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Your responses to the survey embedded in the annual licence renewal provided important feedback to the College. There were many positive comments, particularly with respect to the College's focus on prescribing and prescription drug abuse. Thank you.

With respect to your expressions of concern, here is how we will respond:

A Commitment to Improve the Renewal Process

First off, let me assure you the renewal process will be made easier. Members consistently complained about the (lack of) user-friendliness of online renewal. As a technophobe myself, I hear you and I echo the sentiment. This will be improved. There will not be, as a few responses called for, a return to manual, paper-based renewal but the tool itself will be made more intuitive. Further, the College will enhance our member service to ensure a quick and thorough response should you have any questions when renewing your licence.

Physicians consistently tell me how important it is for the College to have a current understanding of their realities but often complain when having to complete a survey to inform that very understanding. It's a bit of a Catch-22. For many years, the College's voluntary survey didn't result in valid feedback as the response rates were too low (usually less than 15%). This year we required members to complete a survey. While responses provided significant insight, the survey tool itself did not work well. Be assured that you will not be required to complete a survey every year (and when you do, be assured that it too will be briefer and delivered through a more user-friendly tool).

Although there were negative comments about the change in the renewal schedule, I am pleased to report that as a result of extensive communications efforts, the number of physicians who were required to pay late fees or who were suspended went down by 51% (153 in 2014 to 75 in 2015) and 93% (15 in 2014 to 1 in 2015) respectively. I was surprised in the tone of a number of comments stating there should be no communications, no late fee, and if deadlines are missed, then physicians should simply be suspended.

Your Membership Fee

Fees are an issue, and I suspect always will be, if only because many physicians do not feel they derive value from their fees. Unless a physician has sat on Council or a committee of the College, the value proposition is often not apparent. Further, the College is almost entirely funded by the fees of members,

but is legislated primarily to serve the public (not the members). Our members and the public often differ on what can and should be done.

With respect to your annual licence fee, three years ago it was the second highest in the country. At that time, it was reduced by 6% and has not changed. I believe that no other province has ever reduced its fees before. Presently, your annual licence fee is \$1,555, the second lowest of the provinces (exclusive of Quebec whose fee structure is more a la carte and difficult to quantify). We are taking all steps to be fiscally responsible. Medical regulation is expensive and our review suggests that on average across the country, the cost of regulation has been increasing at 7% per year for the last 10 years.

To my surprise, there was much complaining about the \$100 fee for renewing your permit to practice within your corporation. This fee was set in the Medical Corporations Act in the mid-1990's. Because it is in legislation, it can't be changed and is either the lowest or among the lowest of such fees in the country. The permit allows your income to be treated as corporate, rather than personal income, for tax purposes. It is a perk not enjoyed by many professions. I think we should be thankful to have this tax benefit and, given that nothing short of an Act of the legislature can change this fee, we should worry about bigger issues.

There were also concerns expressed about the cost of the Annual General Report, although the publication itself was very well received. In response, this year the report will be shared with the membership digitally and posted on our website. There will be a limited printing primarily for institutional stakeholders and, upon request, for members.

Complaints and Investigations

There can be no doubt that the complaint process is a flashpoint for many members. Complaints are expensive, emotionally draining, time consuming, and terrifying. They are also an absolutely necessary part of our responsibility to the public and the profession.

When the public is surveyed, it feels that the College's disciplinary process is biased towards doctors, suggesting the profession circles its own wagons in defence. Physicians who commented in our survey expressed the sentiment that the process is biased against physicians, with doctors presumed guilty until proven otherwise. I suspect the emotions at work are such that these perspectives cannot be bridged.

I can only point to our process and effort. Investigations committees are mostly composed of physician members elected to Council. They work extremely hard to arrive at balanced, fair and appropriate resolutions. The work is demanding, with extensive medical charts and legal briefs to translate, transpose and consider.

Many complained that the process takes too long. In response, we have formed a fourth committee to attack the backlog of cases and to generally shorten the time to disposition. With the new Medical Act, the College will now have the ability to dismiss complaints that cannot be substantiated or, even if

substantiated and proven, do not allege facts that would merit a caution. This has long been a failing in the process available to the College and, based on your comments, will be welcomed.

Physician Performance

I appreciated the depth of responses about our programs, specifically the Clinician Assessment for Practice Program (CAPP), Methadone Maintenance Support Program (MMSP), and the Nova Scotia Physician Achievement Review (NSPAR).

The consensus involving CAPP was that the program was good but could do better with respect to long term retention of physicians. I agree, although the retention of physicians is a matter, often a contractual matter, between the government and the individual physician. As well, physicians argued long, hard, and effectively to secure the right of intra-provincial mobility in the Agreement on Internal Trade of 1997. It is this right that is often exercised by CAPP physicians at the expiration of their return of service contracts.

With respect to MMSP, those indicating they had gone through the program were very positive. There was broad divergence of opinions otherwise throughout the membership, ranging from the view that we should do more for the treatment of addiction to the view that methadone treatment should be prohibited and not endorsed by the regulatory body.

The College has a close relationship with the Nova Scotia Prescription Monitoring Program. I sit as chair of the Board. While many of you support our policy regarding mandatory review of patient prescribing history, there was broad frustration with the e-access log-in, particularly password reset. I am pleased to advise that the Department of Health and Wellness has approved funding to address this issue. You will be able to reset your password at all times.

There were also many comments about NSPAR, primarily questioning its validity as a sole method of peer review. As you may know, we are shutting down NSPAR once ongoing reviews have been completed. In its place, we are developing an approach to enhanced peer review that will involve validated approaches to risk assessment and tailoring review based on risk. We hope to have a pilot in the air by late fall.

I would like to thank you for providing the College with your valuable feedback, all of which we have carefully considered. As always, I would welcome speaking to you directly on any of these matters.

Sincerely,

A handwritten signature in black ink, appearing to read 'DAG' followed by a stylized flourish.

Dr. Gus Grant, AB, LLB, MD, CCFP
Registrar and CEO