

Spring/Summer 2008

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(1.) New members elected to Council in April

Dr. James MacLachlan (District 2 - Counties of Pictou, Cumberland and Colchester), Dr. Elizabeth Mann (District 5 - County of Halifax), and Dr. Scott Theriault (District 5 - County of Halifax) were each elected to three-year terms on the College's Council in an election held on Friday, April 4.

Dr. MacLachlan is a family physician practicing in Westville, Dr. Mann is an internist practicing in Halifax and Dr. Theriault is a forensic psychiatrist practicing in Dartmouth.

Drs. Theriault and MacLachlan will replace Dr. Cynthia Forbes of Fall River and Dr. Henry Adamson of New Glasgow when their terms end on June 6.

Dr. Douglas Sinclair has been reappointed for another three-year term as Dalhousie University's representative on Council by the Dean of Medicine at Dalhousie University.

The College extends thanks to all physicians who ran in the 2008 Council election and who have served as Council and Committee members in the past year.

(2.) NS physicians encouraged to nominate colleagues for professionalism award

The College of Physicians and Surgeons of Nova Scotia, in partnership with the Humanities in Medicine Program at Dalhousie University Medical School, has established an annual province-wide award to honour a Nova Scotia physician who exhibits outstanding professionalism in the practice of medicine. This new award complements the existing Gold Headed Cane award that is given annually to a physician in the Dalhousie University Faculty of Medicine.

The Gold Headed Cane Award will be presented to a physician who exemplifies selflessness, altruism, accountability, excellence, duty, service, integrity and respect for others in the practice of medicine. **This award is open to all practicing physicians in Nova Scotia. It is not a teaching award and is not assessed on length of professional service.**

Presentation of the award will take place on Thursday, September 25, 2008 at the annual Gold Headed Cane Awards Dinner for the Humanities in Halifax.

College members are encouraged to nominate deserving peers for this significant professional recognition. Nominations will be reviewed in confidence by a six-member committee consisting of physicians and a member of the public.

Nominations must be received no later than Friday, June 20, 2008, and should include the following:

- A typewritten letter of no more than three pages (10-point font minimum) to include:

Name, address, and phone number of nominator (a practicing physician licensed in Nova Scotia)

Name, address, and phone number of nominee (a practicing physician licensed in Nova Scotia)

A description of how this individual exhibits outstanding professionalism in the practice of medicine as defined by selflessness, altruism, accountability, excellence, duty, service, integrity and respect for others.

- A brief biography of the nominee

Nominees should be prepared to attend the Gold Headed Cane Awards Dinner on September 25, 2008.

The Committee's decision will be announced in early September 2008.

For further information, please contact Ms. Pat Pettit at the address below.

Please mail or courier the nomination in a sealed envelope marked "confidential" to:

Ms. Pat Pettit
Director of Administration
College of Physicians and Surgeons of Nova Scotia
Suite 200, 1559 Brunswick St., Halifax, NS
B3J 2G1
Phone: (902) 421-2200
Fax: (902) 422-7476
E-mail: ppettit@cpsns.ns.ca

(3.) From the Investigations Committees

The following summaries describe cases examined by the College's Investigations Committees. This information is provided for educational purposes. All names and certain details have been changed to preserve confidentiality.

Maintaining security and confidentiality of patient information

On January 10, 2008, the College received a package of laboratory results from Mrs. Brown, who had found them unattended at a community hockey arena the previous weekend. Mrs. Brown filed a complaint against Dr. White, to whom she believed the documents belonged, noting that Dr. White was often seen working on medical charts while at his son's hockey practice and did not appear to be concerned about patient confidentiality. The results contained hematology and chemistry findings and personal information for five individuals. The complaint was forwarded to an Investigation Committee for review.

In responding to the complaint, Dr. White, a 46-year-old cardiologist, stated he often used his Saturday mornings at the arena to finish paperwork he had not completed during the week and admitted to reviewing patient information in a public place on at least five occasions. He stated that he was unaware that he had left the laboratory results at the arena, but that nothing like this had ever happened before. He apologized to the Committee for the incident.

The Investigation Committee was concerned that patient confidentiality had been breached when Dr. White had taken patient charts to a public location. The Committee was further concerned that until Dr. White received the complaint, he was unaware that patient information was missing from the files he had taken to the arena. On April 16, 2008, the Investigation Committee issued a Caution* to Dr. White that he had a professional responsibility to maintain and protect patient confidentiality and that he must ensure that patient data is reviewed in a secure and confidential manner.

Undertaking regular screening for chronic disease in long-term patients

On December 22, 2007, the College received a complaint from Mrs. Green regarding her former physician, Dr. Grey. Mrs. Green had applied for life insurance in September 2007 and had signed a consent to allow the insurance company to receive a copy of her medical file from Dr. Grey. Dr. Grey forwarded a copy of the record for the period of 1997 to 2007 to the insurance company. On October 22, 2007, the insurance company informed Mrs. Green that because of her pre-existing diabetes and chronic renal failure, she was being denied an insurance policy. In her complaint, Mrs. Green stated that she had been unaware that she had diabetes before being informed by the insurance company.

After hearing from the insurance company, Mrs. Green contacted Dr. Grey's office and obtained a copy of her medical record. Mrs. Green's daughter, a Registered Nurse, reviewed the record. Laboratory results done in 1997 showed a random blood Glucose level of 22 mmol/l and a Creatinine level of 160 µmol/l. Other laboratory results from 2004 showed a Glucose level of 21 mmol/l and a Creatinine level of 310 µmol/l. In her complaint, Mrs. Green asked why Dr. Grey had not told her that she had diabetes or had treated her for the problem. She stated that she had transferred her care to another family physician who had begun to treat her diabetes and had referred her to a nephrologist.

Dr. Grey, a 60-year-old physician, stated in his response to the complaint that he had been Mrs. Green's family physician for 30 years. He stated that Mrs. Green was diagnosed in 1996 with Multiple Sclerosis and that at times she was unable to walk. Because of Mrs. Green's problems with walking, Dr. Grey started to see her at home. Dr. Grey stated he had seen Mrs. Green at home every month for the last ten years. He described Mrs. Green as a pleasant woman and that the nature of the visits usually involved discussing her pain and muscle weakness. He had drawn random blood samples from Mrs. Green on the two occasions noted in the chart when she had complained of a possible fever. Dr. Grey outlined in his response that he had no explanation for the lack of follow-up or routine screening of Mrs. Green, other than he might have become complacent by the nature of their regular visits and the absence of any major or new complaints.

In its review of the complaint, the Investigation Committee examined Dr. Grey's medical record of Mrs. Green. The record contained documentation demonstrating the regular monthly visits, but did not contain any laboratory results apart from those noted in the complaint. There were also no other investigations or consultations noted. The Committee requested an audit of Dr. Grey's practice. A chart audit conducted of 75 of Dr. Grey's office records found documentation that indicated the appropriate screening for chronic and relevant diseases in all of the charts reviewed.

The Committee agreed that Dr. Grey, due to the regular and informal nature of his house calls, had not provided the same degree of surveillance and investigation of Mrs. Green's problem that would have happened if scheduled and problem-oriented appointments had occurred. The Committee was concerned that this led to a lack of follow-up and investigation of abnormal lab results. The Committee was of the opinion that the deficiencies in Mrs. Green's care appeared to have been an isolated event. The Committee also noted that Dr. Grey had recognized how this variance in his practice had occurred and had acknowledged its potential consequences.

The Committee issued a Caution* to Dr. Grey to provide and maintain a high level of screening and surveillance for chronic diseases for all his patients.

* A Caution is intended to express the dissatisfaction of the Investigation Committee and to forewarn the physician that if the conduct recurs, more serious disciplinary action may be considered. A Caution is kept in the physician's file but is not disclosed to the public, on Certificates of Standing or to other licensing authorities without the physician's consent.

(4.) College endorses FMRAC position on physician revalidation

At its March 28 meeting, the College's Council endorsed the following Position Statement on Physician Revalidation that was developed by the National Revalidation Working Group of the Federation of Medical Regulatory Authorities of Canada (FMRAC). Colleges in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Prince Edward Island and Newfoundland have already endorsed this statement.

All licensed physicians in Canada must participate in a recognized revalidation process in which they demonstrate their commitment to continued competent performance in a framework that is fair, relevant, inclusive, transferable and formative.

Fair:

The process of revalidation is transparent to the physician, uses fair and standardized tools, and is considerate of cost and administrative burden to the physician.

Relevant:

The process of revalidation is designed to confirm a physician's competence within the scope of his or her practice.

Inclusive:

Revalidation applies to all licensed physicians.

Transferable:

Participation in the process of revalidation will be mutually recognized by each Canadian jurisdiction and will not inhibit mobility in Canada.

Formative:

The process of revalidation is a constructive educational quality assurance process, independent and distinct from the disciplinary processes of the regulatory authorities.

(The full FMRAC document is available at www.fmrac.ca/policy/revalidation_eng.html)

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Within the next year or so, Council will assess options for an approach to revalidation in Nova Scotia that embodies these principles. It is likely that periodic assessment by the Nova Scotia Physician Achievement Review (NSPAR) combined with appropriate participation in the maintenance of certification programs of either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada will be seriously considered as requirements for revalidation in Nova Scotia. Such an approach has the advantage of creating little or no added obligation for most physicians licensed here. Further information about revalidation will be provided to members as it becomes available.

(5.) Notice of College Annual Meeting on June 6, 2008

College members are invited to attend the 13th Annual Meeting of the College of Physicians and Surgeons of Nova Scotia, which will be held in the third-floor boardroom of the College, Sentry Place, Suite 300, 1559 Brunswick Street, Halifax, on Friday, June 6, 2008 at 3:00 p.m.

To ensure that adequate seating is available, members who wish to attend are asked to contact Ms. Carolyn MacDonald by Wednesday, May 28, 2008 at: Tel: (902) 421-2209, Fax: (902) 422-5035 or e-mail: cmacdonald@cpsns.ns.ca.

Agenda

- 1.0 Call to Order
- 2.0 Welcome to new Council members
- 3.0 Minutes of 2007 Annual Meeting
- 4.0 Business Arising from the Minutes
- 5.0 Presidential Report Dr. Rex Dunn
- 6.0 Auditor's Report Dr. Rex Dunn
- 7.0 Report of the Hearing Committee Dr. Cameron Little
- 8.0 Report of the Nominating Committee Mr. Harold Bezanson
- 9.0 Resolutions: Dr. Rex Dunn
 - Resolution to appoint auditor for 2008 Dr. Rex Dunn
 - Resolution to fix date for 2009 elections Dr. Rex Dunn
 - Resolution to appoint scrutineers for 2009 elections Dr. Rex Dunn
- 10.0 Presentation of Certificates of Appreciation to Drs. Cynthia Forbes, Henry Adamson and Donald Wescott in Recognition for Services and Contribution to the Council Dr. Rex Dunn
- 11.0 Question Period
- 12.0 New Business
- 13.0 Adjournment

Resolutions for Approval

TO: All Members of the College of Physicians and Surgeons of Nova Scotia
FROM: Dr. Cameron D. Little, Registrar and CEO
SUBJECT: Resolutions for Approval at Annual General Meeting
DATE: May 1, 2008

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At the 13th Annual Meeting of the College of Physicians and Surgeons of Nova Scotia which will be held in the third-floor boardroom of the College, Sentry Place, Suite 300, 1559 Brunswick Street, Halifax, on Friday, June 6, 2008 at 3:00 p.m., the following motions will be put before the meeting in accordance with the *Medical Act* and the Regulations under the *Act*:

FOR APPROVAL:

- 1) THAT the firm of WBLI be appointed as auditors for the College of Physicians and Surgeons of Nova Scotia for the year 2008.
- 2) THAT the date for the next election of Councillors for the College of Physicians and Surgeons of Nova Scotia for the 2009/2010 term shall be Friday, April 3, 2009; and that the deadline for receipt of nominations for elections shall be 1600 hours on Friday, March 6, 2009; and that deadline for receipt of ballots for the next election shall be 0830 hours on Friday, April 3, 2009.
- 3) THAT Dr. Margaret Casey of Halifax, NS and Mr. Guy MacLean of Halifax, NS be appointed as scrutineers for the elections in 2009 and that Dr. David Murphy of Halifax, NS and Dr. S. Clair MacLeod of Wolfville, NS be appointed as alternate scrutineers for the election in 2009, to the Council of the College of Physicians and Surgeons of Nova Scotia; remuneration to be paid according to the honoraria policy approved for Council members.

(6.) College policies approved in March 2008

Council approved the following policies at its March 28 meeting:

Policy regarding cross-border prescribing by non-resident physicians

www.cpsns.ns.ca/publications/cross-border-prescribing.htm

Policy regarding Prescribing Practices/Countersigning Prescriptions/Internet Prescribing

www.cpsns.ns.ca/publications/prescribing-practices-countersigning-internet.htm

These documents are available online at the addresses above or by contacting the College.

These documents replace *Policy regarding Prescribing Practices/Countersigning Prescriptions/Internet Prescribing* and *Notice to non-resident physicians concerning cross-border prescribing*, which were originally approved by Council on March 28, 2003.

(7.) NSPAR update

In early April, the Nova Scotia Physician Achievement Review (NSPAR) program undertook focus group research with family physicians and medical specialists to better understand how physicians rate particular aspects of their medical colleagues' practices when completing NSPAR questionnaires. This work will be used to create an interpretive guide that physicians can consult when reviewing their NSPAR reports. The ultimate goal of this research is to assist physicians in interpreting the feedback they receive in their reports. By explaining how specific clinical questions are typically approached from a reviewer's perspective, the results of the focus group should enhance the relevance and specificity of the feedback contained in the NSPAR report.

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On a more general level, focus group participants raised the following questions about aspects of the NSPAR program.

Which medical colleagues and coworkers should physicians choose to fill out questionnaires?

The most informed and objective assessment usually comes from medical colleagues and coworkers with whom you work most closely. It is important to recognize that NSPAR is not an examination or test, but is intended to be an educational and formative process. NSPAR feedback is intended to help you self-reflect and identify opportunities for practice improvement. Therefore, choose colleagues whose opinions you respect and value. As a courtesy, it is advisable to notify colleagues and coworkers before providing their names as NSPAR reviewers.

Is the feedback supplied by individual reviewers confidential?

Yes. Medical colleagues send their completed surveys directly to a research firm that compiles the results. Feedback supplied by medical colleagues is provided to the reviewed physician in aggregate form only. Individual feedback is absolutely confidential.

Does the NSPAR Program or the Practice Improvement Committee of the College know the identity of physicians who act as medical colleague reviewers?

No. The medical colleague reviewer names are provided by the physician to the research firm that administers the survey process. Neither the NSPAR program nor the Practice Improvement Committee know the identity of the medical colleague reviewers.

The NSPAR Program would like to thank the physicians who offered to participate in the focus groups. The research findings will be reported in greater detail in an upcoming Alert issue. More information about the NSPAR Program is available at www.nspar.ca.

(8.) New research grant honours Dr. Robert Maudsley

An annual research/study grant valued at \$2,000 has been established upon the retirement of Dr. Robert F. Maudsley as executive director of the Clinician Assessment for Practice Program (CAPP) at the College of Physicians and Surgeons of Nova Scotia.

The Dr. Robert F. Maudsley Research/Study Grant acknowledges Dr. Maudsley's distinguished international career in academic medicine. Grant proposals will be assessed on their relevance to the mission and work of the College and its associated programs and on the likelihood of the proposed study or research to provide useful results for the College and the medical regulatory community.

The grant will be of particular interest to researchers working in medical or allied health disciplines, professional assessment, adult education, health law or regulation, international studies, medical ethics and public policy. For further information on the grant, including eligibility and deadlines, please visit www.cpsns.ns.ca/maudsley-grant.htm or contact the College.

(9.) Next CAPP assessment June 9 and 10

The next Clinician Assessment for Practice Program (CAPP) assessment will be held on Monday, June 9 and Tuesday, June 10. For more information, please visit the CAPP website at www.capprogram.ca or contact the College.

(10.) Prescription Monitoring Program revises prescribing pad to a duplicate form

With all retail pharmacies now submitting prescriptions for monitored drugs through the Nova Scotia Prescription Monitoring Program's online system, the Program is able to modify the prescribing pad to a duplicate format. The new pad will be virtually identical to the triplicate pad with minor changes in top and bottom text to reflect that there are only two copies. The transition to the new duplicate pad will be initiated as the stock of triplicate pads is depleted. It is anticipated that physicians will start to see the new duplicate pad in late April 2008.

Additional information is available by calling the Program at 1 (902) 496-7123 or toll-free at 1 (800) 563-8880. The Program can also be reached by e-mail at PMP@medavie.bluecross.ca.

Prescribers please note:

- Please use all triplicates you have and when you re-order, duplicates will automatically be provided.
- The prescriber prescription copy will remain pink.
- There will still be 25 prescriptions per pad.

(11.) Change of Name, Address or E-mail?

The College depends solely on submissions from members to keep its address information up to date. For members' protection, the College requires that change requests be submitted in writing. Address changes submitted by e-mail are acceptable if the e-mail is sent from the e-mail address the College has on record for the member.

Third-party change requests are not accepted. Name changes must be accompanied by the appropriate legal documentation. Address or name changes can also be submitted on an Address or Name Change Notification Form, which is available on the website at www.cpsns.ns.ca/address-name-change-form.htm or by contacting the College by phone at (902) 422-5823 or toll-free in Nova Scotia 1-877-282-7767, by fax at (902) 422-5035, or by e-mail at registration@cpsns.ns.ca.

(12.) How to Contact the College

General Inquiries: (902) 422-5823
Toll-free in Nova Scotia: 1 (877) 282-7767
Main Fax: (902) 422 5035

Mailing Address:
College of Physicians and Surgeons of Nova Scotia
Suite 200, 1559 Brunswick St.
Halifax, Nova Scotia
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