Growing on solid ground together
Serving the public through excellence and professionalism in medical practice

TRANSPARENT
OBJECTIVE
IMPARTIAL
FAIR

2012 ANNUAL GENERAL MEETING
Friday, September 21, 2012
Vancouver Convention Centre
Vancouver, British Columbia

COLLEGE OF PHYSICIANS AND SURGEONS OF BC
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About this Report
This report describes the work and activities of the past year; it highlights the major accomplishments; and it reflects the commitment and dedication of many who give of their time and expertise to deliver on the College’s mandate.

Statistics contained in this report cover the period from January 1, 2011 through to December 31, 2011 unless otherwise indicated. Due to changes in reporting resulting from the Health Professions Act, year to year comparisons are not always available.

Committee Reports
The chairs of each of the College’s committees are required by statute to submit a written report of their specific activities and accomplishments to the Board. These reports can be viewed on the College website at www.cpsbc.ca under Publications and Resources → Annual Report.
About the College

The College of Physicians and Surgeons of British Columbia was established in 1886 as the licensing and regulatory body for all medical practitioners in the province. The College’s overriding interest is the protection and safety of patients, and the quality of care they receive from licensed physicians in BC.

Regulation of the profession requires both proactive and reactive measures. Proactively the College maintains high educational standards and licensure requirements, and administers a number of quality assurance programs such as periodic peer reviews of physicians and their practices, and reviews of prescribing practices; the College also accredits diagnostic and non-hospital medical and surgical facilities; and develops standards and guidelines to address issues that arise in the course of active practice. In its reactive role, the College manages a comprehensive process for addressing public concerns and responding to inquiries, and developing and maintaining high standards for physician conduct and performance.

The College is governed by the Health Professions Act, and the Regulations and Bylaws made under the Act. A board comprised of 10 peer-elected physicians and five public representatives appointed by the Ministry of Health are responsible for the governance of the College. The daily operations are administered by the registrar and other medical and professional staff.

On October 14, 2011, the College moved from its leased premises to a newly purchased building at 669 Howe Street.
President’s Message

Marjorie A. Docherty
MBChB, CCFP, FCFP
President

The College of Physicians and Surgeons of British Columbia is a dynamic, evolving organization that over the years has adapted to numerous political, technological, and environmental changes. In spite of the ever-changing nature of the regulatory world, the people who do the good work of the College have always been grounded by strong ethical principles, which guide the decisions they make and the actions they take. Collectively, they hold a deep respect for those who served before them. Through thoughtful reflection and deliberation they confront new challenges, and they strive to have vision and foresight in order to carefully plan ahead. In doing so, they ensure the ground is solid for future generations to deliver on the College’s mandate to protect and serve the patients of BC.

Environmental and fiscal responsibility
The College’s structural roots were firmly established in 2011 with the successful move to a new location at 669 Howe Street in downtown Vancouver. The office tower, part of the development at the Offices at Hotel Georgia, complies with the energy efficiency standards of BC Hydro’s PowerSmart program, and is easily accessible to all modes of public transit.

The relocation was very significant both in terms of providing the College with enough space for its anticipated growth, as well as securing the College’s long-term financial stability. The Board’s direction was to purchase a building that cost no more than an additional $500,000 per year to operate. In the first year, it is anticipated that the new building will cost approximately $200,000 less per year to operate than the previously leased premises. The savings have enabled the Board to allocate additional resources to important quality assurance programs and professional competency initiatives. The united effort of realizing the dream of owning a building again provides a good example of the excellent working relationships shared by the Board and College employees.

Operational efficiency
In 2011, the Board made operational efficiency a top priority and committed the necessary resources to transition the College to an electronically-enabled organization within the next two to five years. The electronic transformation will involve further automation of some of the current document-intensive, paper-based business processes, as well as enhanced security for managing and storing records. The Board also made the decision to move the Diagnostic Accreditation Program from its leased premises into the new building to allow for increased sharing of resources and consolidation of work functions with the Non-Hospital Medical and Surgical Facilities Program.

Enhanced quality assurance
In February 2011, the Ministry of Health requested an independent investigation after a series of events regarding the misinterpretation of CT scans called into question the quality of diagnostic imaging involving four radiologists. Dr. Douglas Cochrane, Provincial Patient Safety and Quality Officer and Chair of the BC Patient Safety and Quality Council, was asked to lead the review.
Dr. Cochrane outlined 35 system-improvement recommendations directed to the health authorities, the College and the Ministry of Health, all of which were accepted by Health Minister Michael de Jong. The College readily agreed to work closely with the Ministry of Health and the health authorities to develop processes that would lead to a standardization of privileging and credentialing in hospitals and private surgical and diagnostic facilities throughout BC.

Public confidence was shaken as a result of the events that precipitated Dr. Cochrane’s investigation. Incidents such as this serve to remind all physicians of the trust patients place in them to care for their well-being, and the responsibility they hold to remain current and competent within their scope of practice. Physicians can no longer leave medical school with a degree and expect never to be evaluated again. Collectively, the College and the health authorities have a public duty to facilitate the assessment of skill and competence of the physicians working in this province at any point deemed appropriate throughout a physician’s practising lifetime. The Board takes this responsibility very seriously and will continue to focus its efforts on developing and implementing comprehensive quality assurance activities in the coming years.

It has been an honour and a pleasure this year to serve and work with such a dedicated team of College employees, Board and committee members who strive to protect the public and enhance the practice of medicine in our province. One of the primary objectives of this year’s Annual Report is to recognize the enormous contributions made by these dedicated individuals.
Dr. Douglas Cochrane’s two-part investigative report into the misinterpretation of CT scans presented many opportunities for the College, the health authorities and the Ministry of Health to work together towards systemic improvements. While many other provinces had similar concerns regarding the quality of medical imaging services, the collaborative approach taken to address the gaps identified in Dr. Cochrane’s report was indeed unique, and will undoubtedly play a big part in ensuring superior performance in BC’s health-care system well into the future.

One of the recommendations from the Ministry of Health’s seven-point action plan, which was developed in response to Dr. Cochrane’s report, was the establishment of a provincewide framework for credentialing and privileging physicians. At the time of writing this report, a common application form had been drafted for physicians seeking appointment to the medical staff of a hospital, and a pilot project to set out minimum criteria and competencies for site- and discipline-specific privileging was well underway. While each health authority is ultimately responsible for its credentialing and privileging processes—as is the College when it authorizes physicians to work in private surgical and diagnostic facilities—standardization and implementation of best practices in these processes represents a significant step towards ensuring that only competent physicians are permitted to provide institution-based medical services.

One of the College’s strategic initiatives for 2011 and beyond was the expansion and enhancement of quality assurance activities, which are detailed in subsequent pages of this year’s Annual Report. As a first step in the process of revalidating licensure, all physicians must participate in continuing professional development. Enhancements this year include an expansion of the review program that involves peer assessments of office practices [see page 14]. Even before Dr. Cochrane’s report identified the need for rigorous performance management, the Board directed that the program expand over time with a future goal of assessing 300 physicians per year. The College is striving to achieve a program that will assess 10 per cent of active registrants on an annual basis, and is committed to ensuring timely, fair and relevant revalidation of licensure.

Consistent processes and structures for the assessment and enhancement of physicians’ performance are essential. Ultimately, these quality assurance processes need to be linked with revalidation of licensure of all physicians, and, for many physicians, renewal of privileges at the institutional level. The College and the health authorities are collaborating to develop a framework that will include both formative and summative assessments, and support physicians in providing safe and high quality medical care.

The delivery of high quality medical care is a complex task. Its underpinnings require that robust processes and systems are in place to clearly define roles, responsibilities, and loci of accountability. The need to monitor and communicate important information about a physician’s licensure, credentials and performance across the health-care system is a shared responsibility between the College and the health authorities, and represents one critical area that
all parties agree needs to be improved. This requires a commitment to develop and implement a single information technology solution that will support and coordinate all components of the health-care system, and enable a seamless transfer of physician data.

Patient safety and public protection depends upon increased accountability and transparency, and the level of commitment and collaboration to achieve outcomes that are provincial in scale has never been greater. While many of the individual projects contained in the action plan may take years to fully develop and implement, significant progress has already been achieved to date. Through enhanced cooperation and a shared vision, BC’s health-care system will fundamentally transform.

I have had the privilege of working closely with senior leaders from the health authorities and the Ministry of Health, as well as members of the Board and College staff to identify viable actions for ensuring a sustainable and healthy system. These are indeed exciting times and I look forward to shepherding these strategic priorities to completion over the next few years.
The Ethics Committee develops professional standards and guidelines to address ethical issues and dilemmas that occur in contemporary medical practice.

“The College strives to strike a fair balance between protecting the public and helping physicians reach their highest potential as professionals. My experience with the College over the years has demonstrated the value of peer-to-peer support and governance – the very soul of professionalism.”
The College has rigorous registration requirements that must be met before a physician can obtain a licence to practise medicine in British Columbia. Before making a decision, the College carefully reviews a physician’s education, training, and relevant practice experience, as well as any outstanding investigations, disciplinary actions or practice restrictions from other jurisdictions to ensure that only appropriately qualified, knowledgeable and ethical physicians receive a licence.

Physicians who do not meet all of the requirements for full licensure may be considered for provisional licensure, which permits them to practise in an area of need in the province with specific limits and conditions. Physicians who have received all or part of their medical training outside of Canada are often granted a provisional licence as an interim step so that they can apply their knowledge and hands-on skill to the care of patients while under supervision. To advance to full registration, a physician needs to complete Canadian qualifying exams, or participate in comprehensive workplace assessments.

This province has a long tradition of relying on physicians who were or are provisional registrants. British Columbians owe a debt of gratitude to these physicians whose hard work, often under difficult circumstances, has ensured the delivery of competent medical care throughout underserviced areas in BC.

While obtaining a licence to practise medicine is an important first step, a physician’s education and training doesn’t stop there. Professional development is ongoing throughout a physician’s career, including mandatory continuing medical education, peer reviews, office practice assessments, and adherence to ethical standards and guidelines. As a condition of renewing their medical licence, all BC physicians are required to attest to their compliance with the legislated requirements for continuing professional development. This means that they must make a formal commitment to the College that they will participate in continuing medical education to ensure they stay competent in their field of medicine. This information is monitored regularly.

Based on recommendations from Dr. Cochrane’s investigation into the quality of diagnostic imaging in BC, the College conducted a thorough review of its internal processes to ensure that all radiologists practising in the province were up-to-date on their credentials and working within their scope of practice. The review concluded that all physicians providing diagnostic imaging interpretation were appropriately qualified and licensed. Although no concerns were raised about the College’s registration processes, the investigation emphasized the importance of tracking and managing information about physicians’ training and credentials over time, and having the ability to share updates to this information widely throughout the health-care system.
**Highlights in 2011**

**Provincially**
- The College Bylaws specific to provisional–general/family physicians were revised to reflect the evolving national standards for provisional registration. Among other requirements, the new Bylaws recognize applicants as eligible for provisional registration if they have undergone an assessment of competency in a Canadian jurisdiction acceptable to the Registration Committee. The College continues to work with the Ministry of Health on the establishment of an acceptable entry-to-practice competency assessment program in BC.
- The College enhanced its requirements of provisional registrants by clearly specifying the expectations, roles and responsibilities of the sponsoring organization (the agency recruiting the provisional registrant) and the supervisor (a physician on the full class of registration who practises in the same discipline as the provisional registrant). A supervisor is now required to provide the College with regular progress reports that include evidence attesting to a physician’s competency, ability to communicate and collaborate, and professionalism. Supervisors are also required to participate in webinars and faculty workshops conducted through the BC Physician Integration Program, which focus on the application of the CanMEDS core competency framework.
- Updates to the College Bylaws included recognition of the new Practice Eligibility Route (PER) to certification for specialists offered by the Royal College of Physicians and Surgeons of Canada. The PER is targeted to mid-career physicians who are already licensed and practising as specialists in Canada, but have not been certified by the Royal College. The PER is a contemporary but equally rigorous approach to competency assessment, which acknowledges that the existing examinations for certification designed for new graduates may not provide the best measure of a mid-career physician’s level of competence.

**Nationally**
- The Federation of Medical Regulatory Authorities of Canada’s (FMRAC) working group on assessment and supervision of provisional registrants continued its effort to standardize competency assessments for entry-to-practice purposes. A standardized process delivered regionally will ensure that only competent physicians are granted provisional registration.
- Together with the Medical Council of Canada, FMRAC and its member colleges began planning for a web-based electronic application for registration for physicians wanting to obtain full or provisional registration in Canada. This project, Application for Medical Registration in Canada, received funding from the federal government. Once launched, physicians will be able to apply to multiple medical regulatory authorities at the same time through a single portal.

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*We are what we repeatedly do, excellence then is not an act, but a habit.*

—Aristotle 384–322 BC
International Medical Graduates (IMGs)

TOTAL IMGs PRACTISING IN BRITISH COLUMBIA*

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3,149 practicing IMGs obtained their medical degree from the following countries:

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<td>Macedonia</td>
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<tr>
<td>Madagascar</td>
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</tr>
</tbody>
</table>

Grand Total 871 2278 3149

*Note: For the purposes of the Annual Report, an international medical graduate is determined by the jurisdiction the medical degree was obtained, not by country of birth.
HIGHLIGHTS IN 2011

288 IMGs applied for registration in British Columbia
112 new IMG applicants were granted provisional registration
80 new IMG applicants were granted full registration
19 IMGs previously on the provisional register were advanced to the full register
77 IMGs were licensed to become clinical trainees*
35 IMGs entered a residency training program

*About Clinical Trainees
Clinical trainees are IMGs who are not eligible for registration. The clinical trainee licence serves as a bridge, allowing IMGs to observe and learn in a practice setting under a physician’s direct supervision. The goal is to provide IMGs with an informal educational experience, allow them to become familiar with the provincial medical system and gain a competitive advantage when applying for a residency program to eventually pursue a licence for independent practice.

BC Physician Integration Program

Since 2008, with funding from the Ministry of Health and the Ministry of Jobs, Tourism and Innovation, the UBC Division of Continuing Professional Development (UBC CPD) through its BC Physician Integration Program (BC-PiP) has provided provisionally licensed IMGs with a standardized orientation to the health-care system, and ongoing support with integration into clinical practice. The program also provides faculty development support to physicians who take on the important role of supervising IMGs.

The BC-PiP Advisory Committee is a consortium of the following organizations that work cooperatively to deliver all aspects of the program:

- Ministry of Health
- Ministry of Jobs, Tourism and Innovation
- College of Physicians and Surgeons of BC
- BC College of Family Physicians
- BC Medical Association
- Health Match BC
- Rural Coordination Centre of BC
- Physician Health Program
- BC health authorities
- IMG-BC Program
- Association of International Medical Doctors of BC
- UBC Faculty of Medicine
- UBC CPD

The BC-PiP consists of the following key components:

Orientation Conference for IMGs designed to address specific content areas relevant to IMGs who are beginning practice, including: the model of care for practice in BC; available terms and conditions associated with provisional registration; ethical and professional standards; and billing and documentation systems.

Faculty Development Workshop designed for supervisors of IMGs. Topics include: roles and responsibilities; tools for assessing, evaluating, and giving feedback to IMGs; ethical and legal issues related to supervision; and a discussion about some of the challenges that may arise in a supervisor-IMG relationship.

Preparation Courses for the Medical Council of Canada Qualifying Examination (MCCQE) Parts I and II help IMGs prepare for and successfully complete the Medical Council of Canada’s qualifying exams.

Monthly Webinars for IMGs and their supervising physicians.
## At a Glance

### Registration Statistics*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Registrants 2011</th>
<th>2010 Total Registrants 2010</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>12,878</td>
<td>12,832</td>
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*Figures calculated as of December 31, 2011

### Professionally Active

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<thead>
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<th>Year</th>
<th>Professionally Active</th>
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<tbody>
<tr>
<td></td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td>Of the 12,878 registrants 10,842 are professionally active in British Columbia</td>
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### Educational Registrants

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical Students 2011</th>
<th>2011 Residents</th>
<th>2011 Postgraduate Fellows</th>
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<tbody>
<tr>
<td></td>
<td>1,096</td>
<td>994</td>
<td>147</td>
</tr>
</tbody>
</table>

*Eligible seats at UBC’s medical school increased from 307 in 2010 to 337 in 2011.

*Figures calculated as of December 31, 2011*
The Medical Practice Assessment Committee oversees the College’s proactive peer assessment program, which assists physicians in maintaining appropriate standards in patient care and record keeping.
3 Assuring Excellence and Professionalism

OUR GOAL:
Through rigorous quality assurance programs and processes, every physician is practising to the highest professional standards and working in an appropriately accredited facility.

Quality Professionals
The College’s focus on quality assurance (QA) has never been more prominent. Like all organizations, the College continues to seek opportunities for quality improvements, especially through enhanced automation. Automation and the introduction of electronic data management systems enable the College to do a lot more in terms of tracking QA activities, such as practice reviews, facility accreditations, and physician assessments.

In Canada, all licensed physicians must participate in a recognized revalidation process in which they demonstrate their commitment to continued competent performance in a framework that is fair, relevant, inclusive, transferable, and formative. However, the process by which physicians demonstrate their competence differs between provinces.

The College’s current peer assessment program assesses the quality of a physician’s practice by reviewing his/her medical records and other recorded standards of care. While the College’s program is effective at reviewing recorded care, it is limited in its ability to review other components of clinical performance. Following a review of best practices in revalidation, the College began looking at ways to expand its peer assessment program to include input from physicians’ patients and colleagues. The outcome will likely be a web-based assessment module that captures information about a physician’s communication, management and professional skills as identified in the CanMEDS core competency framework. The online module is expected to be pilot-tested in 2012.

The College has five quality assurance committees, which oversee varying aspects of physicians’ clinical competence and performance, and administer the delivery of the following QA programs.

HIGHLIGHTS IN 2011

Medical Practice Assessment Program
- Completed 130 peer assessments for general practice
- Recruited an additional 15 peer assessors for a total of 48 assessors provincewide
- Conducted 3 Medical Record Keeping for Physicians workshops with a total of 40 participants

Methadone Maintenance Program
- Conducted 21 methadone peer reviews
- Granted methadone exemptions to 33 new physicians
- In total, 422 BC physicians have methadone exemptions
- In total, 13,046 methadone patients are registered in the program

Prescription Review Program
- Co-sponsored the Prescribers Course for the first time in BC with 23 participants
- Hosted the 24th annual Chronic Pain and Suffering Symposium with 148 participants
- New drugs added to the list reviewed by the program: BuTrans (transdermal buprenorphine), zolpidem, OxyNEO (sustained release oxycodone)
A new course to help physicians with difficult prescribing

Family physicians consistently rate prescribing for chronic pain as one of the most difficult aspects of their professional lives. In a discipline where communication is a core skill set, talking to patients in clear and realistic terms about the risks and benefits of using opioids, benzodiazepines and other potentially habituating medications can challenge even the most seasoned practitioner.

In 2011, the College’s Prescription Review Program introduced the Prescribers Course—an intensive, full-day course where physicians were introduced to new approaches to prescribing, primarily through interview simulations in small groups. Previously hosted by the Colleges of Physicians and Surgeons of Alberta and Saskatchewan as a two-day course, the BC course was one day only, designed to facilitate recruitment of faculty and attendees, reduce costs and to serve as a pilot with the potential to increase educational impact.

The 2011 session was a great success and well-received by all physicians who attended. The College will continue to hold the Prescribers Course once a year in the fall.

Preventing methadone abuses in Vancouver’s downtown eastside

In 2011, Vancouver city council directed its staff to initiate a methadone maintenance therapy (MMT) working group with involvement from the province, the College of Physicians and Surgeons of BC, the College of Pharmacists of BC, health authorities, the BC Coroners Office and other key stakeholders to investigate alleged fraud and other abuses regarding the distribution of methadone to residents living in single-room occupancy hotels in Vancouver’s downtown eastside. The working group met several times in 2011 to develop a plan of action, including identifying all of the current barriers to methadone maintenance therapy access for some vulnerable patients, and developing collaborative support systems to prevent future abuse. The recommendations from the working group will be presented to city council in 2012.

Ethics Committee

The Ethics Committee is responsible for developing professional standards and guidelines to address ethical issues and dilemmas that occur in contemporary medical practice. The Ethics Committee brings an “ethical lens” to specific situations or issues to ensure that the outcome or recommended course of action reflects the duties and responsibilities of medical professionals as outlined in commonly accepted ethical principles and in the Canadian Medical Association’s Code of Ethics.

In 2011, the committee developed or updated the following standards and guidelines:

New
- Physician Prescribing of Performance Enhancing Drugs in Sport
- Infection Prevention and Control (IPAC) in Physicians’ Offices

Updated
- Advertising and Communication with the Public
- Marijuana for Medical Purposes
- Duty to Report

Coming together is a beginning. Keeping together is progress. Working together is success.
—Henry Ford 1863–1947
Quality Facilities

All non-hospital medical and surgical facilities and diagnostic facilities operating in British Columbia are rigorously monitored through the College’s accreditation programs to ensure they provide the highest standards of care and professional practice.

Non-Hospital Medical and Surgical Facilities Program

The College’s Non-Hospital Medical and Surgical Facilities Program (NHMSFP) has the legislated mandate to establish, monitor and ensure standards of practice in private medical and surgical facilities in BC. These facilities provide a range of minor to more complex surgical procedures, which are approved by the NHMSFP Committee, including: orthopedics, otolaryngology, urology, plastics, ophthalmology, general, vascular, gastroenterology, dermatology, gynecology, neurosurgery, dentistry and vascular.

HIGHLIGHTS IN 2011

- There are currently 66 private medical/surgical facilities in British Columbia
- 782 physicians are authorized by the College to provide medical services in one or more private medical/surgical facility
- 14 facilities were accredited as part of their three-year accreditation cycle
- 62,042 procedures were performed in private medical/surgical facilities across the province

Diagnostic Accreditation Program

The Diagnostic Accreditation Program (DAP) has the legislated mandate to assess the quality of diagnostic services in BC through accreditation activities. The DAP establishes, evaluates and monitors performance standards, provides education and consultation in diagnostic health care, and administers 23 accreditation programs covering five diagnostic services: diagnostic imaging, laboratory medicine, neurodiagnostics, pulmonary function and polysomnography.

HIGHLIGHTS IN 2011

- There are currently 299 private and 382 public diagnostic facilities in British Columbia
- 29 surveys were completed involving 40 modalities and disciplines
- 22 initial assessments were performed for new facilities

The DAP receives ISQua accreditation

The International Society for Quality in Health Care (ISQua) is the only international program that accredits accreditation organizations. Currently there are 19 organizations, 35 sets of standards (from 21 organizations) and eight surveyor training programs accredited by ISQua. In 2011, the Diagnostic Accreditation Program (DAP) obtained ISQua accreditation for organizational accreditation and two sets of health-care standards in diagnostic imaging and laboratory medicine.

The ISQua accreditation program provides an impartial and independent review system that gives confidence and credibility through formal world-wide recognition that an organization meets agreed-to international standards, which have been specifically developed and tested for health care external evaluation bodies. It also gives reassurance to governments, clients and the organization itself that its performance, standards, or training programs meet the highest international standards and are continuously improved.

ISQua accreditation is a four-year accreditation cycle for accreditation bodies, health-care standards and surveyor training programs. The program includes a set of internationally validated standards that are used in a self-assessment process. The evaluation findings and formal recommendations are contained in a written report with an accreditation award from ISQua. The accredited organization is expected to provide an action plan that ISQua uses for ongoing monitoring.
Quality Assurance Committee

The Quality Assurance Committee reports directly to the Board. The following committees report to the Quality Assurance Committee:

- Medical Practice Assessment Committee
- Methadone Maintenance Committee
- Prescription Review Committee
- Ethics Committee
- Blood Borne Communicable Diseases Committee

The Non-Hospital Medical and Surgical Facilities Program Committee and the Diagnostic Accreditation Program Committee report directly to the Board.
The Diagnostic Accreditation Program promotes excellence in diagnostic medicine in private and public facilities across the province.

"It is very rewarding to work with an organization where serving the public interest is always a top priority."
The College library

Both the physical and virtual presence of the College library changed in 2011. The move to the new building provided the opportunity to update and enhance the library’s physical space for greater comfort and accessibility. Three new computer workstations were added for visitors, plus new shelving to accommodate the print book collection, and a spacious seating area for relaxing and reading. Registrants continue to use the library in increasing numbers, with almost 41% requesting service over a three-year period. The virtual library collection increased to include almost 100 electronic books and over 2,500 electronic journals. More registrants requested electronic transmission of articles—over 30,000 articles were downloaded directly by physicians or sent electronically by library staff. In-depth research also increased, with the largest number of requests ever recorded in a one-year period. The frequency and complexity of research requests continue to reflect College registrants’ use of high-quality information to support excellence in patient care.

To learn and to lead: a physician’s lifelong imperative

The 2011 Education Day was held on Friday, September 16 at the Vancouver Convention Centre. The theme, education and training across a physician’s professional life cycle, focused on different types of learning—both formal and informal—from the first day of medical school until the last day in practice.

Dr. Gavin C.E. Stuart, dean, faculty of medicine, University of British Columbia, presented the morning plenary session on how physicians can acquire the knowledge and develop the skills to be better prepared to contribute in their role as mentors and educators.

Dr. Glenn Regehr (PhD), professor, department of surgery, faculty of medicine, University of British Columbia, presented the afternoon plenary session on how physicians, who are now required to enrol in CPD/CME, plan and maximize on lifelong learning activities.

A total of 317 registrants attended the event.
- 171 general practitioners and 135 specialists
- 192 male and 125 female
- 72 from outside the Lower Mainland

RECIPIENTS OF THE 2011 AWARD OF EXCELLENCE IN MEDICAL PRACTICE

The College’s Award of Excellence Program is an annual peer recognition program that honours individual physicians who have made an exceptional contribution to the practice of medicine in teaching, research, clinical practice, administration or health advocacy. The following physicians received the award in 2011:

JEFFREY E. DIAN MBBCh – Richmond, BC (posthumously)
ARUN K. GARG MD, PhD, FRCP – New Westminster, BC
LYALL A. LEVY MD – Vancouver, BC
MAUREEN L. PIERCEY MD – Victoria, BC
M. CHRISTO WIGGINS MBBChB, FRCSC – Chilliwack, BC
The Non-Hospital Medical and Surgical Facilities Program establishes, monitors and ensures high standards of practice in BC’s private medical and surgical facilities.

“Safety is in the vocabulary of anesthesiologists from the beginning of residency. Safe surgery. Safe anesthesia. The public expects and deserves nothing less.”
Addressing Public Inquiries and Concerns

OUR GOAL:
Respond to all complaints compassionately, transparently and objectively, and take the appropriate remedial or disciplinary action required in the public interest.

Protecting the Public

Safeguarding the public is the mandate and foremost priority of the College. The comprehensive review and serious consideration of each file ensures a just and fair process for patients and physicians involved in complaints proceedings.

Complaints Received
Complaints brought to the College are initially triaged and categorized into three broad categories: conduct, clinical performance, or boundary violations. Every complaint filed with the College is reviewed by the Inquiry Committee. In 2011, a total of 715 complaint files were concluded.

Of those:
- 324 files were related to professional conduct and/or ethical standards, with the majority resulting from communication issues between patients and physicians. At the root of many of these complaints is physicians’ failure to set aside sufficient time to provide explanations to patients and their families in clear terms, and to adequately answer their questions. Other recurring themes included comments or gestures perceived by patients to be rude or insensitive.
- 315 files were related to clinical performance; primarily allegations of deficient performance on the part of a physician, prescribing concerns or patient dissatisfaction with surgical outcomes. When an investigation concludes with a finding of significantly deficient physician performance, the underlying problem is often inadequate patient assessment leading to an incorrect diagnosis.
- 34 files were related to boundary concerns, one-third of which were related to touching that was perceived by the patient to be sexualized. The other complaints involved breaches such as inappropriate self-disclosure or dual relationships.
- 42 files were related to the review of a physician’s practice.

REVIEW PROCESS
Under the Health Professions Act, patients have the right to appeal a decision of the College to the Health Professions Review Board (HPRB). The HPRB is an independent administrative tribunal that considers appeals of the College’s Registration Committee decisions and Inquiry Committee dispositions (complaints).

Great interests demand great safeguards.
—Thomas F. Meagher 1823–1867
At a Glance

Complaints Process

A complaint is adjudicated as follows:

- COMPLAINT RECEIVED
- FILE OPENED
- DOCUMENTATION COLLECTED
- FILE AND DOCUMENTATION REVIEWED AND SUMMARIZED
- INQUIRY COMMITTEE
- DISPOSITION RENDERED

Inquiry Committee

The Inquiry Committee is a standing committee under the Health Professions Act. The committee reports directly to the Board. The work of the Inquiry Committee begins with a review of the material obtained through the investigation of the complaint to determine whether it is sustained or not, and whether remedial or disciplinary action is required. Sustainable complaints are adjudicated with the same degree of rigour by one of the committee’s four inquiry panels.

DELAYED INVESTIGATION NOTICES

If the Inquiry Committee does not conclude the complaint within the legislated time period, a complainant has the right to request a review by the Health Professions Review Board.

APPEALABLE DISPOSITIONS

Once a disposition is rendered by the Inquiry Committee, the complainant has the right to appeal the decision to the Health Professions Review Board.

Health Professions Review Board — complaint dispositions

In 2011, the College Inquiry Committee issued 665 appealable dispositions and 123 delayed investigation notices, of which 77 (10%) were appealed to the Health Professions Review Board.

All of the decisions made by the Health Professions Review Board can be found at www.hprb.gov.bc.ca.
Complaints Statistics

Figures calculated from January 1 to December 31, 2011

Nature of the complaints concluded

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<th>Conduct</th>
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<td>Communication</td>
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<td>Medical Records and 3rd Party Medical Reports</td>
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<td>Conduct – Other Concern</td>
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<td>Inadequate Provision of Dignity and Respect</td>
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<tr>
<td>Boundary – Other Concern</td>
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</table>

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Outcome of the complaints concluded

Of the 715 complaint files that were concluded by December 31, 2011, 409 were not sustained, 256 were found to be sustained or partially sustained and 50 were abandoned, withdrawn or transferred.

When the Inquiry Committee finds a complaint to be sustained or partially sustained, it may choose to impose remedial action, request that the physician agree to undertakings, or refer the matter to the Discipline Committee.

256 Sustained or Partially Sustained
- 195 Remedial / Educational HPA s.33(6)(b) & s.32(5)
- 43 Reprimand / Undertakings HPA s.33(6)(c)
- 18 Referred to Discipline HPA s.33(6)(d)

715 Complaints Concluded

409 Not Sustained

50 Abandoned
In Focus

The Inquiry Committee investigates complaints through a comprehensive process that is transparent, objective, impartial and fair.

“Working with the College has opened my eyes to the complexity of our medical system, medical diagnosis and procedures. My professional background has enabled me to focus on the need for clear and direct communication between patients and physicians.”

PATRICIA BOWLES
DIRECTOR OF COMMUNICATIONS & EDUCATION,
BC SECURITIES COMMISSION
—PUBLIC MEMBER, INQUIRY COMMITTEE
Disciplinary Outcomes

Investigations, Inquiries, Discipline

Ten disciplinary matters were concluded in 2011:

January

Dr. Donald Stanford Allan HAY, Surrey
Dr. Hay admitted unprofessional conduct with a patient during the period 1997 to 2003 including keeping inadequate medical records, engaging in conversations of a personal and sexual nature, meeting the patient in his motor vehicle and prescribing for the patient using the personal health care information of a family member who was not a patient. Dr. Hay’s registration in the Full – Specialty class was cancelled effective 2400 hours December 31, 2010 and he was required to pay costs of $5,000.

January

Dr. Jonathan Peter Hugh FINE, Quesnel
Dr. Fine admitted unprofessional conduct with a patient during a six-month period in 2007 to 2008. His conduct included self-disclosure to the patient, hugs and overly familiar interactions at patient attendances. On one occasion outside the office, he hugged and kissed the patient and then drove the patient home to her residence. The College imposed a penalty that included transfer from the Full – General/Family class of registration to the Conditional – Disciplined class effective 2400 hours December 31, 2010, a three-month suspension from practice (with two months stayed if limits and conditions were met), assessment and counselling, interview at the College to further assess and determine conditions of registration, a mentorship, continuing medical education, monitoring of his practice, and costs of $3,000. Dr. Fine’s future professional conduct must be beyond reproach in every respect.

January

Dr. Ranbir Singh MANN, Vancouver
Dr. Mann admitted unprofessional conduct with respect to his interactions with a complainant and with the College. In the period 2005 to 2008, Dr. Mann inappropriately disputed with a BC lawyer overpayment of an account for professional services in the amount of $588.20. The dispute eventually resulted in small claims court proceedings, during which Dr. Mann continued to inappropriately dispute the overpayment of the account. In response to a complaint by the lawyer to the College, Dr. Mann provided inaccurate and incomplete information to the College with respect to the account and the court proceedings. The College imposed a penalty that included transfer from the Full – General/Family class of registration to the Conditional – Disciplined class, effective 2400 hours November 19, 2010, a formal written reprimand, a $5,000 fine, a written apology to the complainant, continuing medical education in ethics and professionalism with reports, monitoring of his practice, and costs of $1,500.

February

Dr. Patrick Michael NESBITT, Maple Ridge
Dr. Nesbitt admitted unprofessional conduct in that, in the period May 31, 2007 to October 23, 2007, he breached the terms of his registration which restricted his practice to male patients. Dr. Nesbitt prescribed medication for 41 female patients, 10 of whom received prescriptions for controlled substances. Dr. Nesbitt withdrew from practice effective October 22, 2007 and remained absent from practice until February 1, 2010. Following a disciplinary hearing, Dr. Nesbitt consented to a penalty which included continued registration in the Conditional – Disciplined class effective 2400 hours February 1, 2010, subject to additional limits and conditions. The conditions included a 24-month suspension commencing February 1, 2010 (with four months stayed if limits and conditions were met), assessment, counselling, a preceptorship and an interview by the College to determine fitness to practise and any additional limits and conditions. Upon return to practice, Dr. Nesbitt was limited to the provision of surgical assistance and/or practise within a group setting with two or more full-time physicians, limited to adult male patients, with no administrative or supervisory responsibilities, and working hours approved by the College. Dr. Nesbitt will have supervision and mentorship and will see patients only when other physicians and clinic staff are present in the clinic. Dr. Nesbitt will comply with reviews of his practice by the College, participate in continuing medical education/professional development acceptable to the College, and pay costs of $25,000.
March

Dr. Jamuna Lal MAKHJIA, Vancouver

An investigation pursuant to section 25.2 of the Health Professions Act concluded that Dr. Makhija did not exhibit the requisite skill and knowledge to his practice. Dr. Makhija consented to limits and conditions imposed by the Board effective 2400 hours, March 23, 2011, which included the following:

Dr. Makhija was not to return to independent practice until he had successfully completed a 12-week preceptorship, provided reports confirming readiness to safely resume independent clinical practice, and attended for interview by the College to review his competency and to determine the need for any additional practice conditions. Upon return to independent practice, Dr. Makhija was to be supervised by a physician approved by the College with reports. He was also to participate in a mentorship, monitoring, continuing medical education/professional development and follow-up practice reviews.

April

Dr. Margaret Jane CLELLAND, Port McNeill

Dr. Clelland admitted unprofessional conduct in the period in or about March 2009 by issuing prescriptions to an individual when she knew that the prescribed medications were not for that individual’s personal use and was aware that the individual had submitted or planned to submit a claim for the cost of the medications to a third party insurer. Subsequently, Dr. Clelland reimbursed the third party insurer in full for the costs of the claimed prescription benefits. The College imposed a penalty that included transfer from the Full – General/Family class of registration to the Conditional – Disciplined class effective 2400 hours February 9, 2011, a formal written reprimand, continuing medical education in ethics and professionalism with reports, and an interview by the College.

May

Dr. Spiros THEOCAROUS, formerly of Clearwater

Dr. Theocharous admitted unprofessional conduct with respect to his interactions with a patient in the period October 2009 to February 2010. At the time the patient was under the age of majority. During several medical attendances, Dr. Theocharous engaged in conversation of a personal nature and inappropriate touching of the patient’s shoulder, back or thigh. During one medical attendance, there was sexual touching followed by an exchange of personal text message communications, the content of which was sexual in nature. Dr. Theocharous acknowledged that he attempted to initiate and pursue a personal relationship with his patient during the course of the physician-patient relationship. At the time of the conduct, Dr. Theocharous was registered in the Provisional – General/Family class, which registration expired on July 15, 2010. Dr. Theocharous has since left British Columbia. Dr. Theocharous consented to provide his irrevocable commitment to not seek future registration with the College and pay costs of $3,000. A record of Dr. Theocharous’s admission will be included in all future Certificates of Conduct issued by the College to other licensing jurisdictions.
July

Dr. Kamaljit Singh ATHWAL, Vancouver

Dr. Athwal, a former resident in the psychiatry program at the University of British Columbia, admitted unprofessional conduct by having a sexual relationship with a former patient in 2009. Dr. Athwal’s registration with the College expired on July 1, 2009. The College considered a number of mitigating circumstances, including Dr. Athwal’s role as a junior resident, his inexperience in providing psychotherapy and the complexity of the clinical situation. The unprofessional conduct was addressed as follows:

Dr. Athwal would not be eligible to reapply for registration to the College or to any other medical licensing body prior to June 1, 2012. As pre-conditions of any re-application for registration, Dr. Athwal would have to have participated in assessment, counselling, and continuing medical education/professional development with a particular focus on ethics, boundaries, professionalism and sexual misconduct, and attend for interview by the College. Dr. Athwal was also required to participate in a mentorship, and pay costs of $7,500.

August

Dr. Alnoor Hassanali Karim ABDULLA, Vancouver

Dr. Abdulla admitted unprofessional conduct by, following an appointment with a patient in October, 2010, sending inappropriate text messages, the tone and content of which could be reasonably perceived as demonstrating a personal interest beyond a professional relationship. The College imposed a penalty that included transfer from the Full – Specialty class of registration to the Conditional – Disciplined class effective 2400 hours August 1, 2011, a three-month suspension from practice (with one month stayed if limits and conditions were met), assessment and counselling, attendance for interview to review ethical, boundary and professional issues in the physician-patient relationship, his proposed practice plans, and to allow further assessment and determination of the limits and conditions of his registration. Upon return to practice, Dr. Abdulla was required to provide a chaperone throughout all complete physical examinations, chest examinations including the examination of the cardiovascular system, and all other examinations requiring disrobing by female patients, with appropriate signage and notification to all staff of the conditions on his practice. Dr. Abdulla was also required to establish a mentorship, participate in continuing medical education in ethics, boundaries and professionalism, to comply with monitoring, and pay costs of $2,000.
In Focus

Public board members are appointed by the Minister of Health and offer an important public perspective on medical regulatory issues.

As members of the public, we represent a diverse voice and view. Our role is to ensure the highest standard in health-care regulation on behalf of the citizens of BC, and to offer support to our medical professionals who do their best to provide top quality care to patients.

—PUBLIC BOARD MEMBERS
Operations and Administration

Report from Legal Counsel

Before the Courts and the British Columbia Human Rights Tribunal

In 2011, the following matters were before the Courts and the British Columbia Human Rights Tribunal:

Gregory Turnbull v. Her Majesty the Queen in Right of the Province of British Columbia, The College and others

As previously reported, Mr. Gregory Turnbull filed a complaint with the British Columbia Human Rights Tribunal alleging discrimination with respect to his physical disability (multiple sclerosis) and inability to obtain venous angioplasty. The College filed an application with the Tribunal to dismiss the complaint on the basis that it had no reasonable chance of success if it proceeded to a hearing. The Tribunal granted the College’s application and the complaint was dismissed.

Olivia Pratten v. British Columbia (Attorney General) and The College

As previously reported, Ms. Pratten, who was conceived by artificial insemination, brought a lawsuit in the British Columbia supreme Court against both the Attorney General of British Columbia and the College. As against the Attorney General, it was alleged that government’s failure to enact legislation to allow for contact between children born of artificial insemination and sperm donors was unconstitutional and it was mandatory for the government to do so. As against the College, it was alleged that the section of the College Bylaws which require registrants of the College to keep records for a minimum of six years was invalid and the plaintiff sought an order that the court declare that registrants of the College had to keep medical records concerning artificial insemination and donors’ identity, indefinitely.

Prior to the commencement of the trial, the parties agreed that the claim against the College will be automatically dismissed if the claim against the Attorney General is dismissed. The parties also agreed that in the event the plaintiff was successful against the Attorney General, the College would amend its Bylaws to conform to the order the court granted.

The Supreme Court of British Columbia handed down Reasons for Judgment agreeing with Ms. Pratten’s claim. Subsequently, the Attorney General of British Columbia took an appeal to the British Columbia Court of Appeal. Although the Court of Appeal has held a hearing on the appeal, no Reasons for Judgment have been issued by that court.

The College v. Health Professions Review Board

When the College came under the jurisdiction of the Health Professions Act (HPA) on June 1, 2009, the College also became subject to the jurisdiction of the Health Professions Review Board (HPRB). The HPRB has the power to review decisions made by the College with respect to how the College handles complaints from members of the public and can reverse decisions of the College and send complaints back to the College for further investigation or reconsideration.

In a decision issued in June 2011, the HPRB interpreted various sections of the HPA in a manner which the College considered to be incorrect and which interfered with the registrar staff’s ability to investigate complaints. As a result, the College commenced legal action for Judicial review against the HPRB with a hearing date set for February 2012. Subsequently, the HPRB issued a new decision which disagreed with the impugned decision with the result that the impugned decision was no longer applicable. As the College’s concerns were satisfied by this subsequent decision, it withdrew its application for Judicial Review and the dispute was resolved.
Mr. Josip Erdeljac v. Her Majesty the Queen in the Right of the Province of British Columbia; the College and others

Mr. Erdeljac brought a lawsuit in the British Columbia Supreme Court against the province, the City of Osoyoos, the College and various others, alleging a variety of causes of action arising out of a bylaw dispute with the City and arising from his divorce proceedings. Mr. Erdeljac’s claim against the College arose from the alleged actions of two physicians. As against the College, Mr. Erdeljac claimed that his physician had passed untruthful information to the RCMP, which led him to search for a new physician. However, he alleged that he was unable to find one to treat him, which he further alleged was a result of the actions of his physician. Mr. Erdeljac claimed that his physician knew that he had a genetic disorder that required constant care and thus his inability to find a physician caused him harm. Furthermore, Mr. Erdeljac claimed that his former wife’s physician wrote an untruthful letter about him which was presented in court during the divorce proceedings. Finally, he asserted that his request to have his wife’s medical records present in court was refused.

The College brought an application in the Supreme Court to have the case against it struck out on the grounds that Mr. Erdeljac did not have a valid claim against the College. After hearing oral argument, the court ordered that the action against the College be dismissed with costs awarded to the College.

Zsuzsanna Holland nee Hegedus v. American Dental Association; the College and others

Ms. Holland brought a lawsuit in the British Columbia Supreme Court against various dental associations; the College of Dental Surgeons of British Columbia; the College; and others, alleging that the dental organizations’ use and promotion of mercury dental amalgams caused physical harm to Ms. Holland and other British Columbians. As against the College, it was alleged that the College refused to acknowledge mercury poisoning caused by dental amalgams as a medical condition warranting remediation under the BC Medical Plan. In addition, it was alleged that the College and its members refused to diagnose and treat mercury poisoning arising from mercury laden dental amalgams.
At a Glance

Statement of Operations

Year ended February 29, 2012

<table>
<thead>
<tr>
<th>Item</th>
<th>2012</th>
<th>2011</th>
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<tbody>
<tr>
<td>$ revenue</td>
<td>21,158,164</td>
<td>19,563,636</td>
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<tr>
<td>Annual registrant and incorporation fees</td>
<td>15,361,076</td>
<td>13,806,438</td>
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<tr>
<td>Accreditation fees</td>
<td>3,278,838</td>
<td>3,207,307</td>
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<tr>
<td>Application and incorporation setup fees</td>
<td>536,359</td>
<td>574,571</td>
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<td>Investment income</td>
<td>518,637</td>
<td>1,365,581</td>
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<td>Grants</td>
<td>436,333</td>
<td>428,896</td>
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<td>Other income</td>
<td>365,835</td>
<td>286,580</td>
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<td>Preliminary assessment fees</td>
<td>226,244</td>
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</tr>
<tr>
<td>Medical directory and provider registry</td>
<td>187,950</td>
<td>112,875</td>
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<tr>
<td>General administration</td>
<td>150,596</td>
<td>82,485</td>
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<td>Miscellaneous expenses</td>
<td>98,305</td>
<td>98,903</td>
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<td><strong>Excess of revenue over expenditures before undernoted</strong></td>
<td>2,141,043</td>
<td>1,333,537</td>
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<tr>
<td>Realized loss on investments</td>
<td>(89,537)</td>
<td>(112,675)</td>
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<td>Unrealized gain on investments</td>
<td>76,353</td>
<td>746,481</td>
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<tr>
<td>Gain on sale of property and equipment</td>
<td>1,366,493</td>
<td>–</td>
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<tr>
<td><strong>Excess of revenue over expenditures</strong></td>
<td>3,494,352</td>
<td>1,967,343</td>
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</table>

Expenditures by Function

- **Accreditation Services (NHMSFP)**: $460,312
- **Accreditation Services (DAP)**: $2,156,986
- **Communications/Publications**: $800,033
- **Complaints**: $2,377,591
- **Monitoring & Physician Health**: $699,445
- **Drug Programs**: $601,682
- **General Administration**: $2,813,135
- **Governance**: $428,200
- **Grants, Contributions, Scholarships**: $471,254
- **Legal**: $1,800,564
- **Medical Library Service**: $1,351,580
- **Operations**: $1,541,608
- **Quality Assurance**: $964,216
- **Registration**: $2,550,515

Allocations of expenditures by function are unaudited figures

*Includes: Physician Health Program, UBC Clinical Competence Program, and Scholarships
College Board

The College is governed by a board of 10 peer-elected physicians and five public representatives who are appointed by the Ministry of Health. The daily operations of the College are administered by the registrar and other medical and professional staff.

Board Members in 2011

Officers
Dr. M.A. Docherty (President)
Dr. L.C. Jewett (Vice-president)
Mr. W.M. Creed, FCA (Treasurer)

Elected Members
District 1  Dr. D.M.S. Hammell
District 2  Dr. G.A. Vaughan
District 3  Dr. D.J. Etches
           Dr. P.T. Gropper
           Dr. N.D. James
District 4  Dr. D.A. Price
           Dr. J.R. Stogryn
District 5  Dr. M.A. Docherty
District 6  Dr. L.C. Jewett
District 7  Dr. A.I. Sear

Appointed Public Members
Dr. M. Corfield (DM)
Ms. L. Charvat
Mr. W.M. Creed, FCA
Ms. V. Jenkinson

College Leadership

Registrar
Dr. H.M. Oetter

Deputy Registrars
Dr. A.J. Burak
Dr. S.M.A. Kelleher
Dr. A.M. McNestry
Ms. E. Peaston (Legal)
Dr. W.R. Vroom
Dr. J.G. Wilson
Dr. E.J. Phillips (retired 2011)
Dr. M.L. Piercely (retired 2011)

Chief Operating Officer
Mr. M. Epp
College Committees

The Board establishes standing committees made up of board members, medical professionals and public representatives who review issues and provide guidance and direction to the Board and College staff, ensuring a well-balanced and equitable approach to medical self-regulation.

Executive Committee
Dr. M.A. Docherty*+
Dr. L.C. Jewet*Δ
Mr. W.M. Creed, FCA**
Dr. J.R. Stogryn*
Dr. G.A. Vaughan*
Ms. V. Jenkinson**

Finance and Audit Committee
Mr. W.M. Creed, FCA**+
Dr. L.C. Jewett*Δ
Dr. M.A. Docherty*
Dr. D.M.S. Hammell*
Dr. J.R. Stogryn*
Ms. V. Jenkinson**

Registration Committee
Dr. J.R. Stogryn**+
Dr. D.M.S. Hammell*Δ
Dr. M. Corfield (DM)**
Dr. G. Parhar
Dr. L.Sent†
Dr. J.L. Wright
Mr. G. Stevens^†

Inquiry Committee
–Panel A
Dr. M.A. Docherty*+
Dr. L.C. Jewett*Δ
Dr. D.M.S. Hammell*†
Ms. V. Jenkinson**†
Mr. G. Stevens^†

–Panel B
Dr. P.T. Gropper*+
Dr. N.D. James*Δ
Dr. D.J. Esler
Dr. T.A. Fera
Dr. G.C. Jackson
Dr. P.D. Rowe
Dr. C.H. Rusnak
Ms. P. Bowles^†

–Panel C
Dr. G.A. Vaughan*+
Dr. D.A. Price*Δ
Dr. D.J. Etches*
Ms. L. Charvat**
Dr. R.J. Adderley
Dr. A. Ho (PhD)^

–Panel D
Dr. A.I. Sear*+
Dr. C.H. RusnakΔ
Mr. G. Stevens^†

Discipline Committee
Physician Members
Dr. R.D. Kinloch+
Dr. V.M. FrintonΔ
Dr. N.J. Byrne
Dr. C. Chan-Yan
Dr. M.J. Donlevy
Dr. D.C. Drummond
Dr. Y.B. Ip
Dr. C.S. Johnston
Dr. L.M. Lawson
Dr. D.M. McRitchie
Dr. P.A. Mitenko
Dr. D.M. Petrunia
Dr. T.K. Sidhu
Dr. J.P. Whitelaw

Public Representatives
Dr. R.D. Small (PhD)
Ms. J. Clarke
Ms. C. Evans
Ms. J. Morley, QC
Ms. L. Purchase

Legal Members
Ms. M. Baird
Mr. M.A. Clemens, QC
Mr. E.D. Crossin, QC
Mr. R.W. Hunter
Ms. K.F. Nordlinger, QC
Ms. J.P. Whittow, QC
Quality Assurance Committee
Dr. D.M.S. Hammell*+
Dr. M. Corfield (DM)**Δ
Dr. D.A. Price*
Dr. L.M. Lawson
Dr. L. Sent†
Ms. C. Evans^*

Non-Hospital Medical and Surgical Facilities
Program Committee
Dr. L.C. Jewett*+
Dr. P.T. Gropper*Δ
Dr. D.A. Price*
Dr. A. Gilgson
Dr. J.P. McConkey
Dr. G.J. McGregor
Dr. G. Parhar
Dr. R.L. Preston
Dr. K.A. Stothers
Dr. C.B. Warriner
Dr. N.J. Wells
Ms. C. Evans^*
Ms. M. Gauthier, RN

Diagnostic Accreditation Program Committee
Dr. J.C. Heathcote+
Mr. W.M. Creed, FCA**Δ
Dr. M.A. Docherty**†
Dr. D.M.S. Hammell*†
Dr. H. Huey
Dr. B.J. Toews
Dr. T.F. Ward
Ms. J. Crickmore (ex-officio member)
Mr. G. Stevens^*

Medical Practice Assessment Committee
Dr. J.W. Barclay+
Dr. R.A. BakerΔ
Dr. M.A. Dahl
Dr. M.J. Fahy
Dr. A. Hosie
Dr. E.E. Payne
Dr. C. Penn

Methadone Maintenance Committee
Dr. J.R. Stogryn*+
Dr. P.W. SobeyΔ
Dr. P.G. Beckett
Dr. D.J. Hutnyk
Dr. R.S. Joe
Dr. P.H. Mark
Dr. J.B. Melamed
Dr. D.A. Rothon

Prescription Review Committee
Dr. D.J. Etches*+
Dr. J.F. AndersonΔ
Dr. C.M. Blackwood
Dr. J.M. Bradley
Dr. R. Chadha
Dr. J.R. Kennedy
Dr. R.S. Lalji
Dr. D.M. McGregor

Ethics Committee
Dr. A. I. Sear*+
Dr. D.M.S. Hammell*Δ
Ms. L. Charvat**
Dr. R. Drabkin
Dr. L. Sourisseau
Dr. L. d’Agincourt-Canning [PhD]^*
Dr. R.D. Small [PhD]^*

Blood Borne Communicable Diseases Committee
Dr. M. Krajden+
Dr. V.C. MontessoriΔ
Dr. P.R.W. Kendall
Dr. A. Ramji
Dr. H.G. Stiver

Patient Relations Committee
Dr. M.A. Docherty**+
Dr. J.R. Stogryn*Δ
Ms. V. Jenkinson^*

Library Committee
Dr. N.D. James*+
Dr. J.C. Butt
Dr. R.E. Gallagher
Dr. M. McGregor
College Departments and Contacts

Office of the Registrar
Dr. H.M. Oetter, Registrar

Registration
Dr. A.J. Burak, Deputy Registrar
Ms. C. de Bruin, Director

Public Inquiries and Complaints
Dr. A.M. McNestry, Deputy Registrar (Conduct)
Dr. J.G. Wilson, Deputy Registrar (Clinical)
Mr. P. Cheng, Director

Complaints, Boundaries and Monitoring
Dr. S.M.A. Kelleher, Deputy Registrar
Mr. E. van Eck, Director (Investigations)

Quality Assurance and Medical Practice Assessments
Dr. W.R. Vroom, Deputy Registrar
Ms. N. Castro, Director

Diagnostic Accreditation Program
Dr. W.R. Vroom, Deputy Registrar
Ms. H. Healey, Senior Director

Non-Hospital Medical and Surgical Facilities Program
Dr. W.R. Vroom, Deputy Registrar
Ms. P. Fawcus, RN, Director

Methadone Maintenance Program
Dr. A.M. McNestry, Deputy Registrar

Prescription Review Program
Dr. J.G. Wilson, Deputy Registrar

Professional Medical Corporations
Dr. A.J. Burak, Deputy Registrar

Legal
Ms. E. Peaston, Deputy Registrar
Ms. S. Kanji, Staff Lawyer
Ms. S. Hellmann, Staff Lawyer

Operations and Administration
Mr. M. Epp, Chief Operating Officer
Mr. J. Pesklevits, Director (Finance and Office Services)
Ms. H. Ewart, Director (Human Resources)

Communications
Ms. S. Prins, Director

Records, Information and Privacy
Ms. J. Liu, Director

College Library
Dr. K. MacDonell, PhD, Librarian/Co-Manager
Ms. J. Neill, Librarian/Co-Manager