Transparent
Objective
Impartial
Fair

COLLEGE OF PHYSICIANS AND SURGEONS
OF BRITISH COLUMBIA
cpsbc.ca

2014 ANNUAL GENERAL MEETING
Friday, September 26, 2014
Vancouver Convention Centre
Vancouver, British Columbia

COVER: Tom Carter is a Vancouver–based artist best known for his unique style in painting urban city landscapes of various buildings from different eras of Vancouver streets from the 1930s to 1960s. For more information on the artist and his work, visit www.tomcartergallery.com.
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.

Note: Due to changes in reporting resulting from the Health Professions Act, year-to-year comparisons of data prior to 2009 are not 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.
The Board and Senior Management Team

FRONT (L TO R):
DR. L.C. JEWETT PRESIDENT
DR. J.R. STOGRYN VICE-PRESIDENT
DR. J.G. WILSON
DR. M. CORFIELD (DM)
DR. A.M. MCNESTRY
DR. G.A. VAUGHAN TREASURER
DR. H.M. OETTER REGISTRAR

BACK (L TO R):
MR. G. KEIRSTEAD
DR. D.J. ETCHES
DR. G. PARHAR
DR. N.D. JAMES
DR. A.J. BURAK
DR. P.D. ROWE
DR. M.A. DOCHERTY
MS. V. JENKINSON
MR. S.S. GILL
DR. D.M.S. HAMMELL
MR. W.M. CREED
MS. L. CHARVAT
DR. W.R. VROOM

ABSENT:
MR. M. EPP
DR. A.I. CLARKE
Our mission, values, and mandate

OUR MISSION
Serving the public through excellence and professionalism in medical practice.

OUR VALUES
The College has a legislated duty to serve and protect the public. It must establish and administer registration, inquiry and discipline procedures that are transparent, objective, impartial and fair. Aligned with these duties, the following core values guide the College in its mission:

  Accountability
  Through objective and transparent processes, we acknowledge and assume full responsibility for the actions we take and the decisions we make. We are committed to reporting openly to the public, including conducting open portions of our board meetings.

  Justice
  We conduct our business in a manner that promotes equity, due process and truth, and supports individual rights and liberties within the rule of law.

  Integrity
  Our behaviours, actions and outcomes consistently reflect our foundational beliefs in honesty, respect, compassion and trust.

  Collaboration
  We share knowledge and work together with each other and our partners (government, health authorities, academic institutions, medical and health regulatory organizations) to protect patient well-being and serve the greater needs of the community.

OUR MANDATE
The College of Physicians and Surgeons of British Columbia regulates the practice of medicine under the authority of provincial law. All physicians who practise medicine in the province must be registrants of the College.

The College’s overriding interest is the protection and safety of patients. The role of the College is to ensure physicians meet expected standards of practice and conduct.

Regulation of the medical profession is based on the foundation that the College must act first and foremost in the interest of the public. The primary function of the College is to ensure that physicians are qualified, competent and fit to practise medicine. The College administers processes for responding to complaints from patients and for taking action if a physician is practising in a manner that is incompetent, unethical or illegal. The College also administers a number of quality assurance activities to ensure physicians remain competent throughout their professional lives.

GOVERNANCE
The role of the College and its authority and powers are set out in the Health Professions Act, RSBC 1996, c.183, the Regulations and the Bylaws made under the Act. A Board of 10 peer-elected physicians and five members of the public appointed by the BC Ministry of Health govern the College. Under the legislation, the College has 14 committees made up of board members, medical professionals and public representatives who review issues and provide guidance and direction to the Board and the College staff, ensuring a well-balanced and equitable approach to regulation. The daily operations of the College are administered by the registrar and other medical and professional staff.
British Columbians trust their physicians to provide safe and competent care, and the College plays a key role in ensuring that trust is well-founded. Other organizations and individuals also have a role to play in delivering excellent patient care, including governments, academic institutions, hospitals, and the many health-care professionals who work collaboratively to form the province’s health system.

Recognizing strength through partnership, British Columbia’s 26 regulated health professions incorporated in 2013 under the Society Act to become the Health Profession Regulators of BC Society. While the health profession colleges have always worked cooperatively to address common regulatory matters, the formation of a society provides a formal structure to advance the joint mandate of patient safety more effectively. The purpose of the society is to partner on the development of common approaches to core regulatory functions such as registration and licensing, handling complaints from patients, quality assurance activities, and the development of professional standards.

A key objective is to raise public awareness about the role colleges play in patient safety. In September 2013, the society launched a multimedia, multi-language campaign called “Our purpose, your safety” to shine a spotlight on the importance of seeing a regulated health professional. The campaign, which includes a new website translated into nine languages, is primarily targeted towards new Canadians: www.bchealthregulators.ca.

Developing the infrastructure and providing forums for partners to share experiences and best practices is paramount for continual improvement in a complex system. Equally important is the need for technology to support information sharing. This past year, the College embarked on a significant organizational transformation involving the implementation of a single web-based solution, which will enable full integration...
between College departments, and data exchange with other relevant organizations such as health authorities. Through enhanced automation of current paper-based business processes, the College expects to realize significant operational efficiencies, as well as improved opportunities to monitor, analyze, and report on performance measures.

In the coming year, the Board will launch its 2014-17 strategic plan, which focuses on quality assurance, enriched partnerships, and organizational efficiency. The plan will help the College deliver on its mandate of public protection through effective regulation of the medical profession. The strategic plan was developed by the Board, with input and feedback from physicians, health authorities, government, members of the public, staff and other health partners. Their ideas and perspectives are reflected in the plan.

Canada’s Top 100 Employer

The College was selected as one of BC’s Top Employers in 2011, 2012, 2013, and Canada’s Top 100 Employers for 2014. As one of Canada’s most respected annual awards, the Canada’s Top 100 Employers competition recognizes excellence in companies who provide exceptional workplaces and benefits to their employees.

Employers are evaluated on eight criteria: physical workplace; work atmosphere and social; health, financial and family benefits; vacation and time off; employee communications; performance management; training and skills development; and community involvement.
In Focus

Delivering quality care

Dr. Anne Clarke, board member, examines a patient in the emergency room at Peace Arch Hospital, an acute care facility in White Rock, BC.

> ANNE I. CLARKE, MD, FRCP
MEDICAL DIRECTOR
FRASER HEALTH EMERGENCY PROGRAM
We register physicians

The College has legislated 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 an applicant’s credentials including education, training, and relevant practice experience.

Applications from physicians seeking registration with the College are reviewed by the registration department. Physicians who do not meet all of the requirements for obtaining registration in the full class for independent practice may be eligible for provisional registration, which permits them to practise medicine with limits and conditions granted by the Registration Committee.

REGISTRATION REQUIREMENTS

Each year, physicians registered with the College must complete a comprehensive questionnaire about their practice, attest to their compliance with continuing medical education requirements, and pay a renewal fee. Physicians who miss the renewal deadline are subject to penalties and may have their registration suspended. Physicians cannot practise medicine or charge for services rendered without being registered with the College. Upon completion of this process, physicians are issued a new medical licence with an expiry date, which they are required to carry with them.

Health Professions Review Board
REGISTRATION MATTERS

In 2013:

- The Registration Committee issued 231 reviewable registration decisions, of which 3 were the subject of applications for review with the Health Professions Review Board (HPRB)
- 1 application was voluntarily withdrawn by the applicant
- 1 was filed outside the time period permitted and the HPRB denied the applicant an extension
- 1 is tentatively scheduled for mediation

All of the decisions made by the Health Professions Review Board can be found at www.hprb.gov.bc.ca.
International medical graduates (IMGs)

TOTAL IMGs PRACTISING IN BRITISH COLUMBIA

<table>
<thead>
<tr>
<th>Year</th>
<th>General Practitioners</th>
<th>Specialists</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1,815</td>
<td>1,558</td>
<td>3,373</td>
</tr>
<tr>
<td>2012</td>
<td>1,757</td>
<td>1,535</td>
<td>3,292</td>
</tr>
</tbody>
</table>

HIGHLIGHTS FOR THE YEAR

- 196 IMGs applied for registration in British Columbia
- 170 new IMG applicants were granted provisional registration
- 87 new IMG applicants were granted full registration
- 164 IMGs previously on the provisional register were advanced to the full register
- 73 IMGs were licensed to become clinical trainees*
- 34 IMGs entered into 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, allowing 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.
### The 3,373 Practising IMGs Obtained Their Medical Degree from the Following Countries:

<table>
<thead>
<tr>
<th>Country</th>
<th>F</th>
<th>M</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>224</td>
<td>716</td>
<td>940</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>132</td>
<td>508</td>
<td>640</td>
</tr>
<tr>
<td>India</td>
<td>70</td>
<td>168</td>
<td>238</td>
</tr>
<tr>
<td>Ireland</td>
<td>59</td>
<td>152</td>
<td>211</td>
</tr>
<tr>
<td>United States</td>
<td>81</td>
<td>116</td>
<td>197</td>
</tr>
<tr>
<td>Australia</td>
<td>30</td>
<td>60</td>
<td>90</td>
</tr>
<tr>
<td>Pakistan</td>
<td>22</td>
<td>63</td>
<td>85</td>
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<tr>
<td>China</td>
<td>26</td>
<td>53</td>
<td>79</td>
</tr>
<tr>
<td>Iran</td>
<td>41</td>
<td>37</td>
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<tr>
<td>Poland</td>
<td>24</td>
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</tr>
<tr>
<td>Egypt</td>
<td>10</td>
<td>41</td>
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</tr>
<tr>
<td>Nigeria</td>
<td>6</td>
<td>40</td>
<td>46</td>
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<tr>
<td>Other*</td>
<td>19</td>
<td>25</td>
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<tr>
<td>Germany</td>
<td>11</td>
<td>26</td>
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</tr>
<tr>
<td>New Zealand</td>
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<td>Romania</td>
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<tr>
<td>Russia</td>
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<tr>
<td>Taiwan</td>
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<td>17</td>
<td>20</td>
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<tr>
<td>Ukraine</td>
<td>10</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>Jamaica</td>
<td>2</td>
<td>14</td>
<td>16</td>
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<tr>
<td>Grenada</td>
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<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Argentina</td>
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<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Bulgaria</td>
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<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Mexico</td>
<td>3</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Colombia</td>
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<td>Netherlands</td>
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<td>6</td>
<td>12</td>
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<td>10</td>
<td>12</td>
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<td>Uganda</td>
<td>2</td>
<td>10</td>
<td>12</td>
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<td>Belgium</td>
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<td>11</td>
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<tr>
<td>Dominica</td>
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<tr>
<td>Bangladesh</td>
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<td>10</td>
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<tr>
<td>Czech Republic</td>
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<td>8</td>
<td>10</td>
</tr>
<tr>
<td>France</td>
<td>4</td>
<td>6</td>
<td>10</td>
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<tr>
<td>Grand Total</td>
<td>969</td>
<td>2,404</td>
<td>3,373</td>
</tr>
</tbody>
</table>

**Note:** For the purposes of this annual report, an international medical graduate is determined by the jurisdiction where the medical degree was obtained, not by country of birth.

*Other includes IMGs who received their medical degree from countries that are no longer recognized—Burma, Ceylon, Czechoslovakia, East/West Germany, Khmer Republic, USSR and West Pakistan.*
### At a glance

#### Registration statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Registrants</td>
<td>12,784</td>
<td>12,792</td>
</tr>
<tr>
<td>Professionally Active</td>
<td>11,361</td>
<td>11,194</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>5,875</td>
<td>5,833</td>
</tr>
<tr>
<td>Specialists</td>
<td>5,486</td>
<td>5,361</td>
</tr>
<tr>
<td>Medical Students</td>
<td>1,148</td>
<td>1,062</td>
</tr>
<tr>
<td>Residents</td>
<td>1,062</td>
<td>1,062</td>
</tr>
<tr>
<td>Postgraduate Fellows</td>
<td>142</td>
<td>142</td>
</tr>
</tbody>
</table>

**Figures calculated as of December 31, 2013**

- Total number of new residents at UBC medical school in 2013: 365 (2012: 360, 2011: 337)
- Total number of new residents at UBC medical school in 2013: 365 (2012: 360, 2011: 337)
Reflections from a public board member

Like any complex business governed by legislation, the College relies heavily on the technical expertise of skilled accountants to navigate complicated standards and ensure its financial resources, investments and assets are managed effectively.

In January 2009, Walter Creed, an accomplished, recently retired chartered accountant (FCA), was appointed to the College Board as a public member through the provincial government’s Board Resourcing and Development Office. With 36 years of experience operating his own firm with others, and as a partner at an international accounting and audit firm, Mr. Creed was a natural choice to sit as chair of the College’s Finance and Audit Committee. Since joining the College Board five years ago, Mr. Creed has sat on more than seven of the College’s statutory committees and knows a great deal about regulating the medical profession.

When the College outgrew its rented office space, the Board put Mr. Creed’s skills to good use as it began to look for new premises. On October 17, 2011, the College made a historic move to its newly purchased space at 669 Howe Street—seven floors at the Offices at Hotel Georgia in downtown Vancouver. Before making the decision to purchase, the Board, guided by Mr. Creed, conducted a comprehensive assessment on the benefits of purchasing versus renting in Vancouver. In total, 24 buildings and land properties were evaluated before the final selection was made.

The move was significant both in terms of providing the College room for growth as well as securing the College’s long-term financial health. The Board’s direction at the time was to purchase a building that cost no more than an additional $500,000 per year to operate. In fact, in the first year alone, the College’s new office space cost $790,000 less to operate than the previously leased premises.

According to Mr. Creed, “These savings will be realized for many years to come, and are likely understated due to significant increases in leasing costs. The money we save will be reinvested into important quality assurance programs, information management systems, and qualified professionals who do the work of the College.”

During his time as chair of the Finance and Audit Committee and board treasurer, Mr. Creed has been dedicated to enhancing the Board’s understanding of financial statements and accounting principles, and assisting them in making sound business decisions. The implementation of the College’s new information management system was endorsed by Mr. Creed who recognized the importance of investing in new technologies to automate cumbersome paper-based processes. As he explains, “The financial decisions we make today must serve as the foundation to support the growth and evolution of the College well into the future. This is our moral obligation to the people we serve.” The College, in turn, has been well-served by Mr. Creed’s wisdom and forward-thinking leadership.
In Focus
Our purpose, your safety

To raise public awareness about the role colleges play in patient safety, the Health Profession Regulators of BC Society launched a multimedia campaign called “Our purpose, your safety,” which was translated into nine languages reflecting the province’s diversity.
The College conducts a comprehensive investigation of all complaints to ensure a just and fair process for both patients and physicians. Complaints brought to the College are initially triaged and categorized into four broad categories: clinical performance, conduct, boundary violations, and ordered practice reviews. Every complaint filed with the College is reviewed by a panel of the Inquiry Committee.

The Inquiry Committee is a standing committee under the Health Professions Act. The work of the Inquiry Committee begins with a review of the material obtained through the investigation of a complaint to determine the next course of action. This may be remedial; or it may involve the physician agreeing to specific undertakings and/or a reprimand; or, if the matter is serious enough, it may be referred to the Discipline Committee. The Inquiry Committee is keenly aware of the public expectation that the investigation of complaints and the conduct and competence of BC physicians will meet high standards, and be subject to deliberate, continuous quality improvement.

In 2013, a total of 1,024 complaint files were concluded.

- 448 files were related to clinical performance, such as a physician inadequately conducting or documenting a preoperative consent discussion with a patient, or allegations of deficiency by older physicians.
- 520 files were related to conduct, ethics and professionalism. Complaints in this category continue to reflect concerns around poor communication and the perception of patients that physicians lack empathy.
- 31 files were related to boundary violations, including one involving an inappropriate intimate relationship between a physician and patient, and the majority relating to insensitive or disrespectful behaviour during examinations.
- 25 files were related to the review of a physician’s practice.

Health Professions Review Board

COMPLAINT DISPOSITIONS

In 2013:

- The College Inquiry Committee issued 944 reviewable dispositions and 67 delayed investigation notices
- 102 complainants requested a review of their file with the Health Professions Review Board (HPRB)
- The HPRB issued 7 decisions directing the College to reconsider its disposition

A complainant has the right to take complaint dispositions to the Health Professions Review Board for two reasons—if they wish to appeal the decision of the Inquiry Committee (appealable dispositions) or if the Inquiry Committee does not conclude the complaint within a legislated time frame (delayed investigation notices).

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

Complaint statistics

NATURE OF THE COMPLAINTS CONCLUDED

1,024

448 Clinical

520 Conduct

25 Review of Practice

31 Boundary

<table>
<thead>
<tr>
<th>COMPLAINTS CONCLUDED</th>
<th>1,024</th>
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</thead>
<tbody>
<tr>
<td>CLINICAL</td>
<td>448</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>112</td>
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<tr>
<td>Medical Records</td>
<td>4</td>
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<tr>
<td>Prescribing</td>
<td>74</td>
</tr>
<tr>
<td>Consent</td>
<td>5</td>
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<tr>
<td>Surgical Complications</td>
<td>61</td>
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<tr>
<td>Case Management</td>
<td>151</td>
</tr>
<tr>
<td>Clinical – Other Treatment Complications</td>
<td>41</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CONDUCT</th>
<th>520</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>246</td>
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<tr>
<td>Breach of Confidentiality</td>
<td>14</td>
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<tr>
<td>Conflict of Interest</td>
<td>9</td>
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<tr>
<td>Medical Records / Third Party Medical Reports</td>
<td>102</td>
</tr>
<tr>
<td>Practice Management</td>
<td>55</td>
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<tr>
<td>Advertising</td>
<td>28</td>
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<tr>
<td>Conduct – Other Concerns</td>
<td>66</td>
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</table>

<table>
<thead>
<tr>
<th>BOUNDARY</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate Spoken / Written Communication</td>
<td>8</td>
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<tr>
<td>Physical Contact</td>
<td>14</td>
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<tr>
<td>Relationships</td>
<td>1</td>
</tr>
<tr>
<td>Boundary – Other Concerns</td>
<td>8</td>
</tr>
</tbody>
</table>

| REVIEW OF PRACTICE  | 25    |

OUTCOME OF THE COMPLAINTS CONCLUDED

1,024

650

323 Criticism

- 274 Remedial / Educational 33(6)(b) & 32(3)(c)
- 45 Reprimand / Undertakings 33(6)(c)
- 4 Referred to Discipline 33(6)(d)

47 Abandoned / Withdrawn

4 Dismissed by Registrar 32(3)(a) & 32(3)(b)

FIGURES CALCULATED FROM JANUARY 1 TO DECEMBER 31, 2013
We ensure excellence in medical practice

Once physicians are registered and practising, the College has a duty to ensure that they maintain a commitment to lifelong learning and competency throughout their career. The College has five quality assurance programs, including two accreditation programs, to ensure that every physician in the province is practising to the highest professional standards, and that all of BC’s diagnostic and private medical/surgical facilities are accredited.

Professionals

PRESCRIPTION REVIEW PROGRAM
The Prescription Review Program is a practice quality assurance activity, which assists physicians with the challenging task of prescribing opioids, benzodiazepines and other potentially addictive medications. The work of the program is informed by the PharmaNet database.

HIGHLIGHTS FOR THE YEAR
FIGURES CALCULATED FROM JANUARY 1, 2013 TO FEBRUARY 28, 2014
- Opened 137 new files; closed 62 existing files
- Sponsored the Prescribers Course with 19 participants in April 2013 and 21 participants in November 2013
- Co-hosted the 26th annual Chronic Pain and Suffering Symposium with 204 participants

METHADONE MAINTENANCE PROGRAM
Methadone has long been considered an effective treatment for opioid dependence. As a controlled substance, physicians must be authorized by the federal Minister of Health in order to prescribe it. The Methadone Maintenance Program provides oversight and educational workshops to assist physicians who are authorized to prescribe methadone for the treatment of opioid dependence.

HIGHLIGHTS FOR THE YEAR
FIGURES CALCULATED FROM APRIL 1, 2013 TO MARCH 31, 2014
- Granted 37 new physicians an exemption to prescribe methadone
- Conducted 33 peer practice assessments
- Reviewed 31 coroner’s cases where methadone was a cause or contributory cause of death
- In total, 494 BC physicians have an exemption to prescribe methadone for opioid dependence
- In total, 14,662 methadone patients are registered in the Methadone Maintenance Program

In early 2014, PharmaCare began providing coverage of Methadose™ — a new formulation of methadone 10 mg/ml solution for the treatment of opioid dependence and analgesia. The College worked in partnership with the College of Pharmacists of BC, the Ministry of Health, the BC Centre for Disease Control, as well as patient advocacy groups to deliver education to health-care providers and patients about safe use and storage of Methadose™.
In Focus

Connecting with our communities

Dr. Ailve McNestry, deputy registrar, speaks about prescription drug abuse at A Path Forward, a BC First Nations and Aboriginal people’s mental wellness and substance use forum, in Duncan, BC.
PHYSICIAN PRACTICE ENHANCEMENT PROGRAM

The Physician Practice Enhancement Program (PPEP) is a collegial program with three distinct assessment modules designed to proactively assess and educate physicians to ensure they meet high standards of practice throughout their professional lives.

The goal of the program is to promote quality improvement in community-based physicians’ medical practice by highlighting areas of excellence and identifying opportunities for professional development. At the conclusion of all three modules, an assessment report with benchmarks for similar practices is shared with the physician.

Depending on the assessment outcomes, a physician may be required to participate in remedial or educational activities to enhance his/her practice. The program is run on an eight-year cycle. Physicians who are over the age of 75 or who work in isolated or unsupported practice settings may be assessed on a more frequent basis.

HIGHLIGHTS FOR THE YEAR

Figures calculated from January 1, 2013 to February 28, 2014

- Assessed 129 multi-physician clinics
- Completed 606 peer assessments
- Completed 477 multi-source feedback assessments
- Required 41 physicians to participate in remedial education

While the PPEP is still very much in the beginning stages of implementation, ideas for enhancements are already being considered, such as:

- piloting an e-assessment program that will make the assessments more objective, efficient and allow for instant access to evidence-based standards for teaching purposes
- engaging in academic research to help answer the question: how is feedback best given to physicians to improve their clinical care?

PHYSICIAN MULTI-SOURCE FEEDBACK ASSESSMENT (MSF)

This component consists of a questionnaire, which is distributed to patients, physician colleagues and non-physician co-workers. Topics covered in the questionnaire include medical competency, communication skills, and general office management. The addition of the MSF module in 2013 has provided physicians with a more comprehensive and balanced review of their practice.

OFFICE ASSESSMENT OF PREMISES AND PROCESSES

This component reviews the operational management of a physician’s medical office. It includes topics such as disinfection and sterilization of medical instruments, medical record storage and retention, infection control and prevention, drug storage, and response to patient emergencies.

PEER ASSESSMENT OF RECORDED CARE

This component is based on the premise that an experienced physician can review another physician’s procedures and medical records and effectively assess the quality of care being provided.
In Focus

Maintaining high standards

Ingrid Harrison, RN, conducts an assessment of the emergency cart medication and equipment during a Non-Hospital Medical and Surgical Facilities Program accreditation at Surgical Centres Inc. – New Westminster.

> INGRID HARRISON, RN
ACCREDITOR
NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES PROGRAM
Facilities

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES PROGRAM
The Non-Hospital Medical and Surgical Facilities Program requires private facilities to maintain high standards of practice equal to or exceeding public hospitals. The program establishes accreditation and performance standards, procedures and guidelines to ensure the delivery of high quality medical and surgical services. The 700 physicians who work in private facilities across the province must be granted privileges by the College.

All facilities, regardless of the scope of services they provide, undergo a rigorous and comprehensive inspection prior to being awarded a term of accreditation. To ensure public protection, if a facility does not meet the standards, it may be required to close until the deficiencies are corrected.

HIGHLIGHTS FOR THE YEAR
FIGURES CALCULATED FROM JANUARY 1, 2013 TO FEBRUARY 28, 2014

- 64 private medical and surgical facilities operate in BC
- 33 facilities were accredited as part of their four-year accreditation cycle
- 3 new facilities opened in the province
- 673 physicians were authorized by the College to provide medical services in one or more private medical and surgical facility
- 63,890 procedures were performed in non-hospital medical and surgical facilities across the province
- 34% of procedures performed were contracted from a health authority and/or third party (e.g. WorkSafeBC, ICBC)

DIAGNOSTIC ACCREDITATION PROGRAM
The Diagnostic Accreditation Program establishes, evaluates and monitors performance standards, provides education and consultation in diagnostic health care, and administers 23 accreditation programs covering the five diagnostic services: diagnostic imaging, laboratory medicine, neurodiagnostics, pulmonary function and polysomnography.

HIGHLIGHTS FOR THE YEAR
FIGURES CALCULATED FROM JANUARY 1, 2013 TO FEBRUARY 28, 2014

- 276 private and 434 public diagnostic facilities operate in BC
- 147 site surveys were completed involving 396 different modalities and disciplines
- 19 initial assessments were performed for new facilities
In Focus
Informing and educating

The Library Committee provides vision and direction to the library including establishing policy, assessing funding requirements, and identifying appropriate services and resources to address registrants’ information needs.
We guide the profession

We inform and educate
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. The College sponsors and hosts conferences, workshops and courses on a variety of topics to assist physicians in their ongoing education, including:

- boundaries, ethics and professionalism
- medical record keeping
- prescribing for chronic pain
- online research tutorials
- methadone prescribing

We monitor physician health and wellness
The College is authorized by law to suspend a physician whose deficient performance is the result of illness or injury. Health matters are virtually always addressed with a physician voluntarily withdrawing from practice for a prescribed period of time, followed by a closely monitored recovery, and an assessment by the College prior to any consideration of return to practice.

Physicians with a blood-borne communicable disease are required to inform the College of their condition and work with the Blood Borne Communicable Diseases Committee to identify practice restrictions and ensure compliance with appropriate guidelines.

We provide up-to-date clinical information to physicians
The College library is a prime source of reliable clinical information to support physicians in their practice. Each year, College librarians respond to more than 12,000 research and reference requests from physicians. All specialties are represented among library users, from anatomical pathologists to urologists. Physicians in general/family practice, psychiatry and internal medicine contact the library most frequently.

2013 Education Day

The complete physician: anachronism or imperative
The 2013 Education Day was held on Friday, September 20 at the Vancouver Convention Centre. The day focused on the attributes of the complete physician in an era of rapid information exchange, greater patient expectations and advanced technologies, including being effective communicators, collaborators, managers, health advocates and scholars as defined in the CanMEDs competencies.

Plenary presenters
Practising physicians and health-care system reform
Tim Caulfield, Author and Professor, Faculty of Law and School of Public Health, University of Alberta
Untwisting health myths: what the evidence says
WE PARTNER AND COLLABORATE
A top priority for the College is to work collaboratively with government, universities, hospitals and other health organizations to address provincial and national issues such as:

- enhancing the quality of care patients receive
- ensuring the privacy of patient information
- improving access to health-care services
- developing health-care policy
- standardizing competency assessments for international medical graduates
- implementing a national online registration process for new physicians

WE ANSWER QUESTIONS AND PROVIDE SUPPORT
The College service representatives answer more than 200 calls a day from physicians and members of the public inquiring about the College’s professional standards and guidelines, registration and complaints processes, physician contact information, and other related topics. The College’s medical staff offers advice to physicians in all areas of practice such as ethics and professionalism, and statutory compliance.

WE RECOGNIZE EXCELLENCE IN MEDICAL PRACTICE
Every year the College Board, through a peer nominations process, recognizes outstanding physicians who have made an exceptional contribution to the practice of medicine in teaching, research, clinical practice, administration or health advocacy. The recipients are presented with an Award of Excellence in Medical Practice at the annual president’s dinner.

2013 AWARD RECIPIENTS
PATRICK J. KINAHAN, MD, FRCPC – Vancouver, BC
MICHAEL F. MYERS, MD, FRCPC – Vancouver, BC

WE DEVELOP PROFESSIONAL PRACTICE STANDARDS
One of the College’s roles is to guide physicians on ethical and professional matters related to their practice. The development of relevant professional standards that address key areas of practice, and respond to existing or emerging issues and topics, is one of the ways the College provides this guidance.

NEW
- Medical Certificates and Other Third Party Reports
- Telemedicine

UPDATED
- After-Hours Coverage
- Marijuana for Medical Purposes
At a glance

**Statement of operations**

*The complete audited financial statements can be found on the college website www.cpsbc.ca*

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
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<tr>
<td>Annual registrant and incorporation fees</td>
<td>18,549,334</td>
<td>16,901,553</td>
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<td>Accreditation fees</td>
<td>4,021,367</td>
<td>3,849,877</td>
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<tr>
<td>Rental revenue (Note 8)*</td>
<td>814,723</td>
<td>792,007</td>
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<td>Investment income</td>
<td>748,304</td>
<td>486,597</td>
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<td>Application and incorporation setup fees</td>
<td>594,475</td>
<td>607,280</td>
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<td>Grants</td>
<td>465,000</td>
<td>462,665</td>
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<tr>
<td>Other income</td>
<td>422,512</td>
<td>390,006</td>
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<td>Penalties, fines and costs</td>
<td>268,613</td>
<td>242,410</td>
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<td>Assessment income</td>
<td>177,558</td>
<td>75,884</td>
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<td>Preliminary assessment fees</td>
<td>93,420</td>
<td>120,025</td>
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<td>Medical directory and provider registry</td>
<td>61,951</td>
<td>99,995</td>
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<td></td>
<td>26,217,257</td>
<td>24,028,299</td>
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<tr>
<td><strong>Expenditures</strong></td>
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<tr>
<td>Salaries and benefits (Note 6)*</td>
<td>12,915,162</td>
<td>12,554,821</td>
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<td>Assessments, accreditations and reviews</td>
<td>1,931,992</td>
<td>1,265,246</td>
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<td>Occupancy costs</td>
<td>1,210,319</td>
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<td>Board and committees</td>
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<td>Amortization, property and equipment</td>
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<td>1,062,685</td>
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<td>Professional fees</td>
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<td>817,750</td>
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<td>Information technology</td>
<td>619,086</td>
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<td>Miscellaneous</td>
<td>598,986</td>
<td>534,121</td>
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<td>Office</td>
<td>532,587</td>
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<td>Bank charges and credit card fees</td>
<td>409,668</td>
<td>387,732</td>
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<td>Library resources</td>
<td>312,326</td>
<td>309,725</td>
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<td>Physician health program</td>
<td>300,000</td>
<td>300,000</td>
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<td>Travel and training</td>
<td>232,315</td>
<td>313,819</td>
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<td>Publications and website</td>
<td>231,750</td>
<td>290,343</td>
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<td>Federation membership fees</td>
<td>158,133</td>
<td>19,590</td>
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<td>Amortization, intangibles</td>
<td>152,504</td>
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<tr>
<td>Grants</td>
<td>120,630</td>
<td>163,000</td>
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<td>Annual meeting and education day</td>
<td>96,729</td>
<td>77,579</td>
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<td>Scholarships</td>
<td>20,500</td>
<td>20,500</td>
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<td></td>
<td>23,017,848</td>
<td>21,759,954</td>
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<tr>
<td><strong>Excess of revenue over expenditures before undernoted</strong></td>
<td>3,199,409</td>
<td>2,268,345</td>
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<tr>
<td>Realized (loss) gain on sale of investments</td>
<td>(181,647)</td>
<td>13,028</td>
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<tr>
<td>Unrealized gain on investments</td>
<td>151,061</td>
<td>272,776</td>
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<tr>
<td>Loss on sale of property and equipment (Note 3(d))*</td>
<td>–</td>
<td>(9,877)</td>
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<tr>
<td>Pension transfer costs (Note 6(b))*</td>
<td>(3,216,000)</td>
<td>–</td>
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<tr>
<td><strong>(Deficiency) Excess of Revenue over Expenditures</strong></td>
<td>(47,177)</td>
<td>2,544,272</td>
</tr>
</tbody>
</table>
At a glance

Expenditures by function 2013/14

YEAR ENDED FEBRUARY 28, 2014

EXPENDITURES BY FUNCTION

<table>
<thead>
<tr>
<th>Function</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Non-Hospital Medical and Surgical Facilities Program (NHMSFP)</td>
<td>$999,490</td>
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<tr>
<td>Diagnostic Accreditation Program (DAP)</td>
<td>2,483,280</td>
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<tr>
<td>Communications Publications and Website</td>
<td>1,070,626</td>
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<tr>
<td>Complaints</td>
<td>2,532,620</td>
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<tr>
<td>Monitoring and Physician Health</td>
<td>914,399</td>
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<td>Drug Programs</td>
<td>865,311</td>
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<tr>
<td>Operations and General Administration</td>
<td>5,025,955</td>
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<tr>
<td>Governance</td>
<td>553,163</td>
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<tr>
<td>Grants and Contributions</td>
<td>444,235</td>
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<tr>
<td>Legal</td>
<td>2,305,522</td>
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<tr>
<td>Library Services</td>
<td>1,443,258</td>
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<tr>
<td>Quality Assurance</td>
<td>1,754,891</td>
</tr>
<tr>
<td>Registration</td>
<td>2,625,098</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$23,017,848</strong></td>
</tr>
</tbody>
</table>

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

**College Board**

**BOARD MEMBERS IN 2013–2014**

**OFFICERS**
- Dr. L.C. Jewett *President*
- Dr. J.R. Stogryn *Vice-president*
- Dr. G.A. Vaughan *Treasurer*

**ELECTED MEMBERS**

**DISTRICT 1:** Dr. D.M.S. Hammell
**DISTRICT 2:** Dr. G.A. Vaughan
**DISTRICT 3:** Dr. D.J. Etches
  - Dr. N.D. James
  - Dr. J.R. Stogryn
**DISTRICT 4:** Dr. A.I. Clarke
  - Dr. J.R. Stogryn
**DISTRICT 5:** Dr. M.A. Docherty
**DISTRICT 6:** Dr. L.C. Jewett
**DISTRICT 7:** Dr. P.D. Rowe

**APPOINTED PUBLIC MEMBERS**
- Ms. L. Charvat
- Dr. M. Corfield (DM)
- Mr. W.M. Creed, FCA
- Mr. S.S. Gill
- Ms. V. Jenkinson

**COLLEGE LEADERSHIP**

**REGISTRAR**
- Dr. H.M. Oetter

**DEPUTY REGISTRARS**
- Dr. A.J. Burak
- Dr. A.M. McNestry
- Dr. W.R. Vroom
- Dr. J.G. Wilson

**CHIEF LEGAL COUNSEL**
- Mr. G. Keirstead

**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 balanced and equitable approach to medical self-regulation.

AS OF FEBRUARY 28, 2014

EXECUTIVE COMMITTEE
Dr. L.C. Jewett ♦♦
Dr. J.R. Stogryn ♦
Ms. L. Charvat ♦♦
Mr. W.M. Creed, FCA ♦♦
Dr. N.D. James ♦
Dr. G.A. Vaughan ♦

FINANCE AND AUDIT COMMITTEE
Mr. W.M. Creed, FCA ♦♦
Dr. G.A. Vaughan ♦
Dr. M.A. Docherty ♦
Mr. S.S. Gill ♦
Dr. L.C. Jewett ♦
Dr. J.R. Stogryn ♦
Dr. D.J. Etches ♦♦
Ms. V. Jenkinson ♦♦

REGISTRATION COMMITTEE
Dr. M. Corfield (DM) ♦♦♦
Dr. G.A. Vaughan ♦
Dr. M.A. Docherty ♦
Mr. S.S. Gill ♦
Dr. D.M.S. Hammell ♦
Dr. P.D. Rowe ♦
Ms. C. Evans ♦♦
Dr. A.I. Seaf ♦

INQUIRY COMMITTEE
Panel A
Dr. L.C. Jewett ♦♦
Dr. J.R. Stogryn ♦
Ms. L. Charvat ♦♦
Dr. M.A. Docherty ♦
Ms. V. Jenkinson ♦♦

Panel B
Dr. P.D. Rowe ♦♦
Dr. A.I. Clarke ♦
Ms. P. Bowles ♦
Dr. M.D. Carter
Ms. A. Chan ♦
Dr. M. Corfield (DM) ♦♦
Dr. T.A. Fera
Dr. G.C. Jackson
Ms. S. Mehinagic ♦
Dr. J.P. Pawlovich
Dr. F.M. Sutter

Panel C
Dr. N.D. James ♦♦
Dr. D.J. Etches ♦
Dr. P.M. Battershill
Dr. B.A. Fleming
Dr. A. Ho (PhD)
Dr. R.A. Irvine
Ms. V. Jenkinson ♦♦

Panel D
Dr. D.J. Etches ♦♦
Dr. A.I. Seaf ♦
Ms. V. Jenkinson ♦♦
Mr. G. Stevens ♦

Panel E
Dr. G.A. Vaughan ♦♦
Dr. G. Parhar ♦
Ms. V. Jenkinson ♦♦
Dr. M. Corfield (DM) ♦♦

QUALITY ASSURANCE COMMITTEE
Dr. M.A. Docherty ♦♦
Dr. D.M.S. Hammell ♦
Mr. W.M. Creed, FCA ♦♦
Ms. C. Evans ♦

ETHICS COMMITTEE
Ms. L. Charvat ♦♦
Dr. G. Parhar ♦
Dr. R. Drabkin
Dr. R.D. Small (PhD) ♦
Dr. L. Sourisseau
Dr. M.W.H. Suen
Dr. D.M.S. Hammell ♦

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES PROGRAM COMMITTEE
Dr. A.I. Clarke ♦♦
Dr. D.A. Price ♦
Dr. N. Carr
Mr. W.M. Creed, FCA ♦♦
Ms. C. Evans ♦
Dr. A. Gilgson
Mr. S.S. Gill ♦
Dr. J.A. Hitkari
Dr. J.M. Leith
Dr. R.L. Preston
Dr. K.A. Stothers
Dr. N.J. Wells
Ms. B. Willson, RN

METHADONE MAINTENANCE COMMITTEE
Dr. A.I. Clarke ♦♦
Dr. A.C.H. Chan
Dr. L.F. Fredeen
Dr. R.S. Joe
Dr. P.H. Mark
Dr. J.B. Melamed
Dr. D.A. Rothon
Dr. K. Tupper (PhD)
PRESCRIPTION REVIEW COMMITTEE
Dr. G. Parhar 
Dr. E.R. Turski
Dr. S.J. Horsfall
Dr. D.G. Hunt
Dr. J.R. Kennedy
Dr. D.M. McGregor

MEDICAL PRACTICE ASSESSMENT COMMITTEE
Dr. R.A. Baker 
Dr. D.M.S. Hammell
Dr. B.H. Chang
Dr. M.A. Dahl
Dr. M.J. Fahy
Dr. A. Hosie
Dr. E.E. Payne
Dr. C. Penn

BLOOD BORNE COMMUNICABLE DISEASES COMMITTEE
Dr. M. Krajden 
Dr. V.C. Montessori
Dr. P.R.W. Kendall
Dr. A. Ramji
Dr. H.G. Stiver

LIBRARY COMMITTEE
Dr. P.D. Rowe 
Dr. J.C. Butt
Dr. B. Jurenka
Dr. T. Kope
Dr. N.D. James

PATIENT RELATIONS COMMITTEE
Dr. L.C. Jewett
Dr. J.R. Stogryn
Dr. M. Corfield (DM)

DISCIPLINE COMMITTEE
Physician members
Dr. P.A. Mitenko
Dr. N.J. Byrne
Dr. C. Chan-Yan
Dr. M.J. Donlevy
Dr. D.C. Drummond
Dr. C.S. Johnston
Dr. D.M. MacRitchie
Dr. D.M. Petrunch
Dr. T.K. Sidhu

Public representative members
Ms. J. Clarke
Ms. C. Evans
Mr. M.A. MacDougall
Dr. R.D. Small (PhD)

Legal members
Ms. M. Baird
Mr. E.D. Crossin, QC
Mr. R.W. Hunter
Ms. K.F. Nordlinger, QC
Ms. J.P. Whittow, QC

DIAGNOSTIC ACCREDITATION PROGRAM COMMITTEE
Dr. J.C. Heathcote
Dr. J.R. Stogryn
Mr. W.M. Creed, FCA
Ms. J. Crickmore (ex-officio member)
Dr. J.A. Matheson
Dr. M. Murray
Dr. T.F. Ward
Ms. V. Jenkinson
Dr. L.C. Jewett

Mr. W.M. Creed, FCA
Ms. J. Crickmore (ex-officio member)
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

COMPLAINTS AND PRACTICE INVESTIGATIONS
Dr. J.G. Wilson, Deputy Registrar
Mr. B. Fishbook, Director

MONITORING AND DRUG PROGRAMS
Dr. A.M. McNestry, Deputy Registrar
Dr. J. Agnew (PhD), Director

QUALITY ASSURANCE AND PRACTICE ASSESSMENTS
Dr. W.R. Vroom, Senior Deputy Registrar
Ms. N. Castro, Director

DIAGNOSTIC ACCREDITATION PROGRAM
Dr. W.R. Vroom, Senior Deputy Registrar
Ms. H. Healey, Senior Director

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES PROGRAM
Dr. W.R. Vroom, Senior Deputy Registrar
Ms. P. Fawcus, Director

LEGAL SERVICES
Mr. G. Keirstead, Chief Legal Counsel
Ms. S. Hellmann, Staff Lawyer
Ms. L. Hlus, Staff Lawyer
Ms. S. Kanji, Staff Lawyer (maternity leave)
Mr. E. van Eck, Director (Investigations)

PROFESSIONAL MEDICAL CORPORATIONS
Mr. G. Keirstead, Chief Legal Counsel

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

COMMUNICATIONS
Ms. S. Prins, Director

RECORDS, INFORMATION AND PRIVACY
Ms. J. Liu, Director

COLLEGE LIBRARY
Dr. K. MacDonell (PhD), Director