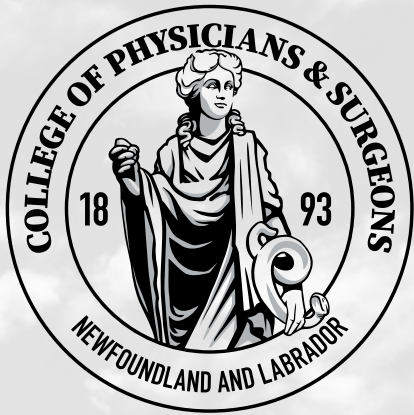


2019 ANNUAL REPORT



COLLEGE OF
PHYSICIANS & SURGEONS
OF NEWFOUNDLAND AND LABRADOR

SPRING 2020



**Trusted quality
medical care
in the public interest
through the
effective regulation
of medical doctors.**

MANDATE

Section 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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Through effective regulation

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2019 HIGHLIGHTS

1,406

MEDICAL
LICENCES
RENEWED

150

NEW MEDICAL
LICENCES
ISSUED

592

LOCUM
LICENCES
ISSUED

COMMUNICATING

- The College began work with the St. John's firm Upstream to improve and update cpsnl.ca
- The College held a conference with stakeholders to explain our licensing processes
- We began implementing the recommendations of a special report on the College's communications with members
- Improved how—and how often—we reported to physicians and others involved in a complaints process

QUALITY MEDICAL CARE

- The College introduced the Practice Ready Assessment (PRA) component of Memorial University's new Physician Assessment, Training, and Oversight (PATO) program
- We readied our new Physician Peer Review Newfoundland and Labrador (PPR-NL) program for planned pilot testing in Winter 2020
- We adopted a more strategic, data-driven approach to our quality assurance and quality improvement programs



90

COMPLAINTS
CLOSED

74

COMPLAINT
DECISIONS

WORKING EFFICIENTLY

- Ongoing review and revision of licensing procedures
- Many Information Management tasks necessary for the College's shift to electronic records and documents were accomplished
- We undertook leasehold improvements, achieving reconfigured College workspaces to improve efficiency and support College finances

IN THE PUBLIC INTEREST

- Based on survey input and to improve College efficiency and effectiveness, we adapted our process for handling complaints about physicians
- We established a new Public Engagement Committee of Council
- With MUN, we continued to develop a new program for Indigenous cultural awareness

A MESSAGE FROM THE COLLEGE

The College of Physicians and Surgeons of Newfoundland and Labrador is responsible for providing trusted medical care in the public interest through the regulation of medical doctors in this province. The primary activities of “regulation” include licensing qualified physicians, creating programs that will help ensure they practise to the highest standards possible, and dealing with complaints when issues about physician behaviour or performance arise. This report outlines the College’s activities in 2019, as we strove to meet our important responsibilities.

Licensing and registering physicians continued to consume about a third of College time. Licensing processes must be efficient, effective, consistent, and transparent. It is, perhaps, the most important function among the mandates for medical regulatory authorities.

To ensure that licensed physicians practise well throughout their careers, medical regulators must be aware of doctors’ knowledge, skills, experiences, attitudes, values, and behaviours. This awareness allows us to identify, assess, and proactively

A FEW WORDS ABOUT GOVERNANCE

The medical profession in Newfoundland and Labrador, as elsewhere in Canada, is self-regulating. The *Medical Act, 2011* spells out the duties expected of the College and, in tandem with the related Medical Regulations, gives direction on how we should deliver on our mandate.

We are well aware that professional self-regulation is a privilege, one that is under close scrutiny nationally and beyond our borders. This is why the College continues to devote considerable resources to determine how best to assure Newfoundlanders and Labradorians that we attend to our College values of fairness, quality of service, social responsibility, transparency, innovation, inclusivity and diversity.

To these ends, the College *Governance Manual* undergoes continual review and revision. The College also established, in December 2019, a Public Engagement Committee of Council tasked with determining how the College can better incorporate meaningful public engagement in its work.

remediate physicians' actions that do not meet professional standards.

In 2019, we worked hard to develop new quality assurance programs that will help NL physicians improve professional competencies through feedback and self-correction. Our new approach relies on evidence-based standards, which are gaining momentum nationally and internationally in the regulatory community. It has the potential to move us toward a more preventive system of regulation—where competency and adverse practice issues are detected and corrected before they require disciplinary action.

Dealing with complaints and discipline remains a prime responsibility, however. A commitment to fair and equitable resolution for both complainants and physicians is an important College strategy and objective. We are pleased to report that the efficiency of the College's discipline processes continues to improve.

In 2019, we once again identified the work we must do through regularly scheduled reviews of the College's strategic plan and our guiding principles/values, as well as

Ms. Gail Hamilton
CPSNL COUNCIL CHAIR



Dr. Linda Inkpen
CPSNL REGISTRAR



during the updating of our operations plan and budget. Input from the College Council, our members, and the public also informed our actions.

In addition, we kept an eye on developing issues that could influence new work we may want or need to take on. Streamlining licensing across Canada, for example, continues to receive our time and attention, and we continued working with others to harmonize certain medical regulatory processes in Atlantic Canada in 2019.

The College uses solid processes, but our rapidly changing and complex world always provides new challenges and work. We note that, in the Canadian context, our College is small—we cannot benefit from economies of scale that larger Colleges can. Our work is supported by fees collected from a relatively small number of physicians—who have their own real challenges to meet.

We are very aware that we must manage the resources we do have wisely and with solid financial stewardship, in our efforts to meet national standards and deliver effective programs.

2019 COLLEGE COUNCIL



1 / PUBLIC



2 / PUBLIC



4 / NLMA



5 / NLMA

APPOINTED MEMBERS

1. Ms. Gail Hamilton (CHAIR)
2. Mr. Allan Bradley
3. Mr. Dave Dove
4. Dr. Tony Gabriel (JOINED AUGUST 2019)
5. Dr. Susan MacDonald
6. Mr. Morgan Cooper (RESIGNED JUNE 2019)

PHOTO
UNAVAILABLE

3 / PUBLIC

PHOTO
UNAVAILABLE

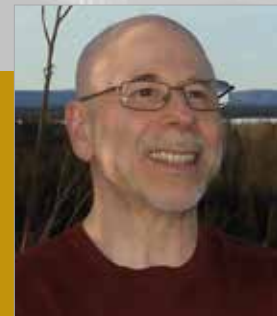
6 / MUN

ELECTED MEMBERS

1. Dr. Elizabeth Bannister (VICE-CHAIR)
2. Dr. Robert Forsey
3. Dr. Amir Gammal
4. Dr. Kevin Hogan
5. Dr. Rebecca Rudofsky
6. Dr. Carl Sparrow
7. Dr. Tracey Wentzel



1 / ST. J/MOUNT PEARL



2 / REST OF NL



4 / ST. J/MOUNT PEARL



5 / ST. J/MOUNT PEARL

NON-VOTING MEMBERS

Dr. Linda Inkpen
(CPSNL REGISTRAR)



Dr. Oscar Howell
(CPSNL DEPUTY REGISTRAR)



PHOTO
UNAVAILABLE

3 / ST. J/MOUNT PEARL



6 / REST OF NL



7 / REST OF NL

THE CPSNL COUNCIL

The College of Physicians and Surgeons of Newfoundland and Labrador is governed by a 15-person Council, whose members include physicians (elected and appointed) and representatives of the public from across the province.

Council members are elected or appointed on a regular schedule. Dr. Tony Gabriel was the only member to join the Council in 2019.

COUNCIL COMMITTEES, 2019

QAC – QUALITY ASSURANCE

Elizabeth Bannister (CHAIR)
Morgan Cooper*
Dave Dove
Amir Gammal
Susan MacDonald
Carl Sparrow
Tracey Wentzell

LICENSING

Gail Hamilton (CHAIR)
Elizabeth Bannister
Amir Gammal
Susan MacDonald
Carl Sparrow

GOVERNANCE

Gail Hamilton (CHAIR)
Allan Bradley
Robert Forsey
Kevin Hogan

*Morgan Cooper left Council in June 2019

CAC – COMPLAINTS AUTHORIZATION

Oscar Howell (CHAIR)
Allan Bradley (VICE-CHAIR)
Robert Forsey
Tony Gabriel
Amir Gammal
Gail Hamilton
Kevin Hogan
Rebecca Rudofsky

FINANCE & COMPENSATION

Gail Hamilton (CHAIR)
Kevin Hogan
Susan MacDonald
Tracey Wentzell

PUBLIC ENGAGEMENT

Allan Bradley (CHAIR)
Dave Dove
Gail Hamilton
Rebecca Rudofsky
Tracey Wentzell

COLLEGE STAFF



MANAGEMENT TEAM

CLOCKWISE FROM TOP LEFT

Linda Inkpen (REGISTRAR)

Oscar Howell (DEPUTY REGISTRAR)

Elyse Bruce (CORPORATE COUNSEL, COMPLAINTS DIRECTOR)

Jamie Osmond (ASSOCIATE REGISTRAR, OPERATIONS DIRECTOR)

AUDITORS

Noseworthy
Chapman

ADMINISTRATIVE ASSISTANT TO COUNCIL

Lorraine Phillips

COLLEGE STAFF BY DEPARTMENT



- 4 LICENSING
- 2 FINANCE
- 2 COMPLAINTS
- 2 QUALITY ASSURANCE
- 2 ADMINISTRATION

*Not all positions are full time. Some staff members are assigned to more than one department.

COMMUNICATIONS & TRANSPARENCY

Communication and transparency are two of the seven guiding principles officially espoused by the College of Physicians and Surgeons NL. These principles direct us to assess and implement opportunities for communication plans in all our work, and embrace principles of transparency in all we do, while balancing our commitment to share information with the need for protection and privacy.

4 REGISTRAR UPDATES

23 NOTICES TO COLLEGE MEMBERS

1 COMPLAINTS BULLETIN

Communications and transparency are critical to establishing, building, and safeguarding public trust in the work that the College is mandated to do.

In 2019, our communication and transparency efforts included:

- Beginning a major update of our website, to improve both its behind-the-scenes functionality and its user friendliness
- Maintaining our regular communications outreach (outlined at left) to provide members with timely information requiring their attention
- Working with a consultant to survey members about our regular communications efforts and identify areas for improvement
- Improving the clarity and frequency of our communications with those involved in our licensing and complaints work
- Creating a Public Engagement Committee of Council, to seek new ways to involve and inform the public about the regulatory work we do on its behalf

STANDARDS & GUIDELINES

Trusted quality medical care
in the public interest through the effective
regulation of medical doctors.

1 NEW STANDARD OF PRACTICE

1 UPDATED PRACTICE GUIDELINE

CONSENT TO TREATMENT

The College introduced a **new Standard of Practice** for obtaining patient consent for treatment in June 2019.

Physicians have an ethical—and a legal—obligation to make sure their patients understand proposed treatments. Patients must provide their consent before these treatments are provided.

INDEPENDENT MEDICAL EXAMS (IMEs)

The **Practice Guideline updated in 2019** provides guidance to physicians who perform IMEs. It outlines the College's expectation of physicians conducting an IME (or preparing an IME report): they should adhere to the same standards of practice and professionalism as physicians who provide patient care.

One of the important ways that the College promotes high standards of medical practice in this province is by creating Standards of Practice that licensed physicians *must* follow, and Practice Guidelines outlining recommended practices they *should* adopt.

All Standards and Guidelines are reviewed on a five-year cycle of examination and, when needed, updated and renewed after their review.

Over time, new Standards and Guidelines are added. The College chooses which areas of medical practice require a new Standard or Guideline by doing gap analyses and jurisdictional reviews. For example, we determine which new standards and guidelines other Canadian Colleges are finding necessary. Often, input from College members on specific topics is solicited.

Members can also suggest areas that require guidance. Needs may become clear through the College's complaints work, as well.

All Standards and Guidelines are posted on cpsnl.ca, the College's website.

QUALITY ASSURANCE

Quality
Assurance
Committee
(QAC)

Trusted quality medical care
in the public interest through
the effective regulation of medical doctors.

The College's quality assurance efforts support the province's physicians in providing quality care throughout their careers.

The College administers programs that help physicians remain competent and up-to-date in their practices. We also support them in their ability to fulfill the duties and obligations outlined in the College's Code of Ethics, as well as its Standards of Practice and Practice Guidelines. In order to be of the greatest benefit to both physicians and patients, the College's approach to quality assurance is both collaborative and remedial.

In 2019, the College made significant efforts in several program areas to adopt a more strategic, data-driven approach to providing support to physicians. This work—overseen by the College's Quality Assurance Committee (QAC)—was aimed at ensuring that physicians in Newfoundland and Labrador are able to deliver the best possible care to patients.

PEER REVIEW: PPR-NL

The College's mandate includes administering a program of physician peer assessment. In 2019, we began to develop a new peer-review program: Physician Peer Review Newfoundland and Labrador (PPR-NL).

PPR-NL was designed to identify physicians' practice-improvement needs, then focus efforts to address them in ways that can be tailored to individual circumstances. Significantly, the PPR-NL peer-review process will enable the College to connect with more physicians, more regularly. Its goal is to create the most favourable program conditions for ensuring success at all stages of their careers.

Under the new program, peer reviewers will assess physicians' practices—including chart reviews and practice visits—to ensure that they adhere to established standards. Peer reviewers will also help physicians reflect on their own practices so that they can identify their own learning needs and opportunities.

“The College’s quality assurance programs help physicians remain competent and up-to-date in their practices.”

WHAT DO WE MEAN BY “QUALITY”?

The goal of peer assessment is both to ensure physicians meet a standard level of practice (“quality assurance” or QA) and to identify potential areas for improving practices already meeting or exceeding standards (“quality improvement” or QI).

- **Quality assurance** involves objective, systematic processes (such as physician peer assessments) to ensure that predefined standards are being met
- **Quality improvement** involves understanding current level of quality, identifying gaps between actual and expected quality, and introducing changes in practice for measurable results

Quality assurance and improvement efforts are mutually reinforcing.

WHAT DOES THE QAC DO?

The College’s Quality Assurance Committee performs several regulatory functions, with an explicit focus on patient safety and the equitable treatment of licensed physicians in Newfoundland and Labrador. Specifically, the QAC will:

- Conduct quality assurance reviews in response to concerns about licensed physicians
- Provide oversight when a physical or mental health disorder may be impairing the ability of a physician to practise safely and effectively
- Design and administer policies and programs that support the College’s quality assurance responsibilities

**“Our programs help ensure
that physicians in this province are able
to deliver the best possible care to patients.”**



Brian Bennett
(DIRECTOR OF QUALITY)

6 QAC MEETINGS IN 2019

**6 PPR-NL STEERING COMMITTEE
MEETINGS IN 2019**

Additionally, reviewers will provide specific, structured feedback that will support physicians’ continuing professional development efforts.

The PPR-NL project began a piloting phase in early 2020; a launch of the program is anticipated in 2021.

NEW TRAINING & OVERSIGHT EFFORTS

Quality assurance also involves ensuring that physicians new to the province or returning to work have skills that meet current standards. In 2019, the College continued its work with Memorial University’s Faculty of Medicine to establish programs that will help these physicians update their knowledge and performance, as needed. A period of oversight is required for all physicians granted provisional licences by the College—and this, too, can identify training needs.

In 2019, the College worked with the regional health authorities and Memorial University to establish a new protocol for administering both of these responsibilities, with first training modules scheduled for 2020.

Complaints
Authorization
Committee
(CAC)
Discipline
Panel

COMPLAINTS & DISCIPLINE

Trusted quality medical care
in the public interest
through the effective regulation
of medical doctors.

- 90 COMPLAINTS CLOSED, 2019
- 77 COMPLAINTS RECEIVED, 2019
- 94 COMPLAINTS RECEIVED, 2018
- 16 RESOLVED at INITIAL STAGE
- 14 MEDIAN # MONTHS TO RESOLUTION
- 12 CAC MEETINGS, 2019

COMPLAINTS RECEIVED IN 2019, by TYPE

- 30 COMPETENCE
- 45 PROFESSIONALISM
- 2 BOUNDARY VIOLATION

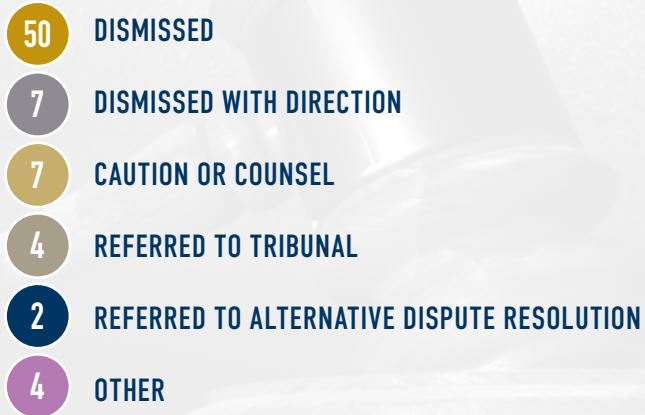
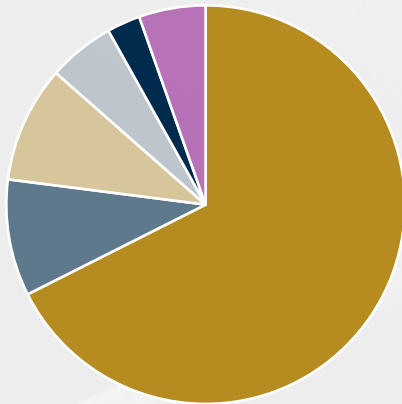
As the body that licenses physicians in this province, the College must also receive complaints raised about doctors practising here. Our goal is to resolve all complaints we receive as fairly, professionally, and efficiently as possible.

In 2019, 77 complaints were brought to our attention by members of the public and the medical community, more than a dozen fewer than in 2018. Some were resolved soon after they were received. The rest were channelled into the College's complaints and discipline processes.

IMPROVING A DIFFICULT PROCESS

Pursuing a complaint is a serious matter for both complainant and physician. Knowing this, the College is always searching for ways to make the process easier for all. To this end, in 2019, we hired Rebecca Lethbridge as a full-time investigator/paralegal. Her work allows us to process files more quickly. In addition, when participants agree, we now communicate electronically, which is much faster than using registered mail. We also

74 COMPLAINT RESOLUTIONS, 2019, by TYPE



Elyse Bruce
(CORPORATE COUNSEL)



Rebecca Lethbridge
(INVESTIGATOR /
PARALEGAL)



Darlene Manning
(COMPLAINTS
COORDINATOR)



schedule regular updates for all complaints, so those involved have a clearer idea of where they are in the process.

UPDATING OUR CODE OF ETHICS

The College's By-Law 5: Code of Ethics was updated in 2019. It defines such key terms as "professional misconduct," "professional incompetence," and "conduct unbecoming a medical practitioner"—matters critical to evaluating complaints. It also defines specific actions and behaviours that contravene the Code of Ethics.

By-Law 5 also advises physicians of their responsibility to follow the Canadian Medical Association (CMA) Code of Ethics and Professionalism, to which the College adheres. The CMA Code provides a common ethical framework for all physicians in Canada.

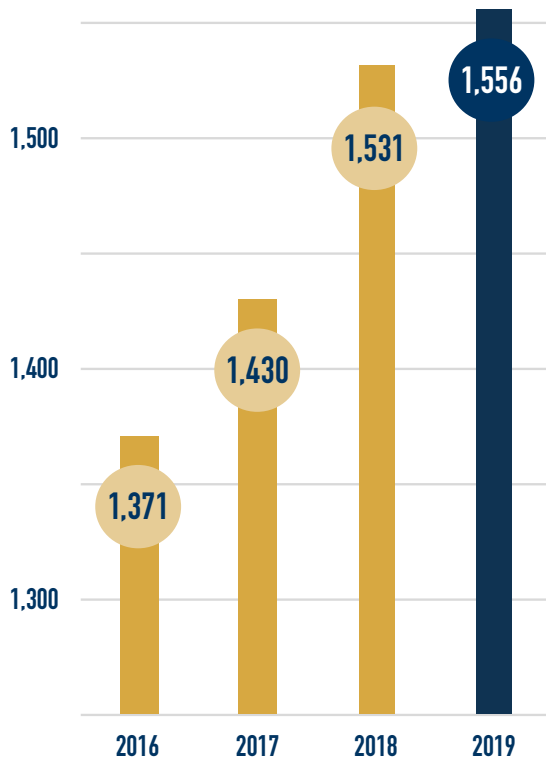
All By-Laws, Standards, and Guidelines are posted on cpsnl.ca, the College's website.

Licensing
Committee

LICENSING

Trusted quality medical care
in the public interest through
the effective regulation of medical doctors.

LICENCES ISSUED: 4-YEAR TREND*



*New and renewed full and provisional licences, but not licences for locums.

Licensing physicians to practise in this province involves several comprehensive tasks. They include reviewing the credentials and experience of physicians, assessing them for compliance with provincial and national standards and guidelines, verifying their references, and performing criminal record and vulnerable sector checks. These steps are major tasks that the College performs to fulfill our responsibility to regulate who practises medicine in Newfoundland and Labrador, and to ensure that the medical care they deliver can be trusted to meet professional expectations.

PROVISIONAL LICENSING CHANGES

The College issues full and provisional licences, as well as licences to physicians providing locum services in the province. Provisional licences come with limits and conditions on a physician's practice.

In 2019, the College made changes to the criteria for issuing provisional licences to practise Family Medicine in the province. The changes, which took effect on July 1,

Jamie Osmond
(ASSOCIATE REGISTRAR)



Tanya Drover
(LICENSING OFFICER)



added a new requirement: Family Medicine applicants must now undertake and pass a formal Practice Ready Assessment (PRA-NL). The PRA requirement applies to all international medical graduates (IMGs) except those who are eligible for, and later receive, CCFP designation (Certification in the College of Family Physicians) recognizing training and certification received outside Canada. As outlined on page 14, the PRA-NL program is a new program being delivered through the Faculty of Medicine at Memorial University of Newfoundland (MUN).

CONSULTING ABOUT LICENSING WITH HEALTH CARE PARTNERS

Many people are affected by licensing decisions, from the individual members of the public seeking medical care, to applying physicians and the Regional Health Authorities (RHAs). The College must always respond to physician licensing requests with great attention to our responsibility to ensure that we grant licences only to physicians who

are suitably qualified (thus ensuring that we support the delivery of *trusted* medical care).

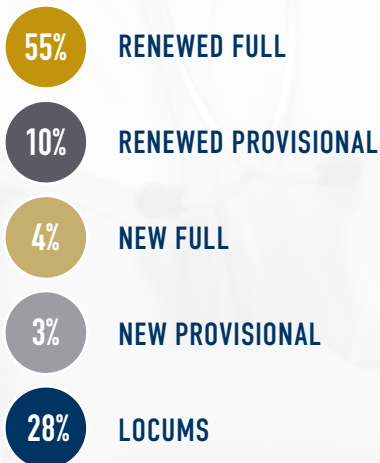
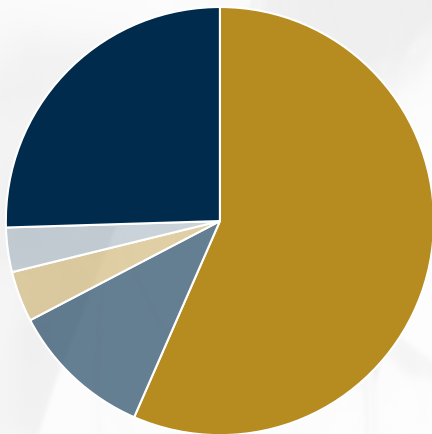
In June 2019, the College hosted a day-long conference in St. John's to explore the criteria currently in place for the granting of licences to international medical graduates. Stakeholders attending the session included representatives of the RHAs, two related provincial government departments, the Newfoundland and Labrador Medical Association, the Faculty of Medicine at MUN, and several currently licensed IMGs. The workshop goal was to share information about the successes and areas for improvement in the IMG licensing process.

515 CERTIFICATES OF PROFESSIONAL CONDUCT ISSUED, 2019

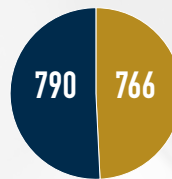
263 POST-GRAD RESIDENCIES REGISTERED, 2019

“Licensing physicians is the major regulatory task that the College performs to fulfill its responsibility to support the delivery of trusted medical care in this province.”

2019 LICENCES by CATEGORY

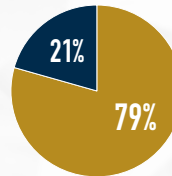


2019 LICENCES: A SNAPSHOT



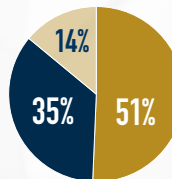
LICENCES BY FOCUS*

- FAMILY MEDICINE
- SPECIALIST



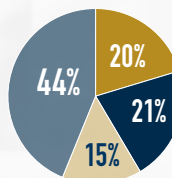
SPECIALIST LICENCES*

- CERTIFIED (CERT.)
- NON-CERTIFIED (NON)



NEW LICENCES*

- FAMILY MEDICINE
- SPECIALIST (CERT.)
- SPECIALIST (NON)



LOCUM LICENCES

- FAMILY MEDICINE
- SPECIALIST (CERT.)
- SPECIALIST (NON)
- MUN MED. RESIDENT

*Breakdown excludes locums

FINANCE & OPERATIONS

Finance
& Compensation
Committee

FINANCE

The College was fiscally prudent in 2019 and is in a stable financial position.

The Finance and Compensation Committee met five times throughout the year, continuing its work on both oversight of broad operational items as well as fiscal management of the College. Three public and/or appointed members and three physician members of Council sit on the committee.

The financial information presented on the following pages is in summary form. Full audited statements will be available upon request following its presentation at the College's Annual General Meeting, scheduled for June 13, 2020.

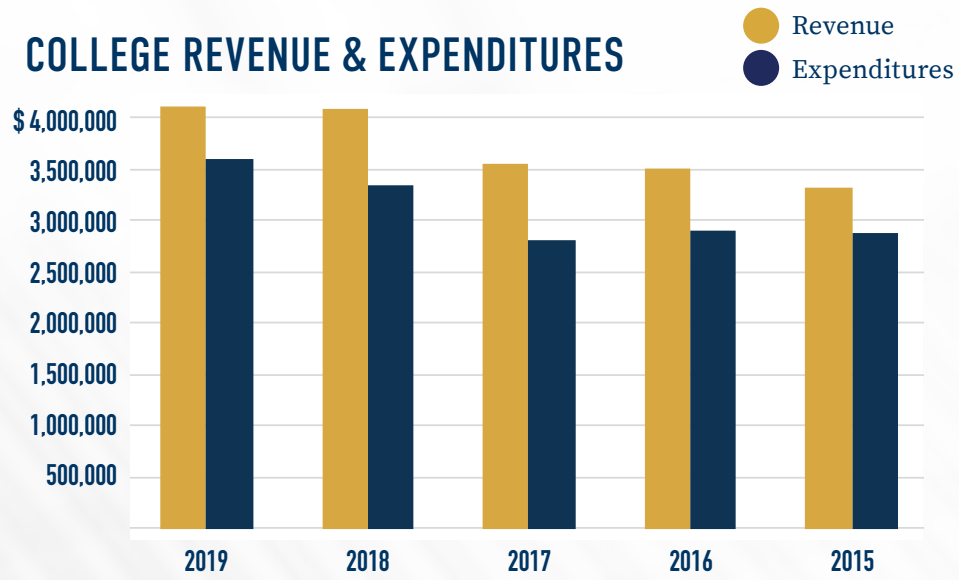
OPERATIONS

The College reconfigured our office footprint in 2019. The renovations were designed to maximize space efficiencies and provide greater work flexibility. The leasehold improvements yielded five extra offices and three storage spaces and improved staff workflow. All of this has positioned the College's offices for the next eight to ten years.

The College continues to pursue projects aimed at reducing its reliance on paper. The main thrust of this effort is to implement Information Management technology and strategies.

Additional efforts to improve operational capacity and efficiency in 2019 included the addition of professional consultants in the areas of Human Resource and Information Technology.

COLLEGE REVENUE & EXPENDITURES



Clinton Lee
(DIRECTOR OF FINANCE)



Jamie Osmond
(OPERATIONS DIRECTOR)



Natasha Denty
(ACCOUNTING &
OPERATIONS COORDINATOR)



SUMMARIZED STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2019


	2019	2018
ASSETS		
Cash and cash equivalents	\$ 5,099,409	\$ 5,036,947
Accounts receivable	82,952	120,547
Equipment & leasehold improvements	1,395,105	920,272
Investments	1,109,645	1,031,963
	\$ 7,687,111	\$ 7,109,729
LIABILITIES		
Accounts payable	\$ 235,641	\$ 288,405
Deferred income	2,726,164	2,598,735
Deferred lease inducements	56,135	64,153
	\$ 3,017,940	\$ 2,951,293
NET ASSETS		
Invested in capital assets	\$ 1,353,379	\$ 872,587
Unrestricted and internally restricted	3,315,792	3,285,849
	\$ 4,669,171	\$ 4,158,436
	\$ 7,687,111	\$ 7,109,729

SUMMARIZED STATEMENT OF REVENUE & EXPENDITURES AS OF DECEMBER 31, 2019

		2019	2018
REVENUE	Annual fees	\$ 3,081,820	\$ 3,043,805
	Professional corporation fees	184,550	173,150
	Registration and licensing fees	392,200	355,525
	Investment income	102,801	(40,692)
	Miscellaneous	240,067	230,519
	Joint Funded Projects	9,475	215,718
	Rental income	102,375	94,500
		\$ 4,113,288	\$ 4,072,525
EXPENDITURES	Salaries and employee benefits	\$ 1,920,548	\$ 1,601,373
	Complaints and discipline	166,428	130,641
	Council and committees	171,766	132,771
	Occupancy	256,775	223,882
	Office and operational	890,851	897,061
	Joint Funded Projects	9,475	215,718
	Amortization	186,710	131,960
		\$ 3,602,553	\$ 3,333,406
EXCESS OF REVENUES OVER EXPENDITURES FROM OPERATIONS		\$ 510,735	\$ 739,119
FUNDS TRANSFERRED TO INTERNALLY RESTRICTED FUNDS	Excess revenue over expenditures from operations directed to these funds:		
	Operational Contingency	\$ 100,000	\$ 100,000
	Adjudication Tribunal Hearings	100,000	-
	College Infrastructure	100,000	300,000
	QA/QI Development	100,000	200,000
EXCESS OF REVENUES		\$ 110,735	\$ 139,119

NOTE: The excess of revenue over expenditures (2019) will assist the College in providing resources for the future for the Operational Contingency Fund, the Adjudication Tribunal Hearings Fund, the College Infrastructure Fund, and the QA/QI Development Fund.

LOOKING AHEAD TO 2020



WORKING EFFICIENTLY

- Review, update and further develop College policies
- Revise and further develop Licensing processes
- Complete major work on information management and leasehold improvements

IN THE PUBLIC INTEREST

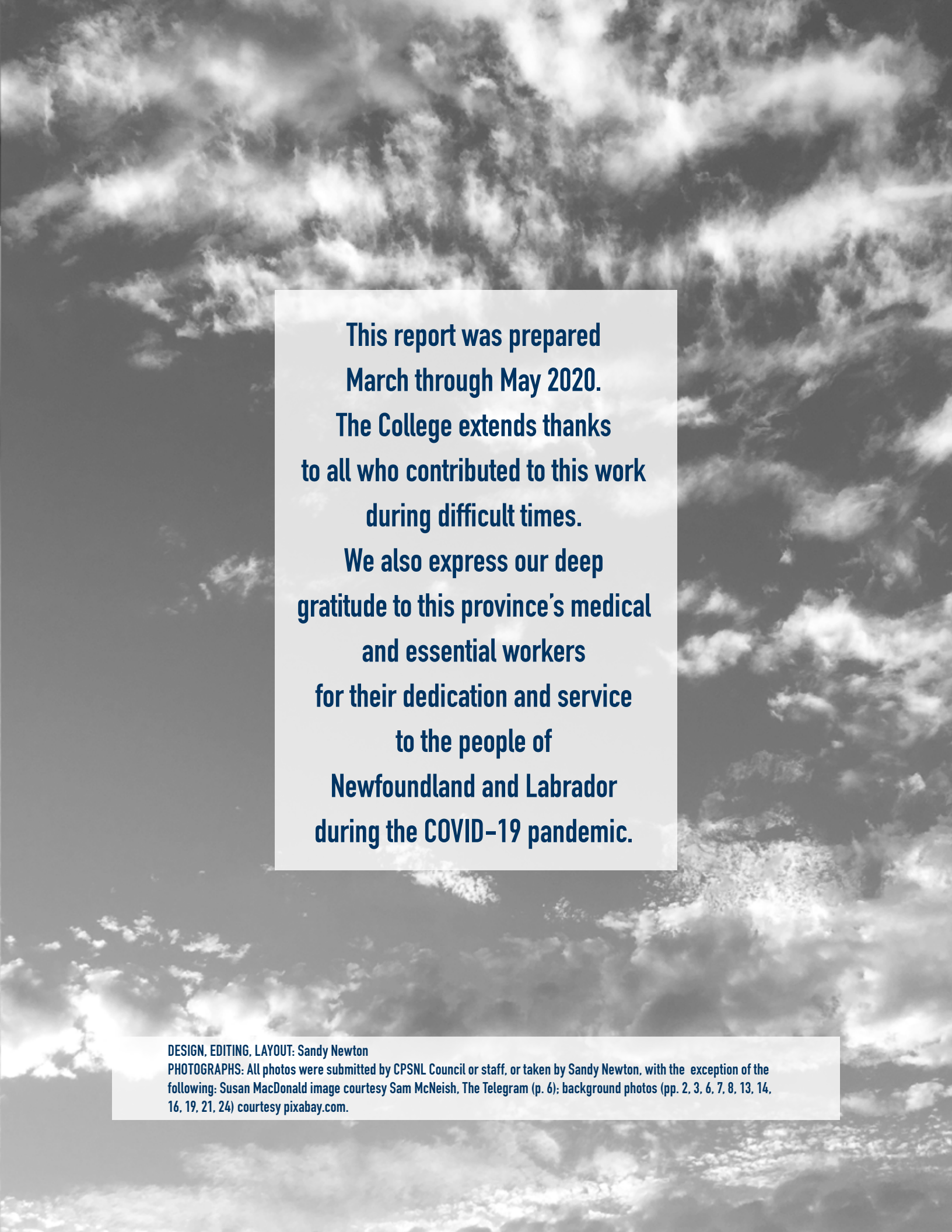
- Update Standards and Guidelines dealing with continuity of care
- Complete the cpsnl.ca update
- The Public Engagement Committee begins its work

QUALITY MEDICAL CARE

- Implement the new and comprehensive Physician Peer Review Newfoundland and Labrador (PPR-NL) program
- Coordinate and collaborate with NLMA on its Physician Health work
- Partner with stakeholders for the Practice Ready Assessment (PPR-NL) program, in line with national standards

REGULATION

- Work with regional and national partners to streamline and harmonize physician licensing



**This report was prepared
March through May 2020.
The College extends thanks
to all who contributed to this work
during difficult times.
We also express our deep
gratitude to this province's medical
and essential workers
for their dedication and service
to the people of
Newfoundland and Labrador
during the COVID-19 pandemic.**

DESIGN, EDITING, LAYOUT: Sandy Newton

PHOTOGRAPHS: All photos were submitted by CPSNL Council or staff, or taken by Sandy Newton, with the exception of the following: Susan MacDonald image courtesy Sam McNeish, The Telegram (p. 6); background photos (pp. 2, 3, 6, 7, 8, 13, 14, 16, 19, 21, 24) courtesy pixabay.com.



**COLLEGE OF
PHYSICIANS & SURGEONS
NEWFOUNDLAND AND LABRADOR**

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