

MINC#NIMC Annual Report 2016-17

A. Over the Past Year

1. Highlights

- ✓ Six new Licensed Users have joined, bringing the total to 26
- ✓ 165,000 physicians/Residents/students now have a MINC
- ✓ Technology refresh of MINC database management system completed, on time and on budget
- ✓ Security review very positive

2. Governance

MINC#NIMC is a federally-incorporated not-for-profit corporation. It has two owners: the Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Medical Council of Canada (MCC).

The Board of Directors for MINC#NIMC is comprised of three representatives named by FMRAC, and three named by MCC. For the 2016-17 year they were:

FMRAC: Mr. Douglas Anderson (CPSO)(President)

Ms. Fleur-Ange Lefebvre (ex officio)

Dr. Yves Robert (FMQ)

MCC: Dr. Trevor Theman (CPSA)(Secretary-Treasurer)

Dr. Ian Bowmer (ex officio)
Dr. Bruce Wright (UVic)

In addition, Mr. John Swiniarski continued to serve as Executive Director.

3. MINC Administration

3.1 Administrative and IT Support Services

Support for MINC operations continues via two contracts: one with MCC to provide administrative, accounting and IT/technical support; and one with Mr. John Swiniarski to serve as Executive Director.

3.2 Financial position at the end of 2016-17

Audited financials presented to the MINC Board for the operating year ended March 31, 2017 showed MINC to be in a sound financial position. Approximately 50% of operating costs come from annual fees paid by the Licensed Users; financial support provided by FMRAC and MCC cover the balance.

4. Communications

MINC publishes a quarterly newsletter, called "MINC#Linq", which is distributed electronically, and is then posted on the MINC website at www.minc-nimc.ca. Questions or comments are welcome, and can be sent to info@minc-nimc.ca.

5. Privacy

MINC fully complies with all applicable privacy legislation in Canada.

Privacy issues remain a significant concern for each potential Licensed User with whom we discuss MINC. The Privacy Impact Assessment (PIA) that we completed several years ago has enabled us to provide solid answers to all of their concerns. As well, the MINC Privacy Code summarizes the most salient privacy features of MINC operations; this document is available on the MINC website.

6. IT Infrastructure Activities

a) **Technology Refresh:** At the direction of the Board, a special project was completed over the past year, completely redeveloping the entire MINC IT infrastructure. With a budget of \$130,000 from MINC reserves, this project replaced the patchwork of IT components which had been developed, enhanced and added over the previous 16 years with a modern, robust, integrated and more secure operational system.

The project was completed in September 2016, on time and on budget. There were no changes to the look and feel of the MINC system, but system monitoring and support capabilities were enhanced.

- b) **Find My MINC**: In Fall 2016 a feature called "Find My MINC" was added to the MINC website, to allow individual physicians who may have forgotten their MINC number to go in and find it. In response to concerns about it posing a potential security risk, however, the feature was shut down.
- c) **System Security Testing**: In February 2017 MINC hired an IT security firm to test the ability of the MINC web application and infrastructure to withstand unauthorized intrusion (a "penetration test"). The results showed that MINC had not yet been the target of any attempted malicious attacks; and although MINC was found to be quite secure, several areas for improvement were identified. These are being addressed on a priority basis.

B. Current Status

1. Implementation by Prime Users

"Prime Users" are those organizations which are authorized to apply for MINC numbers for their registrants. These include all ten provincial Colleges of Physicians and Surgeons plus the Yukon Medical Council, and the Medical Council of Canada. Applicants to all of these Prime User organizations are asked to provide consent to have a MINC number issued, if they don't already have one. Our experience is that <u>all</u> new registrants provide consent to receive a MINC number.

MINC now has over 165,000 physicians in its database (including students, Residents and those physicians outside of Canada who have written the MCC Evaluating Exam but not yet come to Canada).

2. Licensed Users

We have had an exceptional year in attracting new organizations as Licensed Users of MINC. Joining us this year were:

- 1) New Brunswick Medical Society
- 2) Touchstone Institute, Ontario
- 3) Physician Recruitment Agency of Saskatchewan
- 4) Memorial University Faculty of Medicine, Newfoundland and Labrador
- 5) Sherbrooke University Faculty of Medicine, Quebec
- 6) University of Manitoba, Rady Faculty of Health Sciences, Manitoba

They join the following current family of Licensed Users:

- 1) Alberta Health Services (Alberta's single Regional Health Authority)
- 2) Alberta Medical Association (AMA)
- 3) Association of Faculties of Medicine of Canada (AFMC)
- 4) Canadian Medical Association (CMA)
- 5) Canadian Resident Matching Service (CaRMS)
- 6) College of Family Physicians of Canada (CFPC)
- 7) Canadian Medical Protective Association (CMPA)
- 8) Doctors of BC (BCMA)
- 9) Doctors Manitoba
- 10) Ontario Medical Association (OMA)
- 11) Ontario Physician Human Resource Data Centre (OPHRDC)
- 12) Royal College of Physicians and Surgeons of Canada (RCPSC)
- 13) Faculties of Medicine of
 - a. University of Calgary
 - b. University of Alberta
 - c. University of Toronto
 - d. Queen's University
 - e. University of Ottawa
 - f. University of Western Ontario
 - g. University of Northern Ontario
 - h. McMaster University

Licensed Users pay annual fees, based on the size of the physician database that they manage, to participate in the use of the MINC identifier for their members. Faculties of Medicine are exempted from annual fees.

C. Looking Ahead

1. MINC Strategic Planning

The MINC Board of Directors has scheduled a strategic planning meeting for June, 2018. The main issue is what kind of organization MINC should become, given its current role and status, and its vision for the future. Further strategic planning sessions are slated for later this fall.

2. Physician participation in MINC

Although the vast majority of physicians in Canada have provided consent and been issued a MINC, we recognize that a 100% participation rate would benefit all of MINC's Prime and Licensed Users, as well as benefiting the individual physicians themselves. In the upcoming year, in collaboration with some of our national Licensed Users, we will be putting special emphasis on targeting those physicians who do not yet have a MINC to come on board.