

# Registrar's message: upholding public confidence in professional regulation



CPSBC's overriding interest as a regulator is the protection and safety of patients by ensuring BC physicians and surgeons provide competent and ethical care. As we prepare for the implementation of the *Health Professions and Occupations Act (HPOA)*, I am reminded of what Harry Cayton emphasized in his [2018 report to the Ministry of Health](#)—that professional regulation requires the confidence of the public and it needs to be shared between the profession and the public in the interests of society as a whole.

There is an opportunity with the *HPOA* to focus more directly on that shared responsibility through the composition of the Board. Under the *HPOA*, CPSBC's Board will have 12 members with equal representation of public members and licensees to remove any perception of Board decisions being made based on professional self-interest or advocacy.

The new independent [Superintendent of Health Professions and Occupations Oversight](#) will establish the general education, training and experience required for all health regulatory board members, and make recommendations to the Minister of Health for appointments using a merit and

competency-based selection process rather than an election process. Under the [proposed draft bylaws](#), currently published for consultation, the CPSBC Board may also submit recommendations for appointment of members to the Superintendent if there is a need for a particular skill set.

The *HPOA* also requires the Board to appoint professional standards advisors who are responsible for making recommendations to the Board about eligibility standards, ethics standards and practice standards. The panel of professional standards advisors will be comprised of licensees and members of the public who are selected based on their qualifications.

While professional expertise will always be required in regulation, the public must have a strong voice at CPSBC's governance table in order to truly serve the public interest. CPSBC has steadily moved towards this shared regulatory approach since 1972 when the Council (now Board) requested the government to put forward names of public representatives to sit on the Complaints Committee. A year later, the first-ever public representative served on a committee. In 1986, the government appointed two members of the public to the Council. The number of public representatives on the Council was later increased from two to five in 1994. Under the current *Health Professions Act*, six of 15 board members are appointed public members.

Having a mix of physicians and members of the public on our Board and committees has been invaluable in helping CPSBC modernize and better serve British Columbians. In recent years, that diversity of skill, perspective and experience has assisted in the development of practice standards, supported our efforts towards cultural safety and humility, and informed recent innovative pathways for licensure to address our province's resourcing challenges.

As envisioned by Harry Cayton, the objective of the *HPOA* is to transform how health regulators fulfill their public protection mandate. First and foremost, we must protect the safety of patients, prevent harm, and promote the health and well-being of society as a whole.

Board members will continue to have a fiduciary duty to CPSBC and the public. Equal professional and public representation will give the public confidence that this fiduciary duty will be executed

without any real or perceived conflicts of interest. Within this new framework, I am committed to continuing our efforts to support physicians and surgeons in meeting high standards in medical practice and increasing public confidence in how our profession is regulated.

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).

# Share your feedback on draft bylaws under the Health Professions and Occupations Act



As a reminder, CPSBC is seeking feedback from registrants on draft bylaws under the *Health Professions and Occupations Act (HPOA)*, which is not yet in force.

Details about the implementation of the *HPOA* and the bylaw consultation schedule are available on the [CPSBC website](#).

The draft bylaws will be released for consultation in three groups for a two-month period.

CPSBC is now seeking feedback on the following parts **until April 30, 2025**.

- Board
- Committees
- CPSBC Records and Information
- Permits
- Professional Responsibilities

CPSBC is also seeking feedback on the following parts **until May 30, 2025**.

- Blood-Borne Communicable Diseases
- Health Monitoring
- Licensure
- Quality Assurance

Lastly, CPSBC will be seeking feedback on the following parts **from June 2 to July 31, 2025**. Please note that the consultation dates for this group have been updated to allow more time for drafting.

- Accreditation
- College Administration
- Delegation
- General
- Interpretation
- Public Protection
- Support Programs

See the [CPSBC website](#) for a full version, an overview, and an online feedback form for each part.

Registrants will be notified by email when new parts are open for feedback.

Thank you for sharing your input.

## Resources for CPSBC registrants



CPSBC offers resources to support registrants in practice, including coaching and online courses.

### **Registrant support coaching**

To assist registrants who require support in applying practice standards and professional guidelines to particular situations in their practice, CPSBC offers registrant support coaching.

Two registrant support coaches are available by appointment to guide registrants in navigating a situation in medical practice, applying relevant standards and guidelines, identifying resources, and developing a plan of action.

Both coaches are experienced physicians certified by the International Coaching Federation. They are trained to be attentive listeners and skilled inquirers, using a non-judgmental and empowering approach to unpack and address a challenge. A coaching appointment may help registrants gain a deeper understanding of the practice challenge they are facing and support them in developing their next steps. Every situation is unique and the coaches can work with a registrant to develop a plan of action that is aligned with CPSBC's expectations set out in standards and guidelines. The content of coaching conversations is kept in strict confidence and is not shared with CPSBC.

Learn more about the registrant support coaches and book an appointment [here](#).

### **Self-directed online courses**

CPSBC offers several online courses designed to assist registrants in understanding CPSBC expectations through examples and case studies. Each course takes between five and 25 minutes to complete, and all are self-directed so registrants can start at any time, progress at their own pace, and pause and return if needed.

Courses on the following topics are currently available:

- Consent to treatment
- Virtual care
- Ending the patient-registrant relationship
- Leaving practice
- Medical record keeping
- Safe prescribing

The courses are hosted on an online learning platform. For privacy reasons, the platform is not integrated with CPSIDs or passwords for the CPSBC website. To take a course, registrants must create an account by providing their name, email address, and setting a password.

Browse the self-directed online courses [here](#).

# CPSBC sustainability position statement



CPSBC has published a [position statement](#) to publicly communicate its environmental and sustainability priorities, and its commitment to address them.

Members of the ad hoc Environmental and Sustainability Committee (ESC) participated in a facilitated workshop in June 2024 to identify the environmental and sustainability impacts of CPSBC's operations and prioritize sustainability efforts. Following the workshop, the ESC developed the position statement, which was approved by the Board in February.

The position statement outlines the following key focus areas and goals:

- **Value chain impacts:** Implement a sustainable procurement framework, including a checklist and vendor questionnaire, to encourage all partners to meet comprehensive sustainability criteria.
- **Sustainable operations:** Optimize CPSBC's operations to reduce environmental impact across key areas, including transportation, energy and water consumption, and IT practices.
- **Broader health-care influence:** Foster collaborative partnerships with organizations to offer educational opportunities and resources to registrants on environmental and sustainability



issues. This includes promoting best practices and providing guidance on topics such as climate change mitigation, adaptation, and reducing medical waste.

The ESC will continue to implement its multi-year roadmap to support CPSBC in setting clear environmental commitments and targets and taking credible steps to meet them. As a next step, the ESC will begin engaging with internal and external audiences to set measurable goals and targets.

More information about the ESC and the sustainability position statement can be found on the [CPSBC website](#).

# Child/youth complaints pathways

## Complaints Update

CPSBC conducted research in 2022 on how its complaint processes are viewed by children, youth, their families and caregivers, and other advocates. The purpose of the research was to consider what changes need to be made to better serve this population's needs.

CPSBC currently receives more than 1,200 complaints per year from members of the public. Only 1.8% of complaints received are on behalf of children and youth who are under the age of 19, even though they make up approximately 20 per cent of BC's population.

The consulting firm KPMG was hired to conduct this research, which included interviewing key audiences, a market analysis, journey mapping, and reviewing service methodologies. Following this work, KPMG provided a [current state assessment](#) and [future state report](#) of the complaints process, and made recommendations for making it more accessible and supportive for children and youth involvement.

CPSBC has begun to implement some of the recommendations from the KPMG report, which are being tracked in this [progress report](#). A child/youth engagement and outreach strategy is also being developed, which will include engaging in user experience testing and facilitating partnerships with local child/youth focused organizations over the coming years.

# Diagnostic service requisitions

## DAP Update

A referral for consultation occurs when a patient requires a diagnostic service, including laboratory testing or any medical imaging. The act of completing a requisition ensures that the referral process includes both a mechanism for the consulting service (laboratory or medical imaging specialists) to close the loop with the referring physician, and a way to specifically contact that physician if there are questions or concerns for the patient including, but not limited to, reporting critical results.

The referral-consultation process is a key component to delivering patient-centered care, ensuring that patients receive the specialized expertise they need for optimal health outcomes. For additional information on the referral consultation process, refer to CPSBC's [Referral-Consultation Process](#) guideline.

Inaccurate or incomplete patient and/or ordering physician information on diagnostic service requisitions can be a significant contributor to delayed diagnostic investigations and errors in reporting as a breakdown in the referral process has occurred.

It is the responsibility of ordering physicians to ensure diagnostic service requisitions are appropriate, accurate and complete, including all fields of information.

The Diagnostic Accreditation Program (DAP) requires ordering physicians to include the following information on all outpatient diagnostic service requisitions:

- patient contact information
- patient address
- patient personal health number
- ordering physician contact information (a mailing address or corporate address alone is inadequate)
- MSP number
- additional diagnostic service specific requirements as per applicable [DAP accreditation standards](#)

For information on DAP accreditation standards, contact [dap@cpsbc.ca](mailto:dap@cpsbc.ca).

# Explore learning opportunities



## Facilitated online courses

Medical Record Keeping for Physicians

Wednesday, May 21, 2025

[Learn more](#)

Medical Record Keeping for Physicians

Wednesday, June 25, 2025

[Learn more](#)

## Self-directed online courses

Consent to Treatment

10–15 minutes

[Learn more](#)

Ending the Patient–Registrant Relationship

5–10 minutes

[Learn more](#)

Leaving Practice

5–10 minutes

[Learn more](#)

Medical Record Keeping 101

15–20 minutes

[Learn more](#)

Medical Record Keeping 201

15–20 minutes

[Learn more](#)

Navigating Psychoactive Prescribing

20–25 minutes

[Learn more](#)

Safe Prescribing of Opioids and Sedatives

7–12 minutes

[Learn more](#)

Virtual Care

10–15 minutes

[Learn more](#)

# Disciplinary actions

- [Chakraborty, Tapash – February 14, 2025](#)
- [Jackson, Craig Scott – April 1, 2025](#)