

# Registrar's message: progress update on the transition to the Health Professions and Occupations Act



As we continue to collaborate with other BC health regulators and the Ministry of Health on the implementation of the *Health Professions and Occupations Act (HPOA)*, I look forward to meeting and working with the new Minister of Health, Josie Osborne, to manage a successful transition.

Although an in-force date for the *HPOA* has not yet been announced, we are working hard to ensure our operations and staff are ready when the day comes. We are currently reviewing many of our processes and taking an inventory of all our policies, procedures, forms, documents and web content that will reference sections of the *HPOA*, its regulations or the new bylaws, and systematically updating them to reflect the new legal framework.

A significant milestone in planning for the *HPOA* implementation has been the completion of the model bylaws. I am grateful to our external legal counsel and the other regulatory colleges who worked together over several months to draft the new model bylaws. Our chief legal counsel and

team are now working to customize the bylaws for CPSBC. Shortly, we will conduct a comprehensive consultation process, inviting registrants, health partners, members of the public and Indigenous leaders to provide feedback on the new bylaws.

The *HPOA* bylaws will be completed, presented to the Board and published for consultation in three groups. Under the *HPOA*, CPSBC will have 16 parts (sections) to its bylaws, and they will be published for input from March to June 2025. Each part will be open for feedback for approximately 60 days. (Please note that dates may be revised based on the in-force date of the new Act when determined.)

Registrants and health partners will be notified by email as the draft bylaws and online feedback forms are published on our website. There will be detailed explanations and rationale provided for each part, and we will aim to highlight important information to make the review process easier.

The *HPOA* marks a significant step forward in the government's goal to modernize the regulatory framework for health professionals in BC. Since the new bylaws will be applicable to all of you, I encourage your participation in this important consultation process. I remain committed to keeping you involved and updated throughout the transition.

Patrick Rowe, MD, CCFP (EM), FCFP  
Registrar and CEO

Comments on this or any other article published in the College Connector can be submitted to the communications and public affairs department at [communications@cpsbc.ca](mailto:communications@cpsbc.ca).

# Introducing CPSBC's 2024–2028 Strategic Plan



As mentioned in the last registrar's message, CPSBC is pleased to introduce the [2024–2028 Strategic Plan](#).

The new strategic plan, which will direct organizational priorities in a shifting social and regulatory landscape, was developed by the Board starting in May 2024. The development process included input from staff, board members and key health partners.

Four strategic themes form the foundation of the strategic plan: anti-discrimination and anti-racism; enhanced engagement; Indigenous collaboration; and innovation and change. The themes and their objectives support CPSBC's mission to serve and protect the public, and its core regulatory functions (licensing, complaints, accreditation, quality assurance). The themes also align with CPSBC's organizational values: evolving, transparent, accessible and diverse, dedicated, and ethical.

Learn how the strategic themes, core regulatory functions, and values work together to support our primary purpose of serving the public in the brief video below.

For more information, see the [CPSBC website](#).

# The importance of sensitive examinations



## Practice Standard

Since the pandemic, virtual care has become a standard part of medical practice, improving access to care across the province. While it offers many benefits, important nuances can often be overlooked.

As highlighted in earlier *College Connector* articles and other CPSBC communications, registrants must integrate virtual care with comprehensive, ongoing primary care. Additionally, in-person care must remain available for all patients when needed.

One challenge that has emerged in virtual care is the reduction of certain sensitive physical examinations, such as pelvic exams and digital rectal exams. Although patients may hesitate to undergo these exams, omitting them can lead to misdiagnosis and potentially harmful outcomes.

In one example, a family physician referred an 80-year-old patient experiencing urinary obstruction symptoms and abnormal kidney function to a urologist based on his clinical picture. However, the family physician did not perform a digital rectal exam before the referral, and the specialist later discovered an enlarged prostate, suggesting malignancy and urinary tract obstruction.

Similarly, a 90-year-old patient complaining of abnormal stools and a hemorrhoid for two years was referred to a specialist. The specialist performed a rectal exam and found that the hemorrhoid was a tumor, which had previously gone undetected.

Whether such omissions are the result of a virtual care encounter or from time constraints in a busy practice, full examinations are vital. Of course, registrants should only perform sensitive physical exams after discussing the rationale for the exam and its procedure with the patient. Patients have the right to refuse, but registrants must inform them of the risks involved in not proceeding. The [Physical Examinations and Procedures](#) practice standard outlines CPSBC's expectations for conducting any type of physical exam or procedure.

# Reminder: data-sharing agreements are a requirement in group practices



## Practice Standard

The ownership of patient records continues to pose significant concerns for registrants who share access in a multi-registrant clinic, particularly in situations like the sudden loss of a colleague due to illness, relocation or death. Registrants in such settings must have a formal, signed contract in place, agreed upon by all individuals who contribute to the patient records.

A data-sharing agreement is crucial for registrants working in environments where they share medical records as it can clarify ownership, access, and confidentiality parameters. The [Medical Records Management](#) standard requires all registrants who make entries into patient records to sign a formal contract that outlines custody and access, particularly when the registrant does not own the clinic or the EMR licence.

CPSBC continues to hear from registrants who lack a data-sharing agreement and face challenges, especially when one in the group leaves. When this happens, CPSBC has little authority to intervene, and registrants must seek legal advice to resolve any disagreements while ensuring patient access to medical records is uninterrupted.

When joining a new practice, registrants should include data-sharing agreements in their list of questions. If no agreement exists, they should develop one before problems arise. The Divisions of Family Practice (Family Practice Services Committee) provide sample contractual terms on their website: [Medical Records – Issues and Guidelines](#). The CMPA also offers valuable resources, including their [Electronic Records Handbook](#) and the article, *[Who has custody of medical records, and who can they be shared with?](#)*

# PPEP launches a self-directed assessment pilot

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## PPEP Update

As outlined in the [May/June registrar's message](#), the Physician Practice Enhancement Program (PPEP) has developed a new assessment, the self-directed assessment, to support community-based registrants. The goal of a self-directed assessment is to enable self-reflection and individualized learning in support of ongoing professional development throughout one's medical career. This assessment has been launched as a pilot with a process evaluation to occur prior to a broader implementation.

Registrants selected for a self-directed assessment will determine and then pursue their own professional development goals within a quality improvement framework, utilizing the CFPC Professional Learning Plan (PLP) peer-supported pathway. The PLP is a certified one-credit-per-hour assessment activity accredited by the CFPC, offering 20 Mainpro+® certified credits. Through this process, registrants will identify and act on opportunities for quality improvement in each of these three areas: clinical support for clinical care, practice support for practice environment, and professional support for professional development, e.g. communication and work-life balance. They will have up to five years to complete all three quality improvement activities, with one topic of their choice completed in each area.



This [instructional video](#) provides additional details on the self-directed assessment process.

Please refer to the [CPSBC website](#) for further information on self-directed assessments.

# Explore learning opportunities

## Learning Opportunities

### Facilitated online courses

Medical Record Keeping for Physicians

Wednesday, March 12, 2025

[Register](#)

Prescribers Course

Friday, March 28, 2025

[Register](#)

Medical Record Keeping for Physicians

Wednesday, April 16, 2025

[Register](#)

### Self-directed online courses

Consent to Treatment

10–15 minutes

[Log in to access](#)

Ending the Patient-Registrant Relationship

5–10 minutes

[Log in to access](#)

Leaving Practice

5–10 minutes

[Log in to access](#)

Medical Record Keeping 101

15–20 minutes

[Log in to access](#)

Medical Record Keeping 201

15–20 minutes

[Log in to access](#)

Navigating Psychoactive Prescribing

20–25 minutes

[Log in to access](#)

Safe Prescribing of Opioids and Sedatives

7–12 minutes

[Log in to access](#)

Virtual Care

10–15 minutes

[Log in to access](#)