practicable on the circumstances surrounding the dispensing of medication without prior approval.

Dispensing Standards

Physicians who dispense medications must employ dispensing standards of practice equal to those required of pharmacists. Applicable standards of practice are available from the Newfoundland and Labrador Pharmacy Board. These standards include, but are not limited to:

1. methods of procurement;
2. labeling of medication;
3. dispensing of medication;

25 Notices to Members

COMPLAINTS & DISCIPLINE UPDATE

The Medical Act, 2011, requires the College of Physicians & Surgeons of Newfoundland and Labrador (CPSNL) to accept and process all written complaints against physicians.

This UPDATE reports on the College's complaints and discipline activities for the first quarter of 2018. It provides summaries of cases in which a caution / counsel was issued by the Complaints Authorization Committee (CAC), a publicized settlement was reached through the Alternative Dispute Resolution process, or a finding was made by the Adjudication Tribunal.

JANUARY-MARCH 2018

CAC DECISIONS BY OUTCOME JAN.-MARCH 2018

WHAT ARE 'CAUTIONS' / 'COUNSELS'?

The Complaints Authorization Committee issues a caution or a counsel when it finds reasonable grounds to believe a physician engaged in "conduct deserving of sanction" (as defined in the Medical Act) but it has determined that a referral to a hearing was not warranted. Most cautions/counsels are issued for one of these reasons:

- Failing to maintain the expected standard of practice "such as to indicate gross negligence or reckless disregard for the health and well-being of the patient" (as per the CPSNL Code of Ethics)
- A breach of the CMA Code of Ethics, often in respect to communication
- Persistent or egregious conduct toward colleagues

Many complaints can be avoided through improved communication between physician and patient.

SUMMARY OF RECENT COMPLAINTS ACTIVITY

	Jan.-March 2018	Year to Date
Complaints received	28	23
CAC meetings	4	4
CAC decisions	20	20

January-March 2018 1/3

4 Complaints & Discipline Updates

COMPLAINT FORM

If you have concerns about an interaction with a doctor, please consider contacting him or her to discuss them.

If that approach does not help or fit the situation, you can:

1. Contact the College's Complaints Coordinator to discuss your next steps OR
2. Use this form to make a formal complaint.

The College reviews all complaints about doctors who practise medicine in Newfoundland and Labrador.

OUR COMPLAINTS PROCESS

1. We send the doctor a copy of your complaint form, and ask for a response.
2. We send you a copy of the doctor's response.
3. In some circumstances—and with your consent—the College Registrar tries to resolve the complaint.
4. If the Registrar does not resolve the complaint, it goes to the College's Complaints Authorization Committee. Committee members include both doctors and members of the public.
5. The Committee may appoint an investigator to contact people and institutions who have information about your complaint. This may include obtaining copies of personal health records.
6. The Committee reviews all relevant information and meets to discuss and act on your complaint. It makes you of its decision in writing.

The Committee has four choices of action:

- Dismiss the complaint, sometimes with direction to the doctor
- Caution or counsel the doctor about improvements needed
- Send the complaint to Alternative Dispute Resolution
- Instruct the College Registrar to refer the complaint to a hearing.

Questions about the complaints process? Contact the College's Complaints Coordinator: (709) 726-8546 complaints@cpsnl.ca

College of Physicians & Surgeons of Newfoundland and Labrador
120 Torbay Road, Suite W100 • St. John's, NL • A1B 2G8 • cpsnl.ca

New Complaints form developed

2018 COLLEGE COMMUNICATIONS

LICENSING

269

POSTGRAD
RESIDENTS
REGISTERED

504

CERTIFICATES OF
PROFESSIONAL
CONDUCT ISSUED

Licensing physicians to practise in this province is not simply a matter of collecting data and fees. It involves the serious tasks of reviewing physician credentials and experience, assessing them for compliance with provincial standards and national standards and guidelines, verifying references, and performing criminal record and vulnerable sector checks. The pie chart on the facing page indicates the breakdown of the 1,531 full and provisional licences issued by the College in 2018. In addition, locum licences were issued and medical students, postgraduate students and Professional Medical Corporations were registered.

ABOVE AND BEYOND

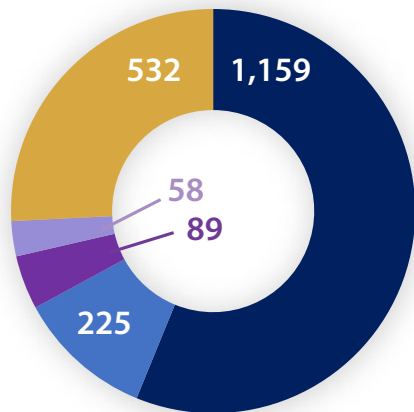
In addition to this ongoing regular work, the College took on **several large projects** in 2018. Two of these projects responded to government requests for proposals and were undertaken in partnership with other organizations.

First, using a LEAN methodology, the College led an assessment of current processes and guidelines for recruiting and licensing international medical graduates to practise medicine with one of the province's four regional health authorities. The work identified opportunities that may improve communication and timelines.

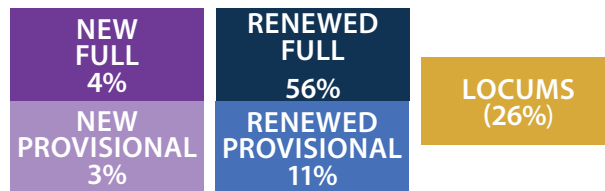
Second, funding was sought and granted to update the licensing application function on the College's website (cpsnl.ca), plus the addition of a new section specifically for international applicants. The goal was to add clarity and increase efficiency—for physicians and for College staff. As a result, physicians can now log in to their **secure individual portal** and determine where their application is in the licensing process.



L to R: Associate Registrar Jamie Osmond and Licensing Officer Tanya Drover



LICENCES ISSUED IN 2018: 1,531 NEW & RENEWED



LEFT HAND, RIGHT HAND

Another major operational project was launched in 2018, on which work continues. It involves an upgrade to the membership management database (iMIS) to allow the inclusion of physicians' **Canadian Medical Identification Number (MINC)** in their database records. When work is completed (and where appropriate permissions are in place), the College's system will be able to interface with the Medical Council of Canada's system, allowing the College to both input and retrieve MINC information. Moreover, the College will be able to issue MINC numbers when licensing physicians from outside the country.

WORKING FASTER, WORKING BETTER

Other efforts to improve efficiency in 2018 included increasing licensing staff from three to four (to decrease administrative processing time) and reviewing and refining the locum licensing process.

An unusually high amount of extra work was undertaken in 2018, which has resulted in efficiencies and streamlining in several aspects of the College's licensing work. This occurred partly because of one-time funding and partnering opportunities. By undertaking these projects, the College has improved its ability to efficiently handle its licensing responsibilities.

PROVISIONAL LICENCES EXAMINED

Working with the province's regional health authorities (RHAs), the College undertook a revision of the guidelines and business practices guiding the granting of provisional licences (and oversight of physicians practising with these licences).

We examined practices used elsewhere in the world. Proposed new guidelines were drafted, reviewed, revised—many times. The resulting new guidelines came into force in January 2019.

Through this work, sponsorship requirements have become more prescriptive and tightly linked to the RHAs. All physicians who do not qualify for a full licence require a sponsor, and that sponsor is responsible for physician orientation—which now takes place in the area in which the physician will practise.

STANDARDS OF PRACTICE & PRACTICE GUIDELINES

NEW

UPDATED

3

3

STANDARDS
OF PRACTICE

1

1

PRACTICE GUIDELINES

NEW STANDARDS
OF PRACTICE
AND PRACTICE
GUIDELINES 2018

- *Conflict of Interest (March)*
- *Physician Use of Social Media (March)*
- *Medical/ Surgical Procedures in Non-Hospital Facilities (June)*
- *Duty to Report a Colleague (September)*

An important way that the College **promotes high standards of medical practice in this province**—as our mandate dictates—is by creating and updating Practice Guidelines and must-follow Standards of Practice.

How do we determine what needs to be done? First, both the standards and the guidelines are on a five-year cycle of examination and (if needed) renewal. Only five remain to be examined since this process of regular review and renewal first began.

Areas requiring new standards and guidelines are determined by gap analysis and through jurisdictional review—what new standards and guidelines are other Canadian Colleges finding necessary? In addition, members may suggest areas for work, or needs become clear through the College’s complaints work.

MOVING WITH THE TIMES

In particular, two 2018 developments responded to the ways in which **our world is changing**. One is the new Standard of Practice concerning medical/surgical procedures in non-hospital facilities, the other is the new Practice Guideline on physician use of social media.

In addition to the new standards and guidelines noted above and at left, in 2018 the College also updated one Practice Guideline (methadone maintenance treatment) and three Standards of Practice (dispensing medication, prescribing, and withdrawing physician services during a job action).

Member input was (and will continue to be) sought on specific issues and topics when new and updated standards and guidelines are written and reviewed. In addition, the internal process of reviewing and revising Standards of Practice and Practice Guidelines was streamlined during 2018.

All standards and guidelines can—and should—be viewed on the College’s website.

QUALITY ASSURANCE

Most of the programs and initiatives the College undertakes to ensure that physicians in this province practise competently, safely, and in good health fall under the responsibility of its five-member Quality Assurance Committee (QAC) and related College staff. In 2018, quality assurance/quality improvement (QA/QI) work included continued and intensive review of existing programming and exploration of new opportunities to ensure that the College is fulfilling this responsibility effectively.



ASSESSING AND ADDRESSING RISK FACTORS

Several factors may influence a physician's practice. Generally, they are physician-related (number of years in practice, for example) or practice-related (patient volume). Studies show some factors can increase risks to quality practice and others are supportive of practice quality over time.

Since 2015, several Canadian medical regulatory authorities have been working together to compile evidence about the predictive reliability of practice risk and support factors as tools for use in supporting quality practice. A synthesis of research conducted to date was produced by the group in mid-2018. The goals of the work were to identify factors that would enable medical regulators to better focus their QA/QI efforts, and to create an environment in which physicians could more meaningfully engage in lifelong learning and maintenance of competence.

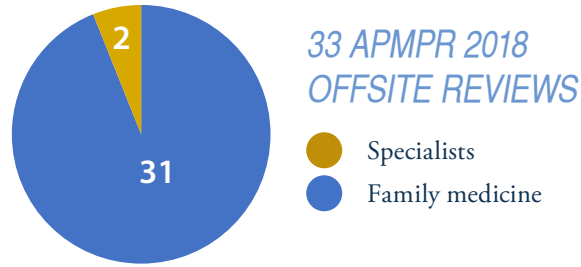
The College is currently evaluating options related to integrating factor-based concepts into its QA/QI programming. Our goal is to use an evidence-based and risk-informed approach to continuous practice improvement. This will enable us to direct physicians towards QA/QI interactions tailored to individual needs, assess physicians' practices at optimal intervals, and make QA/QI engagements more beneficial.

RISK FACTORS

Attributes that increase the risk of unacceptable practice

SUPPORT FACTORS

Attributes that are protective of quality practice



62
APMPR
ASSESSMENTS
IN 2018

IMPLICATIONS FOR APMPR

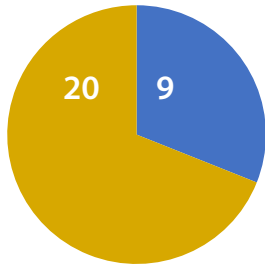
For many years, the College has executed some of its responsibility for quality assurance through the Atlantic Provinces Medical Peer Review (APMPR) program. In the spring of 2018, the provincial partners in this program undertook an **external review of how its peer-assessment reviews are conducted**, with a view to modernizing and improving the program. It is likely that integrating risk and support factors into this program will be a useful step in developing post-review responses specific to individual physicians’ identified needs, and better support physicians over time.

OVERSIGHT & TRAINING: FINDING THE BEST FIT

PATO
Physician
Assessment
Training
and
Oversight

In 2018, the College also participated extensively in the development of a **new program to be offered through Memorial University’s Office of Professional and Educational Development** in the Faculty of Medicine. As its name makes clear, the program—Physician Assessment, Training, and Oversight, or “PATO”—is designed to enhance physician assessment, training, and oversight. In addition, the program increases provincial capacity to conduct practice-ready assessments of international medical graduates entering practice in Newfoundland and Labrador—providing a way to transition from the current Clinical Skills Assessment and Training (CSAT) program. PATO currently has both a medical director and a manager; it should be fully operational in 2020.

The College’s goals for the PATO program included expanding which provisionally licensed physicians require oversight (to include specialists) and ensuring that its assessment and training components would be delivered by trained evaluators and instructors, such as the professionals in a medical school setting. In addition, the College wanted to be able to identify, for physicians returning to practice after an absence, specifically where their required retraining could be obtained to satisfy licensing requirements.



29 APMPR 2018
ONSITE REVIEWS

- Specialists
- Family medicine

22

PASS

7

REASSESS

In 2018, a task force of representatives from the College, the regional health authorities, the Department of Health and Community Services, the NLMA, and MUN’s Faculty of Medicine produced a report on key issues relevant to operating the PATO program. The College continues to actively support the program team and sits on the committee overseeing its ongoing development. The CSAT program enrolled another cohort early in 2019, continuing in its current form until PATO is operational.

6

QAC MEETINGS
IN 2018

INTRODUCING NL360+

In 2018, the College also collaborated with MUN’s Office of Professional and Educational Development (School of Medicine) to develop another new assessment tool: the **NL360+ multi-source feedback program**. The program comprises a set of questionnaires to be sent to physicians’ medical colleagues, non-physician co-workers, and patients; it reflects current team-based approaches to care.

The focus of the questionnaires is physicians’ non-clinical competencies, such as those in the CanMEDS Competency Framework. These necessary skills include communication, collaboration, and professionalism. The objective of the multi-source approach is to gather perspectives on physicians’ competencies in these important areas and feed back the findings to physicians.

Work on the development, piloting, and evaluation of the NL360+ program began in October 2018 and will continue to August 2020.



*Director of Quality Brian Bennett
joined College staff in
September 2018.*

COMPLAINTS & DISCIPLINE

One of the College’s key responsibilities is to respond to, investigate (when needed), and resolve all complaints brought to our attention—and do it fairly, professionally, and efficiently. The College received 94 complaints about physicians in 2018, which continues the slight upward trend of previous years.

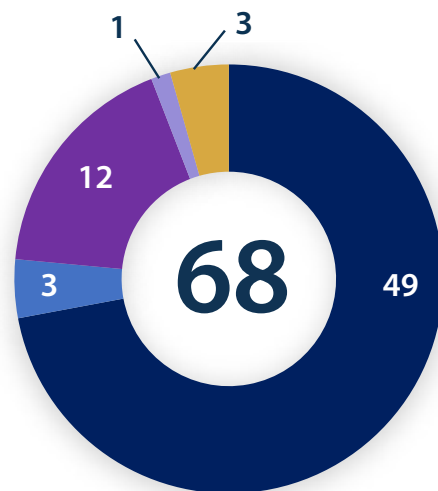
IMPROVING EFFICIENCY AND COMMUNICATION

12

Median # of months from complaint received to final decision

Several steps were taken in 2018 to improve how the College makes available information about the complaints and discipline process. The College website was updated to reflect the information in the print brochure prepared for the public in 2017. The form that complainants complete to initiate a complaint was updated. The goal was to make it simpler and clearer for the public to use, and to more effectively collect the information that both the physician named and the College need to understand the nature of the complaint. We also increased how often we communicate to those involved in a particular complaint where their complaint is in process. In addition, the College also developed a survey in 2018, which is now given to all who have been involved in the complaints process through to resolution. We’ll use the input collected to continue to refine and improve the process.

COMPLAINTS RESOLVED IN 2018 BY OUTCOME



Information about the steps in the College's complaints process are at cpsnl.ca.

TAKING IT PUBLIC . . .

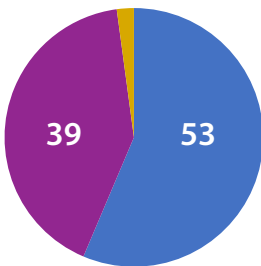
The College developed a new bylaw in 2018—“**Publication of Adjudication Tribunal Findings and Proceedings**”—to clarify what may and should be disclosed about complaints that are referred to its formal Tribunal process. The goal of the change is to both increase transparency about the complaints process and to guide those involved in making decisions about communications. Like all College bylaws, it can be viewed at cpsnl.ca.



L to R: Darlene Manning (Complaints Coordinator), Ella Reardon (Clinical Investigator) and Elyse Bruce (Director of Complaints)

. . . AND FOR HOW LONG?

Amendments to Bylaw 4, “**Medical Registers**” (which were approved in March, implemented in June 2018) also outlined that any counsels/cautions given as a result of complaints investigations will appear on a physician’s public record for a period of three years, going forward. Implementation involved adding the category “regulatory actions” to member profiles on the College’s database.



2018 COMPLAINTS RECEIVED BY TYPE

- Competence
- Professionalism
- Boundary violations - 2

94

COMPLAINTS RECEIVED

18

RESOLVED BY REGISTRAR

12

CAC MEETINGS

68

CAC DECISIONS

CAC is the Complaints Authorization Committee, a committee of the CPSNL Council

FINANCE & OPERATIONS

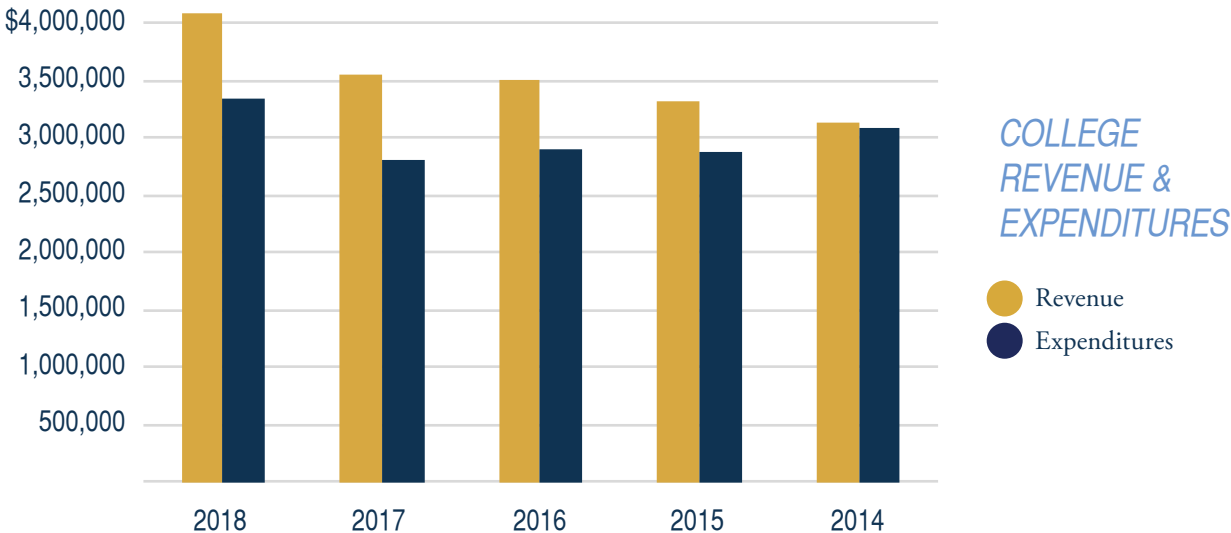
FINANCE

The College was fiscally prudent in 2018 and is in a stable financial position. The Finance and Compensation Committee met eight times during the year, continuing its work on both oversight of broad operational items as well as fiscal management. Three public and/or appointed members and three physician members of Council sat on the committee.

The financial information presented on pages 22 and 23 are in summary form. Full audited statements will be available upon request following their presentation at the Annual General Meeting on June 15, 2019.

OPERATIONS

Generally speaking, programs and services are planned yearly as part of the College's strategic and operational planning process each September. In 2018, the projected plan was adapted to accommodate one-time funding



*L to R:
Clinton Lee
(Director of Finance)
Jamie Osmond
(Director of Operations)
Natasha Denty
(Accounting and
Operations Coordinator)*



opportunities that arose during the year. Some of these projects have been outlined in this report (see the Licensing section, for example). In addition, the College undertook several operations projects:

- **Information Security Threat and Risk Assessment:** The College initiated a security assessment audit to determine if its internal use of technology and software was adequately secure. The audit focused on risk assessment for external threats and network vulnerability. The resulting report provided several suggestions and determined that generally the College was compliant with current security best practices and has processes in place to continue our focus on data protection.
- **Compliance with security standards for payment cards:** Because the College receives payments by credit card, we must ensure we are payment card industry (PCI) compliant. Throughout 2018, the College implemented additional security measures to ensure the safety of member information. The College continues to monitor and review the Payment Card Industry Data Security Standards (PCI DSS).
- **Going paperless, part two:** Further to efforts to use electronic communication rather than paper, in 2018 the College initiated a pilot project in its Licensing Division to move toward electronic documentation of applications and documents. This involved implementing new information management processes for scanning and retention/destruction of paper documents. The work and implementation will continue into 2019.
- **Tidying our own house:** Internal operational processes and practices received two additional boosts in 2018. College policies, procedures, and orientation practices for new staff were refined and consolidated into a single manual. In addition, a consultant reviewed the College's approach to compensation and benefits. The resulting report was presented in 2018; the College was found to be following best practices and compensation generally aligned with industry standards.

*SUMMARIZED STATEMENT OF FINANCIAL POSITION
AS OF DECEMBER 31, 2018*

		<i>2018</i>	<i>2017</i>
ASSETS	Cash and cash equivalents	\$ 5,036,947	\$ 4,052,300
	Accounts receivable	120,547	107,485
	Equipment and leasehold improvements	920,272	936,828
	Investments	1,031,963	1,085,300
		\$ 7,109,729	\$ 6,181,913
LIABILITIES	Accounts payable	\$ 288,405	\$ 83,513
	Deferred income	2,598,735	2,506,825
	Long-term debt	–	100,087
	Deferred lease inducements	64,153	72,171
	\$ 2,951,293	\$ 2,762,596	
NET ASSETS	Invested in capital assets	\$ 872,587	\$ 783,095
	Unrestricted and internally restricted	3,285,849	2,636,222
	\$ 4,158,436	\$ 3,419,317	
	\$ 7,109,729	\$ 6,181,913	

SUMMARIZED STATEMENT OF REVENUE & EXPENDITURES
AS OF DECEMBER 31, 2018

		<i>2018</i>	<i>2017</i>
REVENUE	Annual fees	\$ 3,043,805	\$ 2,664,779
	Professional corporation fees	173,150	138,025
	Registration and licensing fees	355,525	349,425
	Investment income	(40,692)	17,591
	Miscellaneous	230,519	277,600
	Joint Funded Projects	215,718	-
	Rental income	94,500	94,500
		<i>\$ 4,072,525</i>	<i>\$ 3,541,920</i>
EXPENDITURES	Salaries and employee benefits	\$ 1,601,373	\$ 1,576,801
	Complaints and discipline	130,641	133,342
	Council and committees	132,771	129,819
	Occupancy	223,882	208,847
	Office and operational	897,061	626,584
	Joint Funded Projects	215,718	-
	Amortization	131,960	117,826
		<i>\$ 3,333,406</i>	<i>\$ 2,793,219</i>
Excess of Revenues over Expenditures from Operations		<i>\$ 739,119</i>	<i>\$748,701</i>
Use of excess revenue over expenditures from operations			
FUNDS TRANSFERRED TO INTERNALLY RESTRICTED FUNDS	Operational Contingency	\$ 100,000	\$ 150,000
	Adjudication Tribunal Hearings	-	200,000
	College Infrastructure	300,000	150,000
	QA/QI Development	200,000	-
	Loan Retirement	-	95,710
Excess of revenues		<i>\$ 139,119</i>	<i>\$ 152,991</i>

NOTE: The excess of revenue over expenditures (2018) will assist the College in providing resources for the future for the Operational Contingency Fund, the College Infrastructure Fund, and a new QA/QI Development Fund.

LOOKING AHEAD

What's on the College's radar for 2019? Here are a few of the things we are working on:



- *Implementing the recommendations of the special report on communication with members*
- *Introducing our program for Indigenous cultural awareness*
- *Improving communications to complainants and physicians, based on input from surveys*
- *Furthering the development of PATO*
- *Assessing information provided by NL 360+ testing*
- *Incorporating physician risk and support factors into College quality assurance and improvement programs*
- *Upgrading our iMIS database*
- *Undertaking leasehold improvements to reconfigure College workspaces to improve efficiencies*
- *Deepening our analysis of complaints case management to better assess larger forces affecting physician behaviour and to improve internal effectiveness and efficiencies*



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 2018, it licensed approximately 2,000 full-time and locum physicians. Through licensing and registration of physicians, as well as its additional core activities—complaints investigation and the provision of Quality Assurance programs—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, who are both licensed medical practitioners, are also Council members.

ORIGINAL POWERS OF THE NEWFOUNDLAND MEDICAL BOARD

As established by the Newfoundland Medical Act, 1893

“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.”

STANDARDS • QUALITY • PROTECTION



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