Registrar's message: looking ahead to the Health Professions and Occupations Act

As I previously shared, the Ministry of Health confirmed on July 16 that the *Health Professions and Occupations Act* (*HPOA*) will come into force on **April 1, 2026**. The transition to the *HPOA* has been a priority for CPSBC over the last year and will continue to be so as we work towards the in-force date. I would like to take this opportunity to update you on the work that has been done so far and to outline some of our next steps.

HPOA Bylaws

New CPSBC Bylaws under the *HPOA* will also come into effect on April 1, 2026. CPSBC has been consulting with registrants and the public over the last several months on drafts of the new Bylaws and is starting the process of consulting with Indigenous governing bodies, which is an expectation outlined in the *HPOA*.

Patient safety is at the forefront of CPSBC's work and there are opportunities to align that with the government's goal of enhancing public protection through the *HPOA* and the new Bylaws.

Registrants still have an opportunity to provide feedback on the Bylaws that are currently posted for consultation until August 31, 2025. Your input is important, and I strongly encourage all of you to share your feedback. Responses will be reviewed and considered once the consultation period has ended. Internal policies and procedures are also being drafted to support the implementation of the Bylaws once they are in effect.

Health professions regulations

In addition to the announcement about the *HPOA*, the BC government posted updates to the regulations for each health profession. The regulations outline:

- the name of the regulatory college that regulates each profession
- reserved titles
- scope of practice
- activities restricted to particular health professions
- limits or conditions of practice

There are no changes to the scope of practice for physicians and surgeons. The updated regulations are available on the BC Laws website.

The new regulations will also add professions to BC's health regulatory framework. The following diagnostic and therapeutic professions will be regulated by CPSBC starting **November 29, 2027**:

- clinical perfusionists
- medical laboratory technologists
- radiation therapists
- respiratory therapists

In the fall, I plan to meet with the respective associations to learn more about each of these professions. An internal team will manage the transition by consulting with each profession, developing new policies and procedures, and updating standards. We look forward to incorporating

these professions into CPSBC's regulatory framework over the next two years and advancing public safety in more areas of BC's health-care system.

In future, physician assistants (PAs) will transition from their current certified non-registrant status to become CPSBC licensees under the *HPOA*. CPSBC will be ready to begin this process when the Ministry of Health starts its consultation on the scope of practice for PAs. The anticipated timing of PAs becoming licensees is 2029. More information will be provided once the details and timelines for this change have been reviewed.

Looking ahead

In the interim, CPSBC will continue to operate under the existing *Health Professions Act* until the *HPOA* comes into force. We will keep working with government and other health regulators, and start discussions with the incoming professions, to ensure a consistent and smooth transition to the new legislation.

As always, we will provide more updates on this work as key milestones are met.

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.

Updates to MAiD practice standard: new process for medication return delays

The MAiD Oversight Unit has introduced a new process for MAiD practitioners who are experiencing extenuating circumstances and expect or encounter a delay in their ability to return MAiD medications within 72 hours of a patient's death (for example, due to circumstances such as extreme weather, natural disasters, and travel from rural and remote areas).

Registrants who anticipate a delay in returning MAiD medications must request an exemption by contacting the MAiD Oversight Unit with all of the following information:

- prescribing practitioner's name, CPSID, and contact information (email, phone)
- patient's name, PHN, date of birth, and sex at birth
- scheduled date of MAiD
- anticipated date of medication return
- reason for extension

The Oversight Unit can be reached by emailing hlth.maidoversight@gov.bc.ca, faxing 778-698-4678, or calling 236-475-4571.

The Oversight Unit expects practitioners to reach out when they anticipate they will encounter a delay in the MAiD medication return process as soon as it is practical. They will approve exemptions where exceptional circumstances are reasonably detailed, even if MAiD has already occurred.

CPSBC has updated its *Medical Assistance in Dying* practice standard to reflect these updated requirements.

Case study: importance of culturally safe and trauma-informed care

Culturally safe, trauma-informed care for Indigenous patients is a core expectation for all registrants, as outlined in CPSBC's *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard. When this practice standard is not upheld, it can erode trust and reinforce barriers to equitable health care. A panel of the Inquiry Committee recently reviewed a case involving a registrant who did not meet these expectations.

Case study

An Indigenous woman presented to an ambulatory clinic for her first gynecological assessment, seeking care for long-standing symptoms. She disclosed a history of sexual assault, which increased the potential for re-traumatization during sensitive medical encounters. Several elements of the visit contributed to her growing distress. During check-in, she was asked to explain the reason for her visit in an area with limited privacy. She was then required to change into a gown and walk through the waiting area, which left her feeling exposed and unsafe. Throughout the process, she was asked multiple times to repeat her story, requiring her to recount deeply personal experiences.

By the time she saw the physician, the patient was emotional. The open-ended questions he asked felt impersonal and retraumatizing. The patient did not perceive an effort to build rapport or establish a culturally safe environment. She also experienced the encounter as marked by a power imbalance, particularly being a female Indigenous patient in a sensitive situation with a male physician.

As trust eroded and communication broke down, the physician ultimately ended the appointment, citing safety concerns due to the patient's response, and an inability to proceed.

Case resolution

The Inquiry Committee noted that although open-ended questions are generally effective, the physician did not appear to recognize their impact on the patient or adjust his approach in response to her visible distress. This was a missed opportunity to pause and consider de-escalation strategies. While ending the examination was appropriate for safety reasons, earlier efforts to build rapport may have changed the outcome. The Inquiry Committee acknowledged complex power dynamics, including gender and the nature of the exam. A more reflective, patient-centered approach could have validated the patient's experience and supported a more respectful conclusion to the visit.

Key takeaways

This case illustrates how applying principles from the *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard could have improved the patient's experience.

- **Reflect on power and privilege:** Power imbalances were evident throughout the interaction. The patient expressed feeling a lack of control. Greater awareness of how power dynamics affect Indigenous patients could have prompted the physician to adjust his approach and spend more time building rapport, potentially avoiding a breakdown in the therapeutic relationship.
- **Provide clear, anticipatory information:** Although some details were communicated in advance, the appointment unfolded differently than expected. The patient felt unprepared.

Given her trauma history, more detailed information about the process, consistent staff interactions, and clear expectations may have helped reduce anxiety.

- **Recognize and respond to trauma:** The clinic was aware of the patient's trauma history, yet a trauma-informed approach was not consistently applied. For example, the patient had to repeat her story multiple times, despite relevant details being available in the chart. Trauma-informed care may require adapting usual practices, such as pacing the appointment or prioritizing relationship-building. Acknowledging distress and adjusting expectations can help to build patient trust.

CPSBC resources

Providing culturally safe care is a CPSBC requirement. The *Indigenous Cultural Safety, Cultural Humility and Anti-Racism* practice standard sets out clear expectations for registrants and serves as a practical tool for ensuring a culturally safe medical practice.

As a reminder, CPSBC has resources available to enhance learning about cultural safety and humility.

- Frequently asked questions
- Learning resources
- Educational video series
- Connecting the Dots podcast episodes

Withholding birth documentation: why payment status should never be a barrier

Over the years, CPSBC has received concerns about physicians withholding the signing of the Notice of Birth from patients who are paying privately for maternity services. Patients in British Columbia may be paying privately for a variety of reasons, including lack of eligibility for public coverage. In some cases, patients may also be unable to afford the full cost of care. However, lack of payment, partial or full, should never be used as a reason to delay or deny services related to childbirth.

From both legal and ethical perspectives, all patients in BC are entitled to fair and appropriate care during childbirth.

Legal obligations

Under the *Vital Statistics Act*, the provider in attendance at a birth is legally required to submit a Notice of Birth in a timely manner. This requirement applies to all registrants, regardless of payment status or what may have become accepted practice. Without this, parents are unable to complete the birth registration required for receiving services. Furthermore, the CMA Code of Ethics and Professionalism

states that "physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions."

In addition, CPSBC's *Access to Medical Care Without Discrimination* practice standard requires registrants to consider each patient's unique circumstances and available resources when providing care. This standard also prohibits limiting services based on protected grounds, which can include financial status.

Ethical responsibilities

Withholding services raises serious ethical concerns. Many privately paying patients may be newcomers to Canada, including refugees, and are often unfamiliar with or unsupported in navigating the health-care system. For a postpartum patient, these additional barriers can create immediate distress and lead to longer-term challenges for both parent and child.

While it is understood that registrants are not expected to provide care without compensation, it is crucial to take a broader view of how the denial or delay of services may affect a patient's health, well-being, and trust in the system. CPSBC expects registrants to apply an equity-informed approach and to consider the lived realities of patients when delivering care.

Connecting the Dots podcast: understanding patient expectations for culturally safe care

The latest episode of CPSBC's Connecting the Dots podcast is now available. This episode marked National Indigenous History Month and features an interview with Laurie Dokis. Laurie is from the Dokis First Nation and a member of the Anishinabek Nation in Ontario. She is a registered nurse with more than 30 years of clinical experience focusing on advancing anti-racism and cultural safety. She is also the co-chair of the Inquiry Committee of the BC College of Nurses and Midwives and sits on the BC Health Regulators' Indigenous Community of Practice.

Through stories and real-life examples from her personal and professional journey, Laurie offers valuable insights into what Indigenous cultural safety looks like from the patient's perspective. She also reflects on the *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard, illustrating how these principles show up in real-world care settings.

Earlier episodes of Connecting the Dots, along with links to listen on Apple Podcasts, Spotify, and Amazon Music can be found here. New episodes will be also announced in the College Connector or

by email.

Questions or feedback about Connecting the Dots can be directed to communications@cpsbc.ca.

Keeping an IPAC practitioner on retainer in the event of water intrusion

NHMSFAP Update

The safe reopening of a non-hospital facility after a flood or significant water intrusion event (greater than 32 ft^2) requires the specialized expertise of a health-care infection prevention and control (IPAC) practitioner. As water intrusion events are unpredictable and qualified IPAC practitioners are a scarce resource, non-hospital facilities should be prepared by having a qualified IPAC practitioner on retainer to call upon in the event of a water intrusion.

IPAC practitioners provide direction and expertise for the containment, clean-up and disinfection of the area(s) affected by a water intrusion, decisions regarding the disposal or reprocessing of all clean and sterile supplies, the assessment and reassessment of the affected areas for moisture, mold and spores, and post-remediation sign-off prior to the recommencement of health-care services.

More specifically, an IPAC practitioner thoroughly assesses the extent of the water damage, including the type of water (clean, gray or black water) and identifies all affected areas and equipment. They provide direction to the restoration/construction company for the removal of water, the required

preventative measures based on an infection control risk assessment, hoarding of the area(s) and heating, ventilation and air conditioning (HVAC) system, as appropriate, the assessment and reassessment of structural materials for residual moisture, and air quality testing for bioaerosols.

Health-care facilities, old or new, are vulnerable to water intrusion events. Non-hospital facilities which are not located on the top floor of a building are particularly vulnerable to the risk of water intrusion and damage arising from units or infrastructure above the facility.

In the event of a water intrusion event and following the safe closing of any procedure in progress, the medical director must immediately notify the NHMSFAP and cease operations until the facility has been inspected and approval by the NHMSFAP Committee to resume operations has been granted.

Introducing new technology in accredited facilities

CPSBC's two accreditation programs, the Diagnostic Accreditation Program (DAP) and the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) have published policies regarding the introduction of new technology for clinical use:

- DAP New Diagnostic Technology Policy
- NHMSFAP New Technology Policy (Including Artificial Intelligence)

Any new technology must have both a Health Canada licence and either a health technology assessment or already be approved for use in a health authority prior to being submitted for approval by the DAP or NHMSFAP committees. These requirements provide confidence that the new technology is safe and has adequate evidence of efficacy and quality.

Importantly, a Health Canada licence does **not** indicate that the device has been assessed for effectiveness or safety in clinical care applications. The level of evidence Health Canada reviews before licensing is dependent on the risk classification of the medical device. This risk classification

spans from very low-risk medical devices (Class I, e.g. thermometers) to moderate and high-risk devices (Class III, e.g. hip replacement/implanted prosthetics and Class IV, e.g. pacemakers). For low-risk devices, Health Canada does not review evidence of safety and effectiveness but instead relies on the manufacturer's declaration, or post-market surveillance. For moderate and high-risk medical devices (class III/IV), Health Canada does review evidence of safety and clinical effectiveness.

Due to the potential limitations of the Health Canada medical device regulation process, evidence of clinical safety and efficacy must also be provided, through approval by a health authority or through a health technology assessment. A health technology assessment (HTA) is a multidisciplinary, internationally recognized methodology for assessing the clinical and cost effectiveness of new technologies.

Health technology assessments may be obtained from organizations such as Canada's Drug Agency (CDA, formerly known as CADTH), National Institute for Health and Care Excellence (NICE), and BC Health Technology Assessment (HTA). The BC HTA program provides evidence-informed advice to support decisions on the provincial or regional adoption of certain non-drug therapeutic interventions (e.g. devices, diagnostics, medical procedures, and programs). More information about the BC HTA program is available in this *College Connector* article or on the Ministry of Health website:

- Health Technology Assessments
- Health Technology Assessment Committee

Seeking two part-time peer assessors for family practice assessments

CPSBC's Physician Practice Enhancement Program (PPEP) is currently seeking two part-time peer assessors to conduct family practice assessments and promote quality improvement.

General duties

Under the direction of the deputy registrar and the program director, the peer assessor will carry out the mandate of the PPEP: to assess community-based registrants and promote quality improvement in medical practice in compliance with CPSBC practice standards and procedures, and in accordance with the Bylaws under the *Health Professions Act*.

Deliverables

- Work part-time (minimum seven hours per week) to conduct peer assessments.
- Conduct a combination of remote and on-site peer assessments throughout BC.

Ideal attributes

- Exceptional interpersonal communication skills, including the ability to work in a collaborative team environment.
- Understanding of best practices, up-to-date knowledge on clinical care guidelines, and familiarity working in a multi-physician clinic setting.

Credentials

- A family physician.
- Licensed in BC, in good standing with CPSBC, and currently engaged in clinical practice.
- Undertaken a successful peer assessment with PPEP and completed an assessor training workshop.

Application process

Interested applicants should submit a letter of interest and CV to the attention of the director, Physician Practice Enhancement Program.

- Confidential fax: 604-733-3503
- Email: peerassessments@cpsbc.ca

All correspondence will be held in strict confidence.

Seeking medical reviewers to support the Inquiry Committee

CPSBC's complaints and practice investigations department is currently seeking medical reviewers to work on behalf of the Inquiry Committee (IC) to review information collected during a complaint investigation and draft dispositions.

General duties

Reporting to the deputy registrar, complaints and practice investigations, medical reviewers are responsible for:

- Reviewing information collected during a complaint investigation and draft dispositions on behalf of the IC.
- Conducting interviews with registrants and their legal counsel during the complaint investigation or upon concluding the matter.
- Working collaboratively with a team of dedicated individuals to improve registrant practice in the province of BC.

Deliverables

- Provide an average of 40 hours per month.
- Attend four to five virtual IC meetings per year and all required pre-meetings to discuss the complaints before the IC.
- Communicate availability each month for scheduling registrant interviews.

Education, training, and support

- Training and onboarding time with experienced medical reviewers and CPSBC staff is compensated.
- Bi-monthly meetings are held with peers and the department leadership team to discuss process changes and identify department objectives.
- Focused continuing professional development is provided.
- A dedicated laptop (for a small annual fee) is provided, which includes voice dictation software and other software required to perform work.

Ideal attributes

- Exceptional writing skills, including the ability to present technical concepts in lay terms and formulate clear and logical reasons in a style that expresses both empathy and a commitment to fairness.
- Understanding that medical reviewers are not decision-makers; that responsibility falls entirely with the IC. Like CPSBC employees, medical reviewers support the work of IC.
- Thriving in a high volume, fast-paced environment while maintaining quality and timeliness standards.
- Being open to feedback and willing to provide constructive feedback to other members of the team.
- Treating all individuals equally with dignity, courtesy and respect, and without discrimination.

Credentials

- A family physician or specialist in general internal medicine or emergency medicine.
- Licensed in BC, in good standing with CPSBC, and currently engaged in clinical practice.
- Ability to understand, apply, and remain updated on CPSBC practice standards/guidelines and related legislation.

Application process

- All applications will be acknowledged by the director, complaints and practice investigations; however, only short-listed applicants will be contacted for an interview.
- Interviews will take place over MS Teams and will be conducted during regular business hours (8:30 a.m. to 4:30 p.m. PST).
- Short-listed applicants will also be asked to complete a timed writing exercise, also completed virtually.

Applying

Interested registrants should send a letter of interest and their CV to the attention of the director, complaints and practice investigations:

- Confidential fax: 604-733-3503
- Email: complaints@cpsbc.ca

All correspondence will be held in strict confidence.

Explore learning opportunities

Facilitated online courses

Medical Record Keeping for Family Physicians

Wednesday, September 3, 2025

Learn more

Medical Record Keeping for Psychiatrists

Friday, October 31, 2025

Learn more

Prescribers Course

Friday, November 14, 2025

Learn more

Medical Record Keeping for Family Physicians

Wednesday, November 5, 2025

Learn more

Self-directed online courses

Access to Medical Care Without Discrimination

10–15 minutes

Learn more

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