Perspectives on Health Care
Challenges and Potential Solutions
Mandate

The making and enforcing of measures necessary for the regulation and practice of medicine and the preservation of life and health. . . . So that those seeking medical care may have every confidence. . . In the care they receive.

Newfoundland Medical Act, 1893
Three Areas of Operation

- Physician licensing
- Quality assurance programs
- Complaints
We exist to protect the public by regulating physicians.

We neither develop clinical guidelines nor advocate for NL physicians.
Working Within Limits

- Strategic reviews
- Adapting strategies tried elsewhere
CPSNL Value Statements

1. Fairness
2. Quality of Service
3. Social Responsibility
4. Communication
5. Transparency
6. Innovation
#3 — Social Responsibility

- Balancing demands for action with our mandate and responsibilities
- Our contribution: providing data
CPSNL Data

- 59 new licences issued in 2017
- 1,342 licences renewed in 2017

Total* Licences by Year

- 2012: 1,296
- 2013: 1,343
- 2014: 1,333
- 2015: 1,511
- 2016*: 1,371

* Does not include locums.
CPSNL Data

WHO WE ARE / MEMBERSHIP
38.4% female  male 61.6%
Includes locums and residents

MEMBERSHIP / SOURCE OF MEDICAL DEGREE

- Canadian: 38.4%
- International: 61.6%
Does not include residents
CPSNL Data

- 604 licences for locums issued in 2017
- 29 new provisional licences issued in 2017
- 241 post-graduate education licences issued in 2017
- 63 undergraduate elective registrants in 2017
Value #4 – Communication
#5 – Transparency

- Better inform the public, and members and partners
- Share information

“Quality, informed medical care promotes a cost-effective health care system.”
Value #6 – Innovation

- Applying an “innovation screen” to all endeavours
- Enhancing inter-operability and increasing uniformity
- Anticipate the costs and the consequences
In Conclusion . . .

1. How can the College improve health care outcomes and costs?
2. How can the NL Government improve health care outcomes and costs?
3. How can we—individually and together—improve health care outcomes and costs?
4. Is there a legitimate role for private health care incentives?
5. Given fiscal realities, is public funding of health care a right or a privilege?
6. Should entitlement to health care become conditioned by personal responsibilities?
Questions . . .?