2019 ANNUAL GENERAL MEETING
Friday, September 20, 2019
Vancouver Convention Centre
Vancouver, British Columbia

College of Physicians and
Surgeons of British Columbia
cpsbc.ca
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.

Committee reports

About this report

This report describes the work and activities of the past year; it highlights the major accomplishments toward key objectives articulated in the Board's Strategic Plan; and it reflects the commitment and dedication of many who give their time and expertise to deliver on the College's mandate.
Our mission
Serving the public by regulating physicians and surgeons

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.

The primary function of the College is to ensure that BC’s physicians are qualified, competent and fit to practise medicine. The College manages 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, and patients receive care in accredited diagnostic and private medical/surgical facilities.
Our values

Transparent
- Regulatory processes and policies are clear, accessible and applied consistently
- Information about the mandate and work of the College is readily available and easy to understand
- Relevant information about registrants and accredited facilities is accessible to the public
- Public is involved in regulatory proceedings and policy development

Objective
- Regulatory decisions are evidence-based and rationale is clearly explained and defensible
- Board and committee membership is diverse, reflective of the public, and inclusive of a broad range of opinion, perspective, qualification and experience

Impartial
- Regulatory processes and decisions are unprejudiced and free of bias
- Board and committee members identify and address perceived or real conflict of interest in advance of proceedings
- All points of view are heard and considered

Fair
- Regulatory processes and proceedings are conducted according to established rules of order and the law
- All individuals are treated equally with dignity, courtesy and respect, and without discrimination

The College has been recognized as one of BC’s Top Employers since 2011, and one of Canada’s Top Employers since 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.
A MESSAGE FROM THE PRESIDENT AND REGISTRAR

The 2018–2020 Strategic Plan was approved in January 2018, and was officially launched on March 1, 2018 at the start of the fiscal year. It is an ambitious, forward-looking road map that provides a common direction to the College's business planning, with specific actions and targeted measures. It is a plan that the Board and College leadership are unequivocally committed to.

Our values—transparent, objective, impartial and fair—serve as the foundation for the Strategic Plan, and direct how we conduct our regulatory work. Building upon aspects of the College's previous strategic priorities, the plan identifies three high-level goals that are necessary to deliver on our mandate:

1. **Stakeholder engagement** places the patient at the centre of everything we do and promotes effective regulation in the public interest.

2. **Continuous quality improvement** reflects our commitment to assessing our work with a focus on process improvements and performance measures.

3. **Regulatory innovation** directs us to be agile and responsive to external forces and future context.

The College has been guided and influenced this past year by the work of Mr. Harry Cayton, now-retired executive director of the Professional Standards Authority (PSA) in the United Kingdom. During one of his many visits to British Columbia over the summer, Mr. Cayton spent a day with us and expressed his support for the Board’s strategic goals, in particular its commitment to engage more proactively with the public, health partners and registrants in the development of practice standards.

The process for developing standards for the profession has always been rigorous, with direct input from medical and legal subject matter experts. With a deliberate and thoughtful focus on seeking more input from those either directly or indirectly affected by College standards, we have benefitted greatly from new digital media to educate people about the College, and broaden our reach into otherwise untapped segments of the population.

This year, the Board approved a number of new and updated practice standards related to continuity of care, which articulate core principles of good medical practice. We would personally like to thank members of the public, as well as the many physicians who participated in the drafting phase to ensure the College's expectations contained within the standards are clear, unambiguous and easy to operationalize in day-to-day practice.

Stakeholder engagement extends beyond the development of new practice standards. The College is committed to sharing information and consulting widely with its partners on matters of mutual interest. And, we are continually challenging our own thinking to find new and innovative ways to involve people in regulatory matters that affect them.

Stakeholder engagement also means meeting with individuals and groups face-to-face, and having open, constructive conversations. This past year, we participated in numerous meetings with health authority boards, medical staff, faculty, the association, and the Ministry of Health to discuss collective priorities and identify opportunities to address health system challenges together. Topics of discussion were varied, from health human resourcing, to quality improvements, to legislative and policy reform to reflect current-day realities.

Developing the infrastructure and providing forums for partners to share experiences and best practices are paramount for continual improvement in a complex system.

Our daily experiences tell us we are living in an era of rising expectations and constant change. The need to be responsive to this change has never been greater. For professional regulators, this means being able to adapt—to ensure that legislation, rules, bylaws, standards and practices reflect evolving, modern realities.

This is our way forward. We are pleased to share our progress with you in this report.
Making progress towards the 2018–2020 Strategic Plan
We engaged a record number of stakeholders in the development and review of practice standards and professional guidelines, gathering feedback from roughly 2,400 stakeholders over eight consultations.

Insight from our consultations led to the development of new online patient resources, which address aspects of medical practice such as physical examinations, professional boundaries, and standards of care.

Numerous meetings were held with government, health authorities and health partners across the province to discuss and address provincial and national issues such as patient privacy, medical quality, competency assessments, telemedicine, and medical assistance in dying.

Recognizing good governance as a strategic imperative, the Board undertook a comprehensive governance review to ensure it employs best practices in risk management, committee structure, policy development, strategic planning and board evaluation.

Working with government and other health regulators, we drafted a proposed framework to simplify and modernize regulatory structures to enable effective team-based interprofessional collaboration. This work continues.

To identify and address unsafe prescribing and improve health outcomes, we initiated the pilot phase of a multidisciplinary prescription monitoring program in partnership with the Ministry of Health, the Ministry of Mental Health and Addiction, the BC colleges of pharmacists, dental surgeons, midwives, nurses, and naturopathic physicians, as well as other stakeholders as required such as the Coroner's Office, the BC Centre for Substance Use, and the BC Centre for Disease Control. The new program will enable a broad range of activities such as data analysis and reporting mechanisms to identify concerning prescribing trends or behaviours that pose potential risk to patients. It will also serve as a resource for colleges responsible for governing individual prescribers.
Regulating in the public interest

REGISTERING QUALIFIED 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 a physician’s education, training, and relevant practice experience, as well as any outstanding investigations, disciplinary actions or restrictions from other jurisdictions, to ensure that only qualified, competent and ethical physicians are granted registration. The College also administers the Criminal Records Review Act, which provides that a criminal record check must be completed by all registrants of the College.

Applicants who meet all of the requirements of the full class of registration may begin independent medical practice within their scope anywhere in the province.

The College welcomes applications from physicians who have obtained their medical degree in another country. International medical graduates (IMGs) are often registered in the provisional class of licence as an interim step so that they can apply their knowledge and skill to the care of patients while under sponsorship by a health authority and supervision by another qualified physician. To advance to the full class of registration, physicians in the provisional class must complete Canadian qualifying exams, or they may be eligible to participate in a comprehensive workplace assessment within a specified period of time.

HEALTH PROFESSIONS REVIEW BOARD
Registration matters 2018/19

- **427** reviewable registration decisions were issued by the Registration Committee
- **9** applications for review of a decision by the Registration Committee were filed
- **9** applications for review of a decision by the Registration Committee were dismissed
  
  Note: A dismissal includes applications voluntarily withdrawn by the applicant and applications formally dismissed by the Health Professions Review Board (HPRB).

The College received the following final decisions from the HPRB with respect to Registration Committee matters:

- **1** application for review of a decision by the Registration Committee was confirmed
- **2** applications for review of a decision by the Registration Committee were returned for reconsideration

Pursuant to the Health Professions Act, a registrant or an individual seeking to become a registrant may apply to the HPRB for a review of a decision of the Registration Committee (reviewable registration decisions) within 30 days of the day on which written notice of the decision was delivered.

All of the decisions made by the HPRB can be found at www.hprb.gov.bc.ca.

*Figures calculated as of February 28, 2019*
## REGISTRATION STATISTICS

### TOTAL REGISTRANTS

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**Figures calculated as of February 28, 2019**

12,960 are professionally active in British Columbia

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6,344 general/family practitioners

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391* specialists

### EDUCATIONAL REGISTRANTS

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* Figure calculated based on UBC calendar year

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#### NEW RESIDENTS

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* Total number of new residents at UBC medical school

* * Figure calculated based on UBC calendar year
### THE 12,960 PRACTISING PHYSICIANS OBTAINED THEIR MEDICAL DEGREE FROM THE FOLLOWING LOCATIONS

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*GRAND TOTAL* 5,157 | 7,803 | 12,960

*Other includes registrants who received their medical degree from countries that are no longer recognized.*
AGE DISTRIBUTION

TOTAL
FEMALE: 5,157
MALE: 7,803

TOTAL GENERAL/FAMILY PRACTITIONERS
FEMALE: 6,616
MALE: 6,344

TOTAL SPECIALISTS
FEMALE: 2,253
MALE: 4,091
TOTAL: 6,344

SPECIALTIES

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<td>Vascular Surgery</td>
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GRAND TOTAL
FEMALE: 2,253
MALE: 4,091
TOTAL: 6,344

* Other includes registrants performing only a subspecialty or physicians with multiple specialties.
### DISTRIBUTION OF PROFESSIONALLY ACTIVE REGISTRANTS

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>GENERAL/FAMILY PRACTITIONERS</th>
<th>SPECIALISTS</th>
<th>TOTAL</th>
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</thead>
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<tr>
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<td>355</td>
<td>987</td>
</tr>
<tr>
<td>Vancouver Island, Central and Northern</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>DISTRICT 3</td>
<td>1,826</td>
<td>2,711</td>
<td>4,537</td>
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<td>Vancouver and surrounding area</td>
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<td></td>
<td></td>
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<td>Fraser</td>
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<td>Kootenays</td>
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<td>OTHER*</td>
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<td>GRAND TOTAL</td>
<td>6,616</td>
<td>6,344</td>
<td>12,960</td>
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*Other includes registrants with multiple or out-of-province addresses, such that an electoral district could not be determined.
### INTERNATIONAL MEDICAL GRADUATES

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<td>F 847</td>
<td>F 488</td>
<td>F 1,335</td>
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<tr>
<td>M 1,383</td>
<td>M 1,199</td>
<td>M 2,582</td>
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</tbody>
</table>

**Figures calculated as of February 28, 2019**

For the purposes of the Annual Report, an international medical graduate is determined by the jurisdiction where the medical degree was obtained, not by country of birth.

- **246** IMGs applied for registration in British Columbia
- **170** new IMG applicants were granted provisional registration
  - 104 general/family practitioners
  - 66 specialists
- **364** new IMG applicants were granted full registration
  - 224 general/family practitioners
  - 140 specialists
- **137** IMGs previously on the provisional register were advanced to the full register
- **197** IMGs were licensed to become 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.
Safeguarding the public is the mandate of the College. The comprehensive review of each complaint filed with the College ensures a just and fair process for patients and physicians involved in complaints proceedings. Every complaint filed with the College is reviewed by the Inquiry Committee comprised of physicians and members of the public.

Through its investigation, the Inquiry Committee determines the best means to conclude the matter in the public interest. If the Inquiry Committee is critical of the physician, the Health Professions Act provides three options for resolution depending on the seriousness of the concern:

1. Informal resolution through correspondence, interviews, and/or educational activities
2. Formal consequences, short of discipline, including reprimands and practice restrictions
3. Referral to the registrar with direction to issue a citation and begin disciplinary proceedings

The majority of complaints that prompt the issuing of a citation are ultimately resolved through consent orders. If a consent resolution is not possible, the matter proceeds to a hearing before the Discipline Committee.

**Themes of complaints:**

**Clinical**
- Over or under prescribing medication
- Incorrect diagnosis that may put a patient at risk

**Conduct**
- Deficient communication and rudeness
- Undue delay in records transfer or report completion
- Advertising concerns or inappropriate promotion of non-insured services

**Boundary violations**
- Inadequate communication or conduct during a sensitive exam
- Inappropriate social or business relationship with a patient

An overview of the process for filing a complaint against a physician is available in nine languages on the College website.

[www.cpsbc.ca/for-public/file-complaint](http://www.cpsbc.ca/for-public/file-complaint)
### COMPLAINTS CONCLUDED (BY DISPOSITION) 860

<table>
<thead>
<tr>
<th>No (or very minor) criticism</th>
<th>33(6)(a) &amp; 32(3)(c)</th>
<th>483</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criticism</td>
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<tr>
<td>Advice/written criticism</td>
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<tr>
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<td>Reprimand</td>
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<td>Consent agreement</td>
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<td>Abandoned/withdrawn</td>
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<td>34</td>
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<tr>
<td>Dismissed by registrar</td>
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<tr>
<td>Internal transfer of file</td>
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### COMPLAINTS CONCLUDED (BY SUBCATEGORY) 860

#### Clinical
- Diagnosis: 349
- Prescribing: 35
- Consent: 35
- Surgical complication: 29
- Clinical – other treatment complication: 11
- Case management: 221
- Other complication: 9

#### Conduct
- Communication: 405
- Breach of confidentiality: 145
- Conflict of interest: 2
- Medical records and third party medical reports: 72
- Practice management: 67
- Advertising: 6
- Conduct – other concern: 65
- Discrimination/access to care: 46

#### Boundary
- Spoken/written communication: 22
- Physical contact: 5
- Boundary – other concern: 12

#### Other
- Duty to report registrant: 84
- Duty to report registrant: 26
- Criminal/quasi-criminal: 1
- Review of practice: 43
- Breach of undertakings or bylaw: 14

### HEALTH PROFESSIONS REVIEW BOARD

#### Complaint matters 2018/19

- 706 reviewable complaint decisions
- 63 applications for review of a complaint decision
- 13 applications for review of a delay in the completion of the investigation

**Note:** As per the HPA, all complaint parties are permitted to file a delay application when the investigation exceeds 255 days.

The College received the following final decisions from the HPRB with respect to Inquiry Committee matters:

- 73 confirmations of the Inquiry Committee dismissals
- 23 dismissals of an application for review of an Inquiry Committee disposition

**Note:** A dismissal includes applications voluntarily withdrawn by the applicant and applications formally dismissed by the HPRB.

- 3 remittals back to the Inquiry Committee for reconsideration
- 8 applications for review of a delay in the completion of the investigation concluded with order to complete investigation by a specific date

Pursuant to the Health Professions Act, a complainant has the right to take a complaint disposition of the Inquiry Committee to the HPRB within 30 days of the day on which written notice of the disposition is delivered to the complainant if they consider the investigation inadequate or the disposition unreasonable.

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

*Figures calculated as of February 28, 2019*
ENSURING PHYSICIAN COMPETENCE

The College’s quality assurance programs ensure that physicians remain competent through continuing professional development, that they adhere to practice standards and professional guidelines, and that they fulfill the duties and obligations outlined in their code of ethics. The programs are collegial, supportive and designed to proactively assess and educate physicians by highlighting areas of excellence and identifying opportunities to guide lifelong learning.

The College also administers two programs that accredit all of BC’s diagnostic and private medical/surgical facilities. The College’s accreditation programs establish accreditation and performance standards, procedures and guidelines to ensure the delivery of high-quality health system services.

Prescription Review Program
The Prescription Review Program (PRP) is a remedial program, which assists physicians with the challenging task of prescribing opioids, benzodiazepines, stimulants and other potentially addictive medications with appropriate caution.

- **264** referrals received
- **61** new files opened
- **136** existing files closed
- **86%** of files were closed for improvement in prescribing
- **155** files currently open in various stages of the process
- **7** files were referred to the Inquiry Committee

The PRP hosted the Prescribers Course in BC
- **18** participants on May 11, 2018
- **34** participants on September 28, 2018

Physician Practice Enhancement Program
All BC physicians who provide community-based care in private offices or multi-physician clinics, or who work as long- and short-term locums, will participate in the Physician Practice Enhancement Program (PPEP) at some point in their career. During a PPEP assessment, a physician may be required to participate in five assessment components:

- peer practice assessment of recorded care
- multi-source feedback assessment
- review of their Pharmanet prescribing profile
- office assessment
- physician interview with feedback and coaching

PPEP assessments provide external evaluation using multiple measures to assess performance, knowledge, and skills, as well as initial educational support for physicians to ensure they meet appropriate and current standards of practice throughout their professional lives.

Controlled Prescription Program
The Controlled Prescription Program aims to reduce inappropriate prescribing of controlled medications and to prevent forgeries. Prescriptions for the controlled medications specified in the program must be written on the duplicate prescription pad specially developed for this purpose.
AGE DISTRIBUTION OF PPEP ASSESSMENTS

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<td>60-64</td>
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TOTAL GENERAL/FAMILY PRACTITIONERS

478

TOTAL SPECIALISTS

123

GEOGRAPHIC DISTRIBUTION OF PPEP ASSESSMENTS

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<td>District 2, Vancouver Island, Central and Northern</td>
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<td>62</td>
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<tr>
<td>District 3, Vancouver and surrounding area</td>
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<tr>
<td>District 7, Northern</td>
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<td>23</td>
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</table>

GRAND TOTAL

478 | 123 | 601

Figures calculated as of February 28, 2019

Physician Office Medical Device Reprocessing Assessments

The College’s Physician Office Medical Device Reprocessing Assessments (POMDRA) initiative proactively assesses the reprocessing of reusable semi-critical and/or critical medical devices in community-based physician offices and provides support and education to physicians and office staff so they can continue to provide safe care to their patients.

POMDRA is based on the requirements outlined in the Ministry of Health Best Practices for Cleaning, Disinfection and Sterilization for Critical and Semi-Critical Medical Devices (2011) and the Canadian Standards Association (CSA) medical device reprocessing standard. POMDRA applies to physicians who practise in a community-based office setting whether in a solo office or multi-physician clinic. It does not apply to clinical offices or outpatient clinics affiliated with a health authority or hospital, which have their own evaluation processes.

225 on-site assessments completed
Effective, collaborative relationships with stakeholders are critical in establishing and upholding standards for the delivery of safe patient care in non-hospital medical/surgical facilities. Engagement with stakeholders is accomplished in part through consultations on new or revised accreditation standards. Feedback provided by stakeholders is carefully considered by the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee. During 2018/19, the NHMSFAP Committee consulted on 22 new or revised accreditation standards and one position statement.

Non-Hospital Medical and Surgical Facilities Accreditation Program

The NHMSFAP accredits 53 private medical/surgical facilities across the province.

- 1 new private medical/surgical facility opened
- 5 private medical/surgical facilities closed
- 53 private medical/surgical facilities operate in BC
- 13 private medical/surgical facilities were accredited as part of their four-year accreditation cycle or focused visit
- 9 received four-year terms
- 4 received one-year terms
- 70,831 procedures were performed in private medical/surgical facilities across the province
- 43% of procedures (excluding laser refractive eye surgery) were publically funded cases (e.g. MSP or health authority)
- 4% of procedures (excluding laser refractive eye surgery) were contracted by a third party (e.g. WorkSafeBC, ICBC)
- 696 physicians are authorized by the College to provide medical services in one or more private medical/surgical facilities

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM COMMITTEE

BACK ROW (L to R): Mr. A. Wray, Dr. K. Wade, Dr. R.L. Preston, Mr. B.C. Bell (chair), Ms. S.F.J. Ross, Dr. C. Ho, Dr. J.M. Leith
FRONT ROW (L to R): Dr. J.S. Arneja, Dr. R.R. Abrahams, Ms. B. Willson (RN), Dr. K. Seethram
ABSENT: Mr. B. Abbott
Diagnostic Accreditation Program
The Diagnostic Accreditation Program has 24 accreditation programs covering diagnostic imaging, laboratory medicine, neurodiagnostic services, pulmonary function and polysomnography.

286 private diagnostic facilities operate in BC
398 public diagnostic facilities operate in BC
169 site surveys were completed
19 initial assessments were performed for new facilities
13 relocation assessments were performed for relocated facilities
17 sample collection site self-audits were performed
1 regional assessment was performed

In fiscal 2018/19, the College engaged a record number of stakeholders in the review and development of practice standards and professional guidelines.

Consultation with the profession
- 8 consultations were held
- 2,204 physicians provided feedback
- 276 physicians participated in each consultation, on average

Consultation with the public
- 6 consultations were held
- 193 members of the public provided feedback
- 32 members of the public participated in each consultation, on average

As a result of the consultations, the following new or revised practice standards and professional guidelines were approved by the Board and published on the College website.

Practice standards:
- Care Coverage Outside Regular Office Hours
- Ending the Patient-Physician Relationship
- Leaving Practice
- Prescribing Methadone
- Safe Prescribing of Opioids and Sedatives

Professional guidelines:
- Referral-Consultation Process

The following patient resources were also developed and published on the College website:
- Patient-Physician Relationship: What to Expect
- Physical Examinations and Procedures Video
- Walk-in Clinic: What to Expect

The College released a new video to help registrants and the public better understand what is expected of physicians when conducting physical exams on patients. The video, which complements the College practice standard Physical Examinations and Procedures, illustrates the importance of continuous two-way communication, appropriate exposure, and the provision of privacy.
2018 EDUCATION DAY

#RealityCheckup: addressing confounding societal issues that undermine people’s health and the care they receive

The 2018 Education Day, featuring accomplished and insightful presenters, addressed a selection of complex topics around medical care in today’s society.

The College was pleased to introduce Mr. Joe Gallagher and Dr. Evan Adams from the First Nations Health Authority as the morning plenary presenters to examine how physicians and health organizations can develop cultural humility and foster an environment of cultural safety. Following the presentation, attendees were invited to pledge their commitment to cultural safety and humility.

The College also welcomed back Mr. Timothy Caulfield, Canada research chair at the University of Alberta, bestselling author, and host and co-producer of the documentary series *A User’s Guide to Cheating Death* for the afternoon plenary on practising science-based medicine in a culture influenced by pseudoscience and health fads.

Attendees had the opportunity to choose from interactive workshops on privacy obligations, a BC perspective on medical assistance in dying, navigating medical policies, and optimizing the electronic medical record.

LIBRARY

The College library positions itself as a prime source of clinical information for practising registrants to support their efforts to remain current and competent throughout their careers. Core services are in-depth literature searches, delivery of documents, and teaching physicians to locate evidence-based medical information.

- 1,865 individual physicians served (excluding self-serve through the website)
- 11,373 total contacts between staff and registrants
- 1,267 literature search requests
- 51,906 articles delivered
- 25,988 ebook chapters viewed
UNLAWFUL PRACTICE OF MEDICINE

The College’s public protection mandate includes ensuring that people who are not registered or licensed with the College do not provide any service or treatment that is considered the “practice of medicine.”

In fiscal 2018/19, the College successfully obtained court ordered injunctions against the following unlawful practitioners:

- Ms. Rajdeep Kaur Khakh and RK The Manse Ltd.
- Ms. Minoo Iromloo
- Mr. Kamran Asgari and Ideal Skin Laser and Wellness Inc.

Additionally, the College successfully petitioned the court for a finding of contempt against the following unlawful practitioners:

- Ms. Zhuo (Sabrina) Li and Sabrina Permanent Make-Up Studio Inc.
- Ms. Maria Ezzati*
- Ms. Rajdeep Kaur Khakh and RK The Manse Ltd.

* Under appeal
Managing resources

Year ended February 28, 2019, with comparative information for 2018.

The complete audited financial statements with notes can be found on the College website (www.cpsbc.ca).

### STATEMENT OF OPERATIONS
(Expressed in thousands of dollars)

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<td>Annual accreditation fees</td>
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<td>Occupancy costs</td>
<td>1,395</td>
<td>1,426</td>
</tr>
<tr>
<td>Board and committees</td>
<td>973</td>
<td>1,049</td>
</tr>
<tr>
<td>Professional fees</td>
<td>884</td>
<td>1,045</td>
</tr>
<tr>
<td>Library resources</td>
<td>424</td>
<td>427</td>
</tr>
<tr>
<td></td>
<td><strong>29,289</strong></td>
<td><strong>28,328</strong></td>
</tr>
</tbody>
</table>

Excess of revenues over expenses before undernoted
Gain on sale of property and equipment
Unrealized gain (loss) on investments
Pension transfer recovery
Excess of revenues over expenses

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of revenues over expenses</td>
<td>2,915</td>
<td>3,193</td>
</tr>
<tr>
<td>Gain on sale of property and equipment</td>
<td>1,101</td>
<td>-</td>
</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>388</td>
<td>(152)</td>
</tr>
<tr>
<td>Pension transfer recovery</td>
<td>-</td>
<td>359</td>
</tr>
<tr>
<td>Excess of revenues over expenses</td>
<td><strong>$4,404</strong></td>
<td><strong>$3,400</strong></td>
</tr>
</tbody>
</table>
EXPENDITURES BY FUNCTION 2018/19
(Expressed in thousands of dollars)
Note: Allocations of expenditures by function are unaudited figures.

Year ended February 28, 2019
(Expressed in thousands of dollars)

<table>
<thead>
<tr>
<th>EXPENDITURES BY FUNCTION</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Programs</td>
<td>$4,714</td>
</tr>
<tr>
<td>Board and Executive</td>
<td>$371</td>
</tr>
<tr>
<td>Communications and Public Affairs</td>
<td>$1,542</td>
</tr>
<tr>
<td>Complaints and Practice Investigations</td>
<td>$3,393</td>
</tr>
<tr>
<td>Health Monitoring and Drug Programs</td>
<td>$2,142</td>
</tr>
<tr>
<td>Legal Services</td>
<td>$4,182</td>
</tr>
<tr>
<td>Library Services</td>
<td>$1,648</td>
</tr>
<tr>
<td>Operations and General Administration</td>
<td>$4,611</td>
</tr>
<tr>
<td>Physician Practice Enhancement Program</td>
<td>$3,359</td>
</tr>
<tr>
<td>Registration Services</td>
<td>$3,327</td>
</tr>
</tbody>
</table>

$29,289 100%

Note: Allocations of expenditures by function are unaudited figures.
BACK ROW (L to R): Dr. R.R. Abrahams, Dr. J.G. Wilson, Dr. G. Parhar, Dr. S.G. Holland (Treasurer), Dr. L.F. Dindo, Mr. B.C. Bell, Dr. B.A. Fleming, Dr. G.A. Vaughan, Ms. J.W.E. Dyson, Dr. M.J. Murray, Mr. T.T.S. Mann, Ms. S.F.J. Ross, Dr. D.A. Unger, Mr. B.D. Penner, Mr. G. Keirstead, Ms. H.N. Purewal
FRONT ROW (L to R): Ms. C. de Bruin, Mr. M. Epp, Dr. B.A. Priestman, Dr. P.D. Rowe (President), Dr. H.M. Oetter (Registrar and CEO), Dr. M.D. Carter (Vice-president)
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 six members of the public appointed by the Ministry of Health govern the College. Under the legislation, the College has many 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 CEO, and other medical and professional staff.

**COLLEGE BOARD**

**BOARD MEMBERS**

**Officers**

Dr. P.D. Rowe (*President*)  
Dr. M.D. Carter (*Vice-president*)  
Dr. S.G. Holland (*Treasurer*)

**Elected Members**

District 1: Dr. S.G. Holland  
District 2: Dr. G.A. Vaughan  
District 3: Dr. R.R. Abrahams, Dr. B.A. Fleming, Dr. G. Parhar  
District 4: Dr. L.F. Dindo, Dr. B.A. Priestman  
District 5: Dr. M.D. Carter  
District 6: Dr. L.C. Jewett (*until November 2018*)  
District 7: Dr. P.D. Rowe

**Appointed Public Members**

Mr. B.C. Bell  
Ms. J.W.E. Dyson  
Mr. T.T.S. Mann  
Mr. B.D. Penner, QC  
Ms. H.N. Purewal  
Ms. S.F.J. Ross

**COLLEGE LEADERSHIP**

Registrar and CEO  
Dr. H.M. Oetter  
Deputy Registrars  
Dr. M.J. Murray  
Dr. D.A. Unger  
Dr. J.G. Wilson  
Chief Legal Counsel  
Mr. G. Keirstead  
Chief Operating Officer  
Mr. M. Epp  
Executive Director, Registration  
Ms. C. de Bruin
COLLEGE COMMITTEES

The Board establishes standing committees made up of board members, subject matter experts and public representatives who review issues and provide guidance and direction to the Board and College staff, ensuring a balanced and equitable approach to professional regulation.

**Executive Committee**
Dr. P.D. Rowe
Dr. M.D. Carter★
Mr. B.C. Bell◆◆
Dr. B.A. Fleming◆
Dr. S.G. Holland◆
Mr. B.D. Penner, QC◆◆

**Finance and Audit Committee**
Dr. S.G. Holland◆
Mr. B. Sanghera◆
Ms. J.N.Y. Choi◆
Dr. G. Parhar◆
Ms. K. Raman◆
Dr. P.D. Rowe◆
Dr. G.A. Vaughan◆◆

**Registration Committee**
Dr. M.D. Carter◆
Dr. B.A. Fleming★
Mr. B.C. Bell◆
Dr. O.G. Casiro
Dr. I.C. Hughan
Ms. T. O’Grady◆
Mr. B.D. Penner, QC◆◆

**Inquiry Committee**
*Panel A*
Dr. P.D. Rowe◆
Dr. M.D. Carter★
Ms. J. Erickson◆
Ms. S.F.J. Ross◆
Ms. L. Charvat◆◆
Dr. G.A. Vaughan◆◆

*Panel B*
Dr. B.A. Fleming◆
Dr. L.F. Dindo★
Dr. B.M. Bagdan
Dr. T. Cordoni
Mr. D. Goldsmith◆
Ms. M.C. Gordon◆
Mr. T.T.S. Mann◆◆
Dr. G. McFetridge
Dr. A.E. McNamara
Ms. H. Muller◆
Dr. F.M. Sutter

*Panel C*
Dr. B.A. Priestman◆
Dr. R.A. Irvine★
Ms. L. Argotoff◆
Ms. K. Brooks◆
Ms. P.A. McDonald◆
Dr. L.K. Wong

*Panel D*
Dr. G. Parhar◆◆
Dr. A.I. Seat★
Ms. C. Evans◆

*Panel E*
Dr. G.A. Vaughan◆◆
Mr. B.D. Penner, QC◆◆
Dr. M. McCarthy

**Quality Assurance Committee**
*Non-Hospital Medical and Surgical Facilities Accreditation Program*
*Patient Safety Incident Review Panel*
Mr. B.C. Bell◆◆
Dr. R.R. Abrahams★
Mr. B. Abbott◆
Dr. J.S. Arneja
Dr. C. Ho
Dr. J.M. Leith
Dr. R.L. Preston
Ms. S.F.J. Ross◆
Dr. K. Seethram
Dr. K. Wade
Ms. B. Willson (RN)◆
Mr. A. Wray◆
Mr. B.D. Penner, QC◆◆

**Physician Practice Enhancement Panel**
Dr. B.A. Priestman◆
Dr. G. Vaughan◆◆
Dr. B.H. Chang
Dr. M.A. Docherty
Dr. K. Eva (PhD)◆
Dr. I. Fadyeyeva
Dr. D.R.S. Haslam
Dr. C.J. Kwiatkowski
Mr. T.T.S. Mann◆◆
Ms. B. Maxwell◆
Ms. H.N. Purewal◆◆
Dr. J.D. Slater
Ms. W. Winslow◆

**Prescription Review Panel**
Dr. B.A. Fleming◆
Mr. B.C. Bell◆
Ms. J.W.E. Dyson◆
Dr. S.H. Lu
Dr. M. Manak
Mr. D. Pavan (RPh)◆
Dr. C. Sutherland
Dr. S.R. Wiseman
Dr. W.A. Woodfield

28  PRACTISING GOOD GOVERNANCE  Annual Report 2018/19
As of February 28, 2019

**LEGEND**
- Board member
- Chair
- Vice-chair
- Public representative
- Alternate

**Non-Hospital Medical and Surgical Facilities Accreditation Program Committee**
- Mr. B.C. Bell
- Dr. R.R. Abrahams
- Mr. B. Abbott
- Dr. J.S. Arneja
- Dr. C. Ho
- Dr. J.M. Leith
- Dr. R.L. Preston
- Ms. S.F.J. Ross
- Dr. K. Seethram
- Dr. K. Wade
- Ms. B. Willson (RN)
- Mr. A. Wray
- Mr. B.D. Penner, QC

**Diagnostic Accreditation Program Committee**
- Dr. V.J. Astrope
- Dr. R.C. Reyes
- Ms. M. Diacu (ex-officio member)
- Dr. L.F. Dindo
- Dr. F. Ervin
- Dr. W.S. Lister
- Mr. T.T.S. Mann
- Dr. M.A. Moss
- Mr. T. Rode
- Dr. R. Abrahams

**Ad-hoc Members**
- Dr. R. Alaghehbandan
- Dr. S. Kamel-Reid (PhD)
- Dr. R.E. Mueller (PhD)
- Dr. M.J. Somerville (PhD)

**Patient Relations, Professional Standards and Ethics Committee**
- Ms. S.F.J. Ross
- Ms. L. Charvat
- Dr. R.R. Abrahams
- Dr. P.D. Crowell (PhD)
- Dr. B.L. Wagner
- Dr. D.M.S. Hammell

**Library Committee**
- Mr. B.D. Penner, QC
- Dr. G. Parhare
- Dr. J.M. Bradley
- Dr. C.M. Hall
- Dr. G.A. Knudson
- Dr. S. Tranquilli-Doherty

**Blood Borne Communicable Diseases Committee**
- Dr. M. Krajden
- Dr. B.A. Priestman
- Dr. B.J.F. Henry
- Dr. V.C. Montessori
- Dr. A. Ramji

**Discipline Committee**
- Physician Members
  - Dr. M.A. Docherty
  - Dr. D.M.S. Hammell
  - Dr. N.J. Byrne
  - Dr. D.J. Etches
  - Dr. T.K. Sidhu
  - Dr. C. Wallace

- Public Members
  - Ms. J.N.Y. Choi
  - Ms. J. Clarke
  - Mr. W.M. Creed (FCA)
  - Ms. V. Jenkinson
  - Mr. S. Kuiack
  - Mr. M.A. MacDougall
  - Mr. G.R. Toews, QC

- Legal Members
  - Ms. M. Baird, QC
  - Mr. H. Kushner
  - Ms. K.F. Nordlinger, QC
  - Ms. A.R. Westmacott, QC
  - Ms. J.P. Whittow, QC

College of Physicians and Surgeons of British Columbia
COLLEGE DEPARTMENTS AND CONTACTS

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

Registration
Ms. C. de Bruin, Executive Director

Complaints and Practice Investigations
Dr. J.G. Wilson, Senior Deputy Registrar
Mr. D. Martinig, Director

Health Monitoring and Drug Programs
Dr. D.A. Unger, Deputy Registrar

Physician Practice Enhancement Program
Dr. M.J. Murray, Deputy Registrar
Ms. N. Castro, Director

Accreditation Programs
Diagnostic Accreditation Program
Non-Hospital Medical and Surgical Facilities Accreditation Program
Dr. M.J. Murray, Deputy Registrar
Dr. J.D. Agnew (PhD), Director

Legal Services
Mr. G. Keirstead, Chief Legal Counsel
Ms. C.S. Gulabsingh, Legal Counsel
Ms. S. Kanji, Legal Counsel
Ms. M. Stimac, Legal Counsel

Investigations
Mr. E. van Eck, Director

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

Operations
Mr. M. Epp, Chief Operating Officer

Finance and Corporate Services
Mr. J. Pesklevits, Director

Human Resources
Ms. A. Horton, Director

Information Technology
Mr. C. Telford, Director

Communications and Public Affairs
Ms. S. Prins, Director

Library Services
Dr. K. MacDonell (PhD), Director

As of February 28, 2019