

Registrar's message: Regulatory modernization – priorities for 2026



Regulatory modernization is something CPSBC, other health regulators, and the Ministry of Health have been working towards for several years, since Harry Cayton's [2018 report to the Ministry of Health](#). Much of our efforts will finally come to fruition in 2026 with the *Health Professions and Occupations Act (HPOA)* coming into force on April 1.

Our priority for the first part of this year will be to ensure that we are operationally ready for day one and to enable a smooth transition for registrants (licensees under the *HPOA*). We are currently directing the majority of our resources and efforts towards finalizing updates to our internal systems, policies and procedures. While there will be several key changes to our internal processes and operations, the way registrants currently engage and interact with CPSBC will mostly remain the same under the new legislation.

What the *HPOA* will noticeably impact is how BC's health regulators fulfill their mandate to protect the public. Health regulators will now place an even greater emphasis on approaching their work through an anti-discriminatory lens. This includes protecting patients from harms caused by

discrimination and supporting and promoting reconciliation with Indigenous people. This is a necessary and significant shift as we address the need for a fair, equitable and accessible health-care system.

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 our new Bylaws. As part of this transition, our current practice standards, which reflect the minimal standard of professional behaviour and ethical conduct expected of registrants, will become Bylaws, ensuring action can be taken if a contravention occurs. For those wanting to learn more about the *HPOA* and the new Bylaws, I encourage you to watch these [recorded webinars](#) that were held last fall. The webinars focus on how the *HPOA* and the new Bylaws will affect specific areas of regulation and address questions raised during the bylaw consultation process.

Among the significant developments under the *HPOA* will be the introduction of support programs as part of our complaints process. Work is currently underway to establish these programs, which will assist patients involved in complaints alleging sexual misconduct, sexual abuse and discrimination. The discipline process for such complaints will be overseen by a new [Health Professions Discipline Tribunal](#).

Towards the second half of this year, our priority will shift to incorporating four new professions into CPSBC's regulatory framework. The following professions will be regulated by CPSBC starting November 29, 2027:

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

I have already started meeting with the respective associations to learn more about each profession and their role in our health-care system. An internal project team has been formed to further consult

with each profession, and to develop new licensing procedures and applicable policies and standards.

The landscape in which we all work is evolving, presenting us with both emerging challenges and opportunities. I will continue to provide updates on these important changes over the coming months.

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.

Changes to annual licence renewal under the HPOA



Annual Renewal

With the transition to the *Health Professions and Occupations Act (HPOA)*, there are updates to the annual licence renewal process effective April 1, 2026. These changes are applicable to all registrants except those in the educational and retired classes of licensure.

Critical change for 2026: licence expiry date

Under the current legislation, the *Health Professions Act*, licences that were not renewed were suspended on April 1 and then expired on January 1 of the following year. Under the *HPOA*, licences that have not been renewed will still be suspended on April 1, however, they will expire on May 1 of the same year.

As a result, registrants who have not completed the 2026 annual licence renewal form and paid their fees by April 30, 2026, will see their licence expire on May 1, 2026. Registrants whose licence is suspended or expired may be subject to certain obligations pursuant to section 82 of the *HPOA*, including but not limited to, transferring patient records to another licensee and providing written

notice of the transfer to patients.

Deadlines for 2027

Key deadlines for 2027 licence renewal as set out in the new Bylaws under the *HPOA* (Part 6, Division 9) are summarized below.

- **February 1, 2027:** Deadline to submit completed annual licence renewal form and pay the annual fee.
- **February 2, 2027:** Failure to submit the above by February 1, 2027 results in a notice of late renewal.
- **March 1, 2027:** Failure to submit the above before March 1, 2027 results in a mandatory late renewal fee of \$500.
- **April 1, 2027:** Failure to submit the above before March 31, 2027 results in immediate licence suspension, an additional late renewal fee of \$300, and a continuing competency requirement fee of \$750 (for failure to meet requirements).
- **May 1, 2027:** Failure to meet the above requirements by April 30, 2027 results in licence expiration.

Registrant FAQs: Five common questions answered

Practice Standards + Professional Guidelines

CPSBC receives a high volume of inquiries from registrants regarding practice standards. Following are the top five most frequently asked questions, along with CPSBC responses and some useful resources.

What are CPSBC's expectations regarding cross-border virtual care?

CPSBC's [Virtual Care](#) practice standard outlines expectations of registrants providing virtual care to patients located outside of BC and expectations of registrants providing virtual care when temporarily located outside of BC. Registrants providing virtual care must consider whether the virtual care medium affords adequate assessment of the presenting problem, and if it does not, they must arrange for a timely in-person assessment conducted by themselves, or another registrant or nurse practitioner with whom a pre-established agreement has been made. For further context and examples, registrants may wish to complete the Virtual Care [online learning course](#).

How long are registrants expected to retain medical records?

As outlined in CPSBC's [Medical Records Management](#) practice standard, registrants who have custody of medical records are responsible for ensuring that they are maintained and stored in accordance with ethical, professional, and legal requirements, whether the records are paper or electronic. Registrants have a duty to ensure medical records are retained for a minimum period of sixteen years from either the date of the last entry or from the age of majority, whichever is later, except as otherwise required by law (section 3-6(2) of the Bylaws and BC's Limitation Act). For further context and examples, registrants may wish to complete the Medical Records Management [online learning course](#).

I am leaving practice temporarily but haven't been able to find a replacement. What are my responsibilities?

While securing a locum is ideal, CPSBC recognizes that this is not always possible. CPSBC's expectation is that registrants do their best to arrange appropriate coverage for their practice during their leave and follow the principles outlined in the [Leaving Practice](#) standard. For further context and examples, registrants may also wish to complete the Leaving Practice [online learning course](#).

Does CPSBC help registrants set up or manage their practice?

CPSBC's mandate is to protect the safety of the public; it does not get involved in the management of a practice or a business or contractual relationship between registrants or clinic owners. Registrants should seek medical-legal advice from the [Canadian Medical Protective Association \(CMPA\)](#).

I am setting up a new primary health care clinic. What are the steps I need to take with CPSBC?

Community primary care clinics do not need to be registered or accredited by CPSBC. However, registrants are expected to be compliant with the [Physician Practice Enhancement Program assessment standards](#). Multi-registrant clinics must appoint a medical director who is a registrant of CPSBC, and follow CPSBC's [Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics](#)

practice standard. [Doctors of BC](#) provides registrants with useful information about starting a business.

Other CPSBC resources

Registrants looking for guidance on how to apply standards in practice may benefit from an appointment with a CPSBC [registrant support coach](#).

CPSBC has also developed a number of [online courses](#) and [podcast episodes](#) for registrants.

Shadowing and observing in BC



Physicians and surgeons in training who may wish to visit BC temporarily for a clinical or educational experience are required to be registered and licensed with CPSBC for observation, electives or shadowing, including but not limited to being present during patient interviews, diagnostic or clinical examinations, being present in the operating room or during surgical procedures, or being allowed access to patient medical records.

When such a registrant is present with a patient, the supervising registrant must explain the role of the registrant in training and obtain consent from the patient or the patient's representative before any observation or shadowing is permitted. The consent must be documented in the patient's medical record.

As clearly outlined in CPSBC's practice standard, *Job Shadowing/Observing*, students who are not medical students or enrolled as students of another regulated health professions are not allowed to observe or shadow.

Medical students from outside of BC wishing to complete an elective in BC must apply for a visiting medical student licence.

Visiting physicians and surgeons from other jurisdictions require registration and licensure with CPSBC for observation and shadowing, including reviewing patient medical records. They may be able provide medical care in specific circumstances under supervision when registered in the visitor class for up to six months. The purpose of the visitor class is to support physicians seeking to familiarize themselves with aspects of the Canadian medical system, demonstrate or teach a procedure in which they have expertise, or acquire expertise in a particular procedure.

International and Canadian medical graduates who have not yet obtained certification may seek licensure in the clinical observer class to gain educational experience and familiarize themselves with the clinical and ethical requirements of the Canadian medical system. Clinical observers require an approved registrant as a supervisor and function at the level of a fourth-year medical student in a practice setting.

More information can be found here:

- [Visiting medical students](#)
- [Clinical observer](#)
- [Visiting physician](#)

Connecting the Dots podcast: Managing patient expectations



The latest episode of CPSBC's Connecting the Dots podcast is now available. Through an interview with Dr. Karen Shklanka, this episode provides strategies for managing patient expectations, such as when a patient arrives with a firm idea of a diagnosis or a request for a specific test.

Dr. Shklanka brings more than a decade of experience in both rural and urban family medicine, as well as expertise as an addiction and pain medicine consultant. She currently holds the positions of lead faculty for behavioural medicine and clinical assistant professor at the Vancouver-Fraser Site of UBC's Family Practice Program, where she was honored with the Vancouver-Fraser Resident Teaching Award in 2020.

During this conversation, Dr. Shklanka shares effective communication strategies for working with patients who arrive with strong diagnostic expectations, validating patient's perspectives without agreeing to inappropriate or unnecessary interventions, and helping conversations get back on track. She also discusses the role self-compassion plays when managing frustration or conflict. Future resources on this topic will be available on CPSBC's website.

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.

Mind the skills gap: Ensuring quality performance through competency assessments

NHMSFAP Update

In accordance with the NHMSFAP *Human Resources* accreditation standard, competency assessments for existing facility staff are to be performed annually and when new technology or new procedures are introduced. Competency assessments for new staff are to be performed prior to the completion of a probationary or orientation period. Defined materials that mirror the conditions of the working environment are to be used.

Performance reviews are based on the individual's job responsibilities outlined in a job description and standards of practice for regulated health professionals. Performance reviews measure how well tasks and responsibilities are executed, whereas competency assessments focus on the skills, knowledge and abilities the individual possesses. The focus of staff competency assessments is quality improvement.

Competency assessments are to be conducted and reviewed by individuals with appropriate education, experience and qualifications. These individuals evaluate the knowledge, skills and abilities of staff to ensure they are proficient in performing their duties and are to be done in addition

to performance reviews.

The results of competency assessments are documented and discussed with the staff member and, if needed, corrective action plans developed to address any knowledge or practice gaps. The medical director is responsible to ensure competency assessments are documented and filed for all regulated health professionals and certified staff.

The completion of annual staff competency assessments form part of the accreditation assessment and medical directors must ensure that staff consent is obtained in order for the assessment team to view these assessments.

Changes to drug programs quality assurance activities under the HPOA



Drug Programs Update

As part of the upcoming changes under the *Health Professions and Occupations Act (HPOA)*, the drug programs department is updating its quality assurance work. The department has always aimed to support prescribers in the complex and challenging work of prescribing opioid, sedative, stimulant, and other psychoactive medications, as well as other medications with potential for misuse, diversion, and harm.

Currently, the Prescription Review Program reaches out to registrants whose prescribing practices are flagged as falling outside of accepted guidelines. Going forward, all registrants who prescribe opioids, sedatives, stimulants, or other potentially harmful medications will have the opportunity for a review of their prescribing profiles through a rotational quality assurance review process. The intention is for each prescriber to receive one review per multi-year cycle. The review aims to identify ways in which prescribers can proactively improve their own practice and to offer the tools and education to support this.

These changes are designed to align with the new requirements outlined in the *HPOA*. CPSBC's quality assurance efforts are collegial, remedial, and educational. The overarching purpose of this work is to enhance the quality and safety of care provided to patients and to maintain quality of care for prescribing in BC.

Further details about the quality assurance review process will be shared on CPSBC's website and in future issues of the *College Connector*.

Resources

CPSBC has a range of reports and resources that can be provided on request to offer additional insights into a registrant's prescribing patterns. Registrants are encouraged to review their own prescribing profile as they contain useful information that might assist with treatment decisions. Drug programs staff are available to answer questions at drugprograms@cpsbc.ca or 604-733-7758 ext. 2629.

Safe practice management conference – now open for registration

Drug Programs Update

The Foundation for Medical Excellence (TFME) in cooperation with the College of Physician and Surgeons of British Columbia is pleased to announce the 38th Annual Conference in Safe Practice Management, which is now open for registration.

This unique physician training includes four one-hour self-paced presentations discussing approaches to appropriate prescribing, and a one-day virtual conference on April 10, 2026 from 8 a.m. to 4 p.m. PST where subject matter experts will dive into the nuances of reconciling patient requests with prescribing best practices.

Participants can earn up to 9 CME credits.

This year's theme, Prescribing SMARTer (Safer Care with Minimal Medications and Appropriate and Rational Treatment), gives physicians a chance to elevate their clinical skills in managing patient requests using the SMART framework. Going beyond the basics of opiate and anxiolytic prescribing, participants will navigate the complexity of patient requests for these overvalued medications, and

the multi-dimensional impact the usage of these drugs can have on a patient's life.

Each self-paced session can be watched on Zoom and will take 40 to 60 minutes to view, including a short quiz at the end to demonstrate mastery of these concepts (required for CME credits).

See [the brochure](#) for details.

[Register today](#) for early-bird and special student pricing. Space is limited.

Career opportunity: Drug program assessor

Drug Programs Update

The drug programs department is seeking registrants with clinical expertise in prescribing opioids, sedatives, and stimulants to join CPSBC as part-time assessors. This role is ideal for clinicians in primary care (family physicians) or mental health (psychiatrists) who are passionate about quality assurance and patient safety.

Currently, the position offers a flexible, fully remote commitment of up to eight hours per week, with the potential for additional hours.

CPSBC is currently transitioning from the *Health Professions Act* to the new *Health Professions and Occupations Act*. As part of this evolution, the Prescription Review Program (PRP) is undergoing exciting changes. The PRP is specifically looking for consultants who bring expertise in coaching and mentoring to help guide their peers through these updates.

Key responsibilities

Working under the direction of the deputy registrar and the program manager, the assessor will:

- Analyze prescribing profiles: use objective criteria to identify trends that may pose risks to patient safety.
- Mentor peers: engage directly with registrants to provide evidence-based feedback, coaching, and guidance on the prescription of psychoactive medications.
- Promote best practices: encourage alignment with clinical standards and CPSBC bylaws to ensure high-quality medical practice.

Qualifications

- Active clinical experience in prescribing controlled substances.
- Exceptional interpersonal and communication skills.
- A collaborative mindset and ability to work effectively within a team.
- Comprehensive knowledge of current clinical care guidelines and evidence-based practices.

Interested candidates are invited to submit a cover letter and resume to the manager, drug programs.

Email: drugprograms@cpsbc.ca

Fax: 604-733-1267

Explore learning opportunities

Learning Opportunities

Facilitated online courses

Prescribing SMARTer: Annual Conference in Safe Practice Management

- Friday, April 10, 2026

Medical Record Keeping

- Wednesday, April 15, 2026 (for family physicians)

Self-directed online courses

Practice standards and professional guidelines

- [Access to Medical Care Without Discrimination](#) (10–15 minutes)
- [Consent to Treatment](#) (10–15 minutes)
- [Ending the Patient-Registrant Relationship](#) (5–10 minutes)
- [Leaving Practice](#) (5–10 minutes)
- [Virtual Care](#) (10–15 minutes)

- [Safe Prescribing of Opioids and Sedatives](#) (7–12 minutes)

Medical Record Keeping

- [Medical Record Keeping 101](#) (15–20 minutes)
- [Medical Record Keeping 201](#) (15–20 minutes)

Prescribing

- [Navigating Psychoactive Prescribing](#) (20–25 minutes)

Connecting the Dots podcast episodes

- [Meet our New Registrar and CEO](#) (22 minutes)
- [Navigating towards Culturally Safe Care](#) (25 minutes)
- [Indigenous Cultural Safety and Allyship](#) (31 minutes)
- [Professional Interpretation in Health Care](#) (38 minutes)
- [Creating a Safe Practice for Gender-diverse Patients](#) (21 minutes)
- [Understanding Patient Expectations for Culturally Safe Care](#) (32 minutes)
- [Using AI in Medicine](#) (21 minutes)
- [Managing Patient Expectations](#) (23 minutes)