

College of Physicians and Surgeons of British Columbia

Annual Report 2019/20



About this report

This report describes the work and activities of the College's fiscal year from March 1, 2019 to February 29, 2020 unless otherwise indicated. 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.

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](#).

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1 Overview of the College

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

A message from the president and registrar



The College of Physicians and Surgeons of BC commended the minister of health for taking the bold step of seeking an independent evaluation of the *Health Professions Act (HPA)* in December 2018 and subsequently examining opportunities to modernize regulation in the province by establishing a tri-party steering committee tasked with putting forth recommendations. In June 2019, the College provided its response to the steering committee's report, *Modernizing the provincial health profession regulatory framework*.

The College strongly supported many of the recommendations, including improved governance, improved efficiency and effectiveness through a reduction in the number of regulatory colleges, strengthening the oversight of regulatory colleges, and a revised process for complaints and adjudication. In fact, regulatory reform has been a conversation around the boardroom table for several years now.

As part of its commitment to improved governance, the Board began a comprehensive review of its governance structure, policies, and procedures to ensure it employs best practices in risk management, committee composition, policy development, strategic planning, and board evaluation. As part of this effort, extensive work was done this past year to develop robust competency matrices for board and committee members to ensure governors have the required perspective, experience and expertise to fulfill their role, and that membership reflects BC's diverse population.

2 A message from the president and registrar

While the College took no position on how health regulators should “right size” to reduce the number of colleges, it did put forward a joint recommendation to amalgamate with the College of Podiatric Surgeons of BC based on a number of parallels in the professions, which was fully supported by both college boards and approved by the minister of health.

Like physicians and surgeons, podiatric surgeons must complete a four-year university program and receive a Doctor of Podiatric Medicine degree, followed by a hospital-based residency. Additionally, they diagnose, prescribe, perform procedures, and operate. And, in general, services provided by physicians, surgeons, and many podiatric surgeons are publicly funded. The amalgamation is expected to be completed by September 2020.

While recognizing that complex cases often require more time, the College supports a rational approach to establishing time limits for the investigation and conclusion of complaints, including time limits for negotiations between registrants and the Inquiry Committee. The College is also supportive of an oversight body monitoring all regulatory colleges’ systemic progress on meeting timelines.

In terms of processes relating to the investigations of allegations of sexual misconduct, the College initiated several amendments to ensure patients have immediate support. All employees and committee members involved in sexual misconduct files received training in patient-centred care, trauma-informed investigation, gender-based violence, sexual violence,

and post-traumatic stress disorder. Outside counsel was retained with targeted expertise to investigate allegations of sexual misconduct, including witness interviewing. And, amended practice standards and new patient education resources are currently in development with input from advocacy groups who support victims of sexual abuse.

Another important focus this past year for all medical regulators was the future of registration and licensure in Canada. Currently, the delivery of health care is a constitutional responsibility of each province and territory, and physicians must obtain licensure in all jurisdictions where they wish to practise. With the increase of virtual medicine, physicians may now work in more than a single province or territory.

There are three projects in early stages of development:

- a. **Telemedicine:** colleges are looking at the possibility of permitting physicians to use their existing provincial licence to practise telemedicine in other provinces without the need for obtaining additional provincial licensure.
- b. **Fast-track licences:** colleges are examining the opportunity to expedite issuing a licence for physicians who hold full registration in another province/territory through the traditional route (MD, LMCC, certification with either the CFPC or RCPSC) and have a “clean” certificate of professional conduct.
- c. **Licence for portability:** colleges are considering a licence portability agreement to enable physicians

to work for a short time (as a locum tenens) in another jurisdiction based solely on licensure in the “home” jurisdiction.

Since medical regulators are bound by statute, provincial ministries of health will be the first to be consulted on this work in the coming year.

At the time of releasing this report, British Columbia was slowly emerging from the COVID-19 pandemic. This unprecedented crisis forced citizens across the globe to adjust quickly—adjust how they work, travel, shop, and most significantly, how they interact with each other. The College acknowledges the incredible efforts of many during this time: employees who seamlessly moved operations to their homes to ensure core regulatory functions could continue; registrants who followed the advice of the provincial health officer and reshaped their practices so that patients could receive care; and leaders like Dr. Bonnie Henry and Minister Adrian Dix who guided the province with their calm, steady and reassuring daily messages throughout this turbulent situation.

We were humbled by people’s professionalism and commitment, and most especially by the outpouring of support and willingness to assist one another when the need was never greater.

The year ahead will be a time of great imagining for us all as we chart a new normal.

Heidi M. Oetter, MD
Registrar and CEO

Bruce C. Bell
President

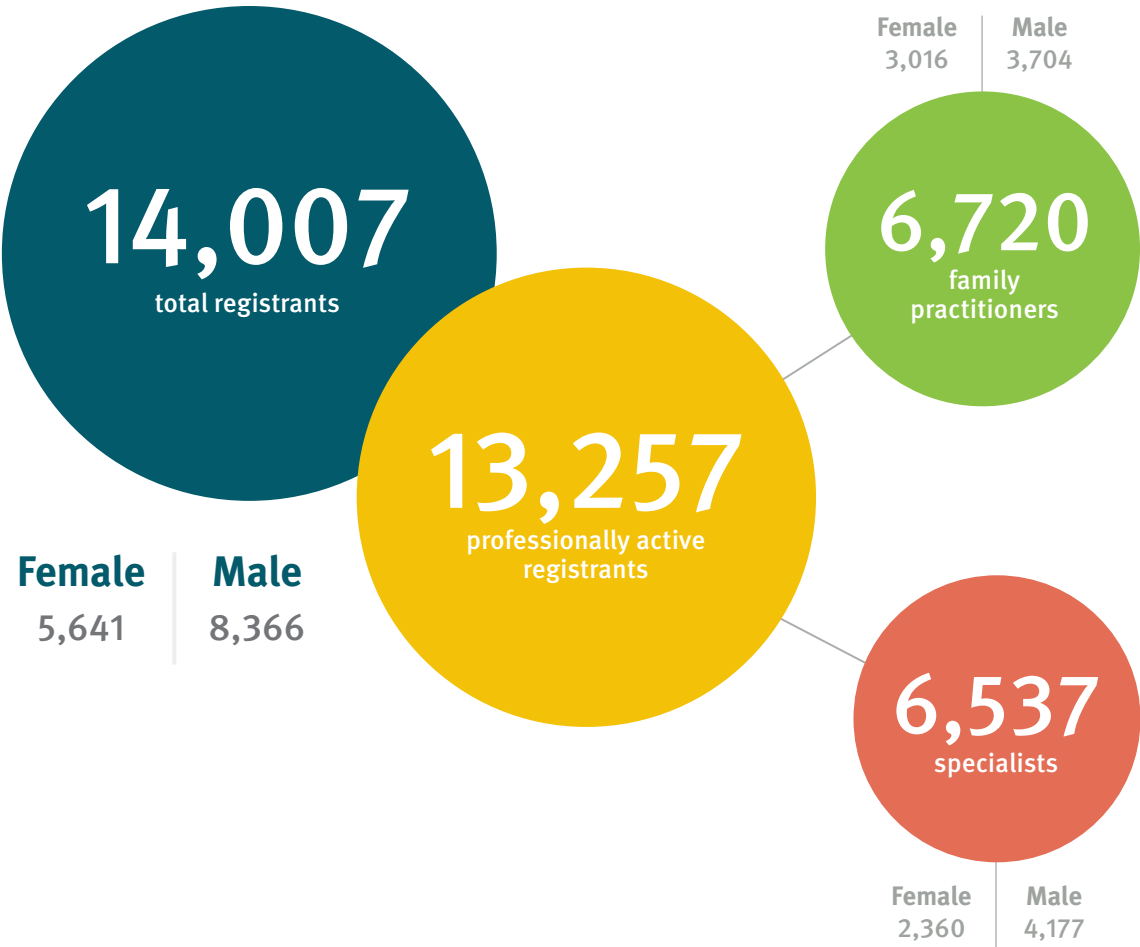
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Registering qualified physicians

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.



Figures calculated as of February 29, 2020

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Registering qualified physicians

Figures calculated as of February 29, 2020

The **13,257** practising physicians obtained their medical degree from the following locations:

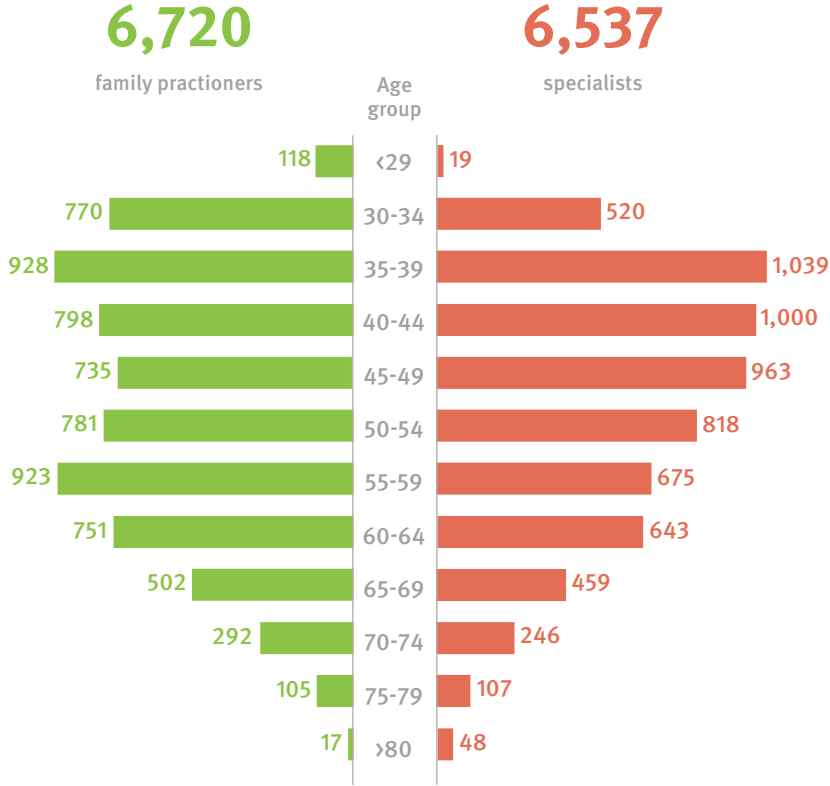
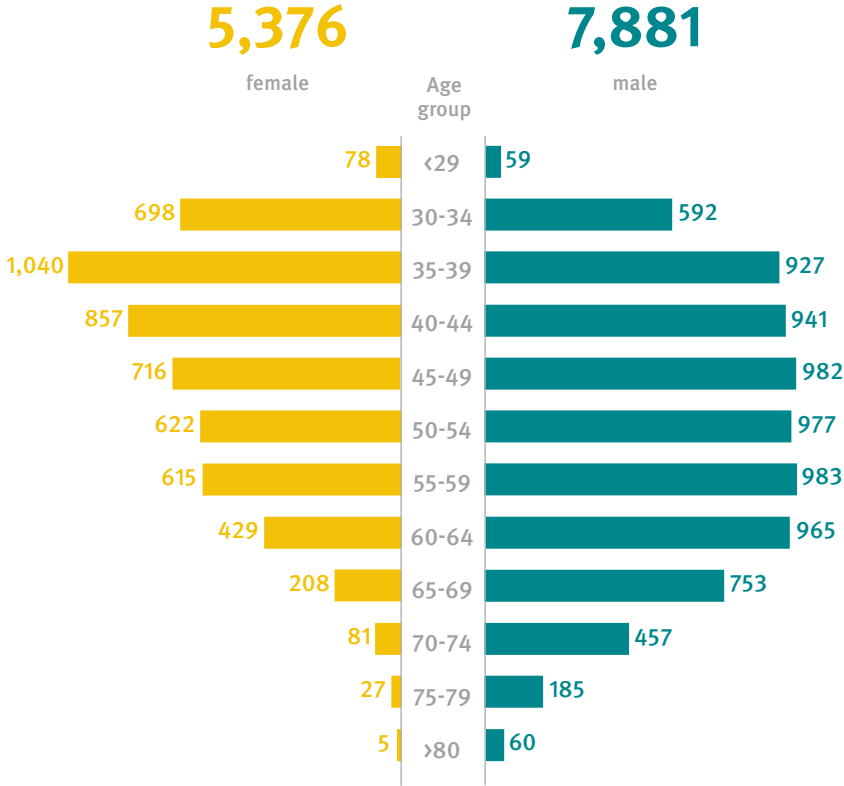
Country	F	M	Total	Country	F	M	Total	Country	F	M	Total	
Canada	3,968	5,289	9,257	Netherlands	4	5	9	Lebanon	2	1	3	
South Africa	251	710	961	Singapore	5	4	9	Republic of Moldova	2	1	3	
United Kingdom	170	372	542	Turkey	5	4	9	Serbia	1	2	3	
India	102	192	294	Uganda	1	8	9	Slovakia	2	1	3	
Ireland	118	172	290	Zimbabwe	1	8	9	Sri Lanka	2	1	3	
United States	95	129	224	Belgium	2	6	8	Sweden	1	2	3	
Iran	72	93	165	Cayman Islands	4	4	8	Denmark	1	1	2	
Australia	47	86	133	Syrian Arab Republic	0	8	8	Dominican Republic	0	2	2	
Nigeria	26	76	102	Aruba	2	5	7	Kyrgyzstan	2	0	2	
Pakistan	32	66	98	Austria	4	3	7	Myanmar	1	1	2	
China	37	50	87	Saint Vincent and Grenadines	3	4	7	Portugal	1	1	2	
Poland	39	39	78	Sudan	2	5	7	Afghanistan	0	1	1	
Grenada	29	47	76	Chile	4	2	6	Albania	0	1	1	
Netherlands Antilles	31	41	72	Serbia and Montenegro	5	1	6	Anguilla	1	0	1	
Egypt	16	48	64	Spain	2	4	6	Cuba	1	0	1	
Russia	23	21	44	Viet Nam	1	5	6	Ecuador	1	0	1	
Dominica	16	27	43	Belarus	4	1	5	Ethiopia	0	1	1	
Germany	11	31	42	Bosnia and Herzegovina	5	0	5	Finland	0	1	1	
Saint Kitts and Nevis	13	26	39	Democratic Republic of the Congo	1	4	5	Georgia	1	0	1	
Romania	26	9	35	France	3	2	5	Guyana	1	0	1	
New Zealand	9	25	34	Italy	2	3	5	Honduras	1	0	1	
Iraq	13	18	31	Kenya	0	5	5	Indonesia	1	0	1	
Philippines	16	15	31	Montserrat	1	4	5	Kazakhstan	1	0	1	
Other*	12	15	27	Republic of Korea	2	3	5	Kuwait	0	1	1	
Libya	4	22	26	Senegal	5	0	5	Latvia	1	0	1	
Ukraine	14	11	25	Trinidad and Tobago	4	1	5	Macedonia	1	0	1	
Saudi Arabia	6	12	18	Croatia	4	0	4	Madagascar	0	1	1	
Bulgaria	7	10	17	Ghana	1	3	4	Malawi	0	1	1	
Jamaica	4	13	17	Peru	2	2	4	Morocco	0	1	1	
Argentina	6	9	15	Saint Lucia	2	2	4	Nepal	0	1	1	
Bangladesh	5	8	13	Venezuela	3	1	4	Nicaragua	0	1	1	
Brazil	7	6	13	Zambia	2	2	4	Oman	1	0	1	
Antigua and Barbuda	6	6	12	Armenia	1	2	3	Paraguay	0	1	1	
Mexico	4	7	11	Bahrain	1	2	3	Puerto Rico	0	1	1	
Colombia	5	5	10	Barbados	1	2	3	Switzerland	1	0	1	
Czech Republic	3	7	10	Belize	1	2	3	Thailand	0	1	1	
Israel	4	6	10	Fiji	1	2	3	United Republic of Tanzania	1	0	1	
Taiwan	3	7	10	Guatemala	0	3	3	Yemen	1	0	1	
Hungary	5	4	9	Jordan	0	3	3	Yugoslavia	1	0	1	
									Grand total	5,376	7,881	13,257

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

3 Registering qualified physicians

Figures calculated as of February 29, 2020

Age distribution of professionally active registrants



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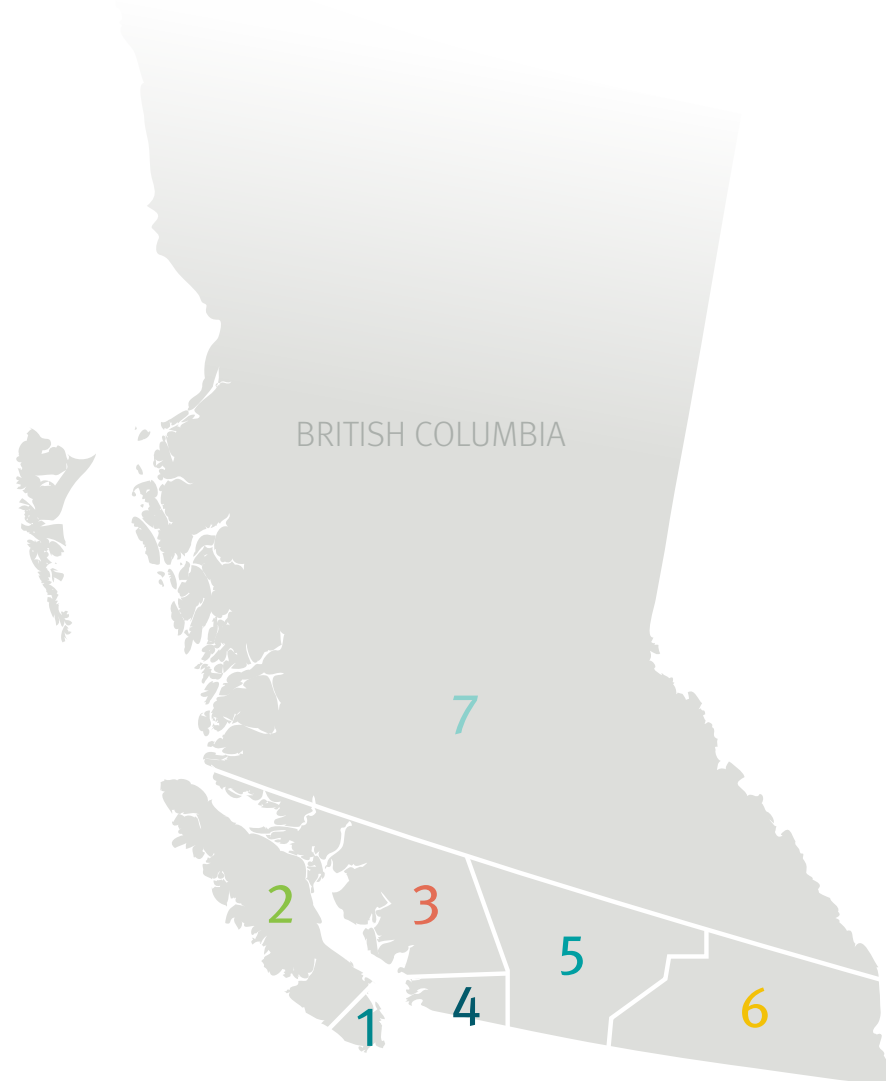
Registering qualified physicians

Geographic distribution of professionally active registrants

	Family practitioners	Specialists	Total
District 1 Vancouver Island, South	757	664	1,421
District 2 Vancouver Island, Central and Northern	645	351	996
District 3 Vancouver and surrounding area	1,872	2,801	4,673
District 4 Fraser	1,746	1,465	3,211
District 5 Thompson-Okanagan	820	714	1,534
District 6 Kootenays	265	113	378
District 7 Northern	487	207	694
Other*	128	222	350
Grand total	6,720	6,537	13,257

* Other includes registrants with multiple or out-of-province addresses, such that an electoral district could not be determined.

Figures calculated as of February 29, 2020



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Registering qualified physicians

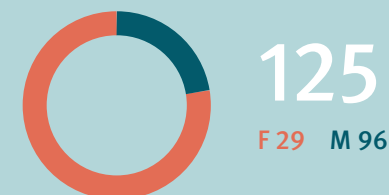
Figures calculated as of February 29, 2020

Specialties of professionally active registrants

	F	M	Total		F	M	Total
Anatomical Pathology	44	77	121	Pediatrics	199	115	314
Anesthesiology	151	418	569	Physical Medicine and Rehabilitation	40	69	109
Cardiac Surgery	2	21	23	Plastic Surgery	36	76	112
Cardiology	1	7	8	Psychiatry	327	433	760
Cardiothoracic Surgery	0	1	1	Public Health and Preventive Medicine	9	10	19
Cardiovascular and Thoracic Surgery	0	5	5	Radiation Oncology	36	47	83
Child and Adolescent Psychiatry	1	0	1	Rheumatology	1	1	2
Clinical Immunology	0	1	1	Therapeutic Radiology	0	1	1
Community Medicine	3	12	15	Urology	15	90	105
Dermatology	33	38	71	Vascular Surgery	0	3	3
Developmental Pediatrics	0	1	1	Grand total	2,360	4,177	6,537
Diagnostic Radiology	124	261	385				
Emergency Medicine	70	126	196				
Endocrinology and Metabolism	0	1	1				
General Pathology	17	46	63				
General Surgery	68	185	253				
Hematological Pathology	15	17	32				
Hematology	1	2	3				
Internal Medicine	151	238	389				
Medical Biochemistry	4	7	11				
Medical Genetics	14	4	18				
Medical Microbiology	14	15	29				
Medical Oncology	1	0	1				
Neurology	51	120	171				
Neuropathology	1	5	6				
Neurosurgery	1	51	52				
Nuclear Medicine	1	9	10				
Obstetrics and Gynecology	180	106	286				
Occupational Medicine	3	3	6				
Ophthalmology	52	163	215				
Orthopedic Surgery	39	258	297				
Other*	637	1,051	1,688				
Otolaryngology	18	83	101				
– Head and Neck Surgery							

* Other includes registrants performing only a subspecialty or registrants with multiple specialties.

Surgical assistants

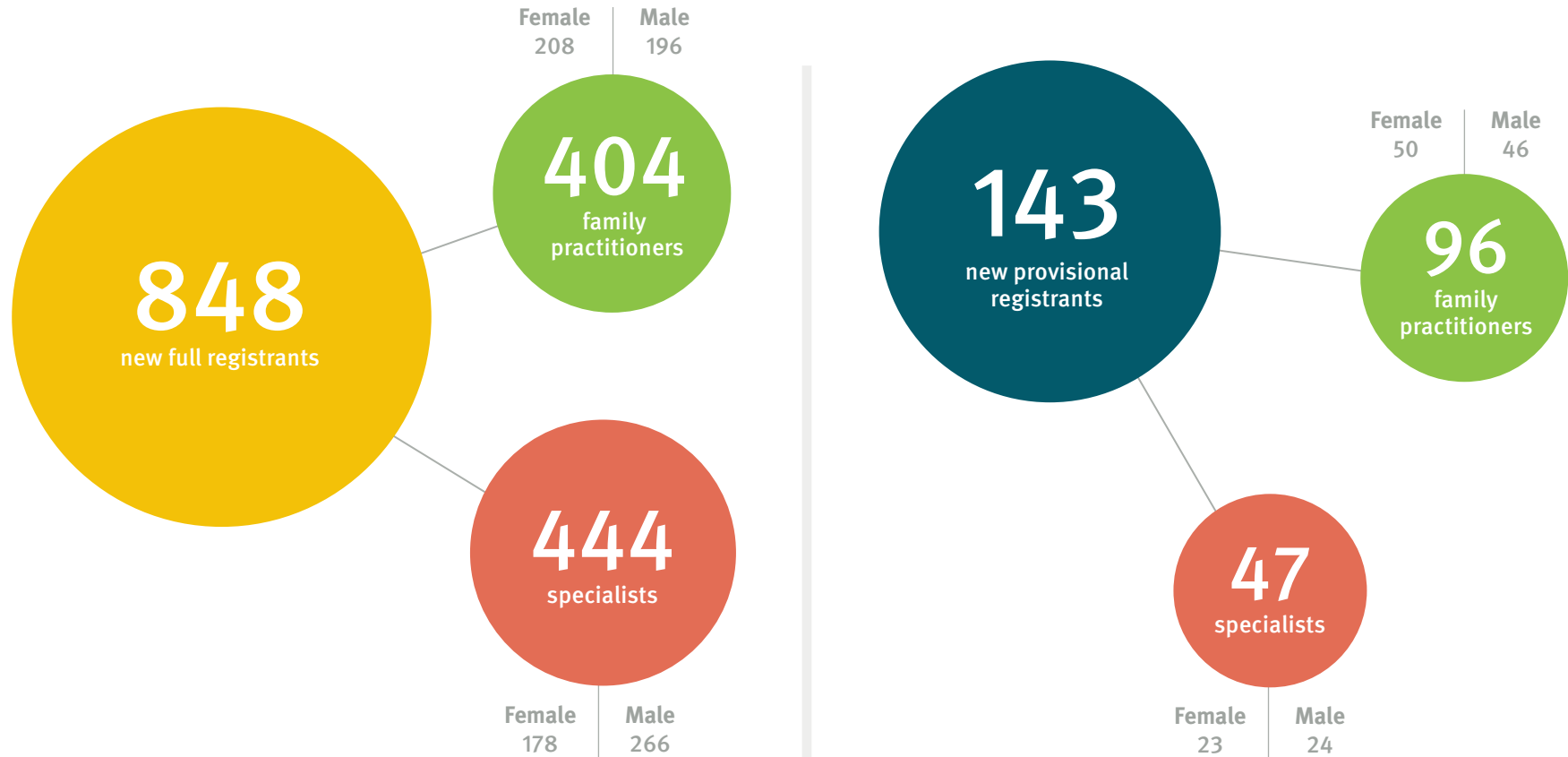


Registration in the surgical assistant class may be granted to any physician who was or is currently in the full – family, full – specialty, special, osteopathic, academic, conditional – practice limitations, or conditional – practice setting class. Physicians who are granted surgical assistant registration must limit their practice to surgical assistance and must surrender their privileges, including writing prescriptions and pre- and post-operative orders.

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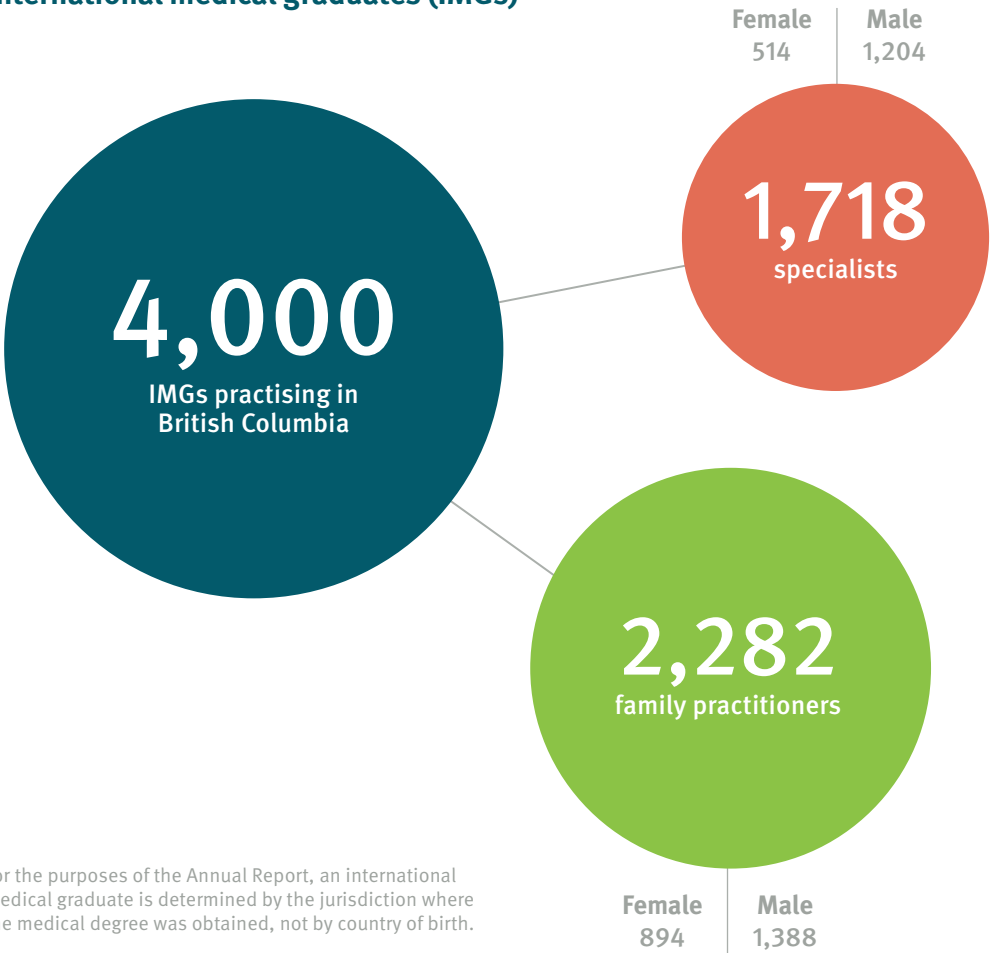
Registering qualified physicians

New registrants



3 Registering qualified physicians

International medical graduates (IMGs)



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.

Figures calculated as of February 29, 2020

- 251** IMGs applied for registration in British Columbia
- 130** new IMG applicants were granted provisional registration
 - 87** family practitioners
 - 43** specialists
- 308** new IMG applicants were granted full registration
 - 186** family practitioners
 - 122** specialists
- 132** IMGs previously on the provisional register were advanced to the full register
- 147** 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.

3 Registering qualified physicians



Educational registrants



Medical students
1,237
F 642 M 592
3 undisclosed



Residents
1,291
F 677 M 614

Figures calculated as of February 29, 2020

HEALTH PROFESSIONS REVIEW BOARD (HPRB) Registration matters

371 reviewable registration decisions issued by the Registration Committee

16 applications for review of a decision by the Registration Committee were filed

4 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 HPRB.

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

4 applications for review of a decision by the Registration Committee were confirmed

1 application for review of a decision by the Registration Committee 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.

4 Addressing patient concerns

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
- Failure to perform a physical examination

Conduct

- Inappropriate communication and rudeness
- Undue delay in transferring medical records or completing reports

Boundary violations

- Inadequate 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 and can be found on the [College website](#).

Complaints opened

993

Clinical	432
Conduct	426
Boundary	11
Other	124

4 Addressing patient concerns

Complaints concluded

1,074

Clinical	448
Conduct	481
Boundary	22
Other	123

By subcategory

Clinical	448
Diagnosis	60
Prescribing	30
Consent	14
Surgical complication	37
Case management	254
Other complication	51
Documentation	2
Conduct	481
Communication	124
Breach of confidentiality	13
Conflict of interest	2
Medical records and third party medical reports	62
Practice management	90
Advertising	26
Conduct – other concern	141
Discrimination/access to care	23
Boundary	22
Spoken/written communication	1
Physical contact	18
Boundary – other concern	3
Other	123
Duty to report registrant	25
Criminal/quasi-criminal	1
Review of practice	76
Breach of undertakings	21

1,074

By disposition

1,074

No (or very minor) criticism	33(6)(a) & 32(3)(c)	556
Criticism		436
Advice/written criticism	33(6)(b) & 32(3)(c)	359
Remediation by consent	36(1)(a)/(b)/(d)	60
Reprimand	36(1)(c)	14
Citation issued	33(6)(d)	2
Consent agreement	37.1	1
Abandoned/withdrawn	–	41
Dismissed by registrar	32(3)(a) & 32(3)(b)	7
Internal transfer of file	–	32
Refer for skill and knowledge assessment	25.2	2

4 Addressing patient concerns

HEALTH PROFESSIONS REVIEW BOARD Complaint matters

790 reviewable complaint decisions

70 applications for review of a complaint decision

12 applications for review of a delay in the completion of the investigation

Note: As per the *Health Professions Act*, 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:

47 confirmations of the Inquiry Committee disposition

5 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.

2 remittals back to the Inquiry Committee for reconsideration

13 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 complaint dispositions 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 for two reasons: 1) if they wish to appeal the decision of the Inquiry Committee (reviewable IC dispositions); 2) if the Inquiry Committee does not conclude the complaint within a legislated time frame (delayed investigation notices).

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

Unlawful practice

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 2019/20, the College successfully obtained a Court-ordered injunction against the following unlawful practitioner:

- Mr. Mehran Ghoreishi

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

- Ms. Maria Ezzati
- Ms. Rajdeep Kaur Khakh

For more details, see the [full report on unlawful practice](#).

Finally, the College is involved in court proceedings concerning the constitutionality of subsection 12.1(1) of the *Health Professions Act*. This provision prohibits non-registrants from using titles to describe their work that the minister of health has prescribed for the exclusive use by registrants of a regulatory college. The College of Midwives of BC commenced the proceedings in the Supreme Court of British Columbia, which ruled in October 2019 the provision to be of no force or effect. The College appeared in the proceedings as an intervenor party. The case is now on appeal, and the College is again an intervenor.

5 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 the Canadian Medical Association's *Code of Ethics and Professionalism*. 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.

Drug programs



Prescription Review Program

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

115 referrals received
78 new files opened
97 existing files closed

77% of files were closed for improvement in prescribing

137 files currently open in various stages of the process

13 files were referred to the Inquiry Committee

Hosted the Prescribers Course in BC

25 participants on May 10, 2019

26 participants on October 17, 2019



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.

5

Ensuring physician competence

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

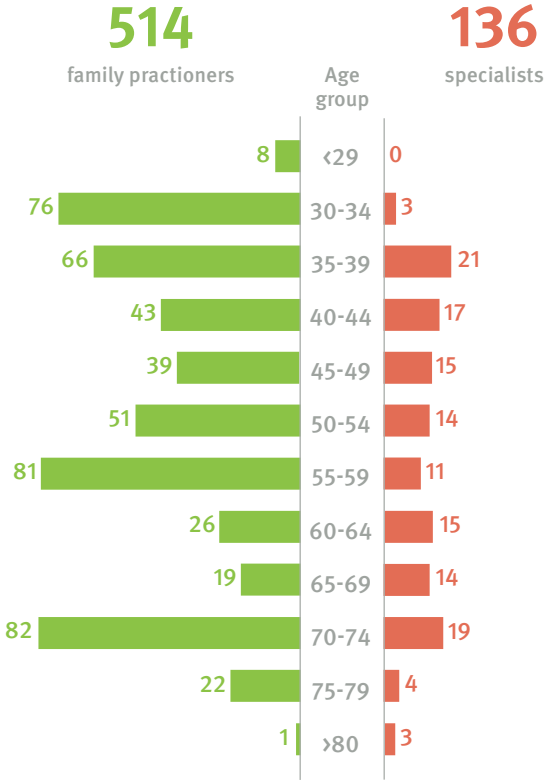
PPEP assessments provide external evaluation using multiple measures to assess performance, knowledge, and skills, as well as initial educational support for physicians to ensure they meet appropriate and current standards of practice throughout their professional lives.

Geographic distribution of practice assessments

	Family practitioners	Specialists	Total
District 1 Vancouver Island, South	69	29	98
District 2 Vancouver Island, Central and Northern	54	3	57
District 3 Vancouver and surrounding area	171	43	214
District 4 Fraser	127	33	160
District 5 Thompson-Okanagan	49	24	73
District 6 Kootenays	20	1	21
District 7 Northern	24	3	27
Grand total	514	136	650

5 Ensuring physician competence

Age distribution of practice assessments



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's *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 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

5

Ensuring physician competence

Accreditation programs

The College 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.



Diagnostic Accreditation Program

The Diagnostic Accreditation Program has 24 accreditation programs covering diagnostic imaging, laboratory medicine, neurodiagnostic services, pulmonary function and polysomnography.

- 400** private diagnostic facilities operate in BC*
- 293** public diagnostic facilities operate in BC*
- 188** site surveys were completed
- 26** initial assessments were performed for new facilities
- 9** assessments were performed for facilities that relocated



Non-Hospital Medical and Surgical Facilities Accreditation Program

The Non-Hospital Medical and Surgical Facilities Accreditation Program accredits 55 private medical/surgical facilities across the province.

- 0** new private medical/surgical facilities opened
- 2** private medical/surgical facilities closed
- 55** 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
- 11** received four-year terms
- 2** received four-year terms with focused assessments during the cycle
- 738** physicians are authorized by the College to provide medical services in one or more private medical/surgical facilities*

Note: Due to the COVID-19 pandemic, private medical/surgical facilities were unable to provide statistical data for the 2019/20 fiscal year on the number and types of procedures performed.

* Figures calculated as of February 29, 2020

6 Collaborating with key health partners

BC Public Advisory Network

The BC Public Advisory Network (BC-PAN) is a new multi-college initiative formed to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in BC.

Eleven public advisors participated in two meetings during the BC-PAN's pilot phase, which ran from March 2019 to February 2020. The public advisors provided feedback on important regulatory issues such as practice standards, strategic priorities, patient education resources, and communication developed for the public. The public advisors are patients and caregivers who have varying levels of experience with the health-care system, and who represent different demographics in the population such as gender, age, ethnicity, geographic location, and health status.

Seven colleges partnered to establish the BC-PAN, including the BC College of Nursing Professionals, the College of Dental Surgeons of BC, the College of Occupational Therapists of BC, the College of Pharmacists of BC, the College of Physical Therapists of BC, the College of Massage Therapists of BC, and the College of Physicians and Surgeons of BC. As the BC-PAN moves out of its pilot phase and into its first year of operation, the college partners welcomed the College of Chiropractors of BC, the College of Opticians of BC, the College of Psychologists of BC, and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC.



Standing (left to right): Margaret Jones-Bricker, Terry Browne, Shawna Bennett, Dianne Johnson, Richard Wang, Emanuela Silvestri, John Sherber

Sitting (left to right): Annie Danilko, Elena Kanigan, Jodi Gray

Absent: Marty Lingg

6 Collaborating with key health partners

Meet and greet with members of the legislative assembly

On May 9, 2019, Dr. Heidi Oetter, registrar and CEO, and Dr. Patrick Rowe, Board president, hosted the second annual breakfast meet and greet for members of the legislative assembly in Victoria. Following an introduction from Minister of Health Adrian Dix,

Dr. Oetter and Dr. Rowe discussed the College's core regulatory functions and the process for licensing and registering international medical graduates, followed by questions.



Partnerships

A top priority for the College is to work collaboratively with government, universities, hospitals and other organizations to address provincial and national issues such as:

- aligning registration policies and procedures with other colleges across Canada
- ensuring the privacy of patient information/ records
- collaborating on medical quality initiatives across the province
- standardizing competency assessments for international medical graduates
- pledging to make BC's health system more culturally safe and effective for First Nations and Aboriginal people

2,053

physicians attested on their 2020 Annual Licence Renewal Form that they had completed the Indigenous cultural competency training course

Standing (left to right): Dr. Heidi Oetter, Minister Adrian Dix, Dr. Patrick Rowe, Minister Judy Darcy

7 Guiding the profession

Developing practice standards and professional guidelines

The College is committed to sharing information and consulting widely with stakeholders on matters of mutual interest and importance. In 2019/20, the College engaged numerous stakeholders in the development and ongoing review of various practice standards and professional guidelines.

Consultation

Consulting with registrants during the development of new or revised practice standards provides insight into various perspectives on specific issues, including how to operationalize standards in a clinical setting.

Bringing the patient's voice to the consultation process assists the College in developing public resources to further clarify expectations contained in practice standards.

Standard revisions

The following new or revised practice standards were approved by the Board and published on the College website:

- [*Advertising and Communication with the Public*](#)
- [*Blood-borne Viruses in Registrants*](#)
- [*Cannabis for Medical Purposes*](#)
- [*Charging for Uninsured Services*](#)
- [*Independent Medical Examinations*](#)
- [*Medical Records, Data Stewardship and Confidentiality of Personal Health Information*](#)
- [*Physical Examinations and Procedures*](#)
- [*Primary Care Provision in Walk-in, Urgent Care and Multi-physician Clinics*](#)
- [*Promotion and Sale of Medical Supplies and Devices*](#)
- [*Reporting a Child in Need of Protection*](#)
- [*Sale and Dispensing of Drugs*](#)

Patient resources

The following patient resources were developed and published on the College website:



[Independent Medical Examinations: What to Expect](#)



[Charging for Uninsured Services: What to Expect](#)



[Telemedicine: What to Expect](#)



[Sale and Dispensing of Drugs: What to Expect](#)

7 Guiding the profession

2019 Education Day

This year's Education Day theme was *Non nocere: useful ideas and initiatives in the cause of patient safety*.

The College was pleased to welcome Dr. Bryan Sexton from the Duke Center for Healthcare Safety and Quality who introduced practical yet effective ways for busy health-care workers to build resilience in order to deliver safe and high-quality care. The 2019 event also featured patient advocate Ms. Judith John who shared personal insights on how physicians can facilitate better patient experiences. Attendees participated in interactive College case studies and chose from afternoon workshops on caring for patients with substance-use disorders, obtaining informed consent, antibiotic resistance, and virtual solutions for physicians in rural areas.

Future learning

After more than 10 years of hosting successful in-person Education Day events, the College Board has decided to redirect resources to develop a comprehensive, online curriculum for registrants on regulatory topics that impact medical practice.

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.

1,944 individual physicians served (excluding self-serve through the website)

11,284 total contacts between staff and registrants

1,464 literature search requests

63,000 articles delivered

16,800 ebook chapters viewed

Providing support

The College's contact centre receives phone and email inquiries from physicians and members of the public about the College's 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.

39,662 inquiries received



Managing resources

Year ended February 29, 2020, with comparative information for 2019.

The complete audited financial statements with notes can be found on the [College website](#).

Statement of operations

(Expressed in thousands of dollars)

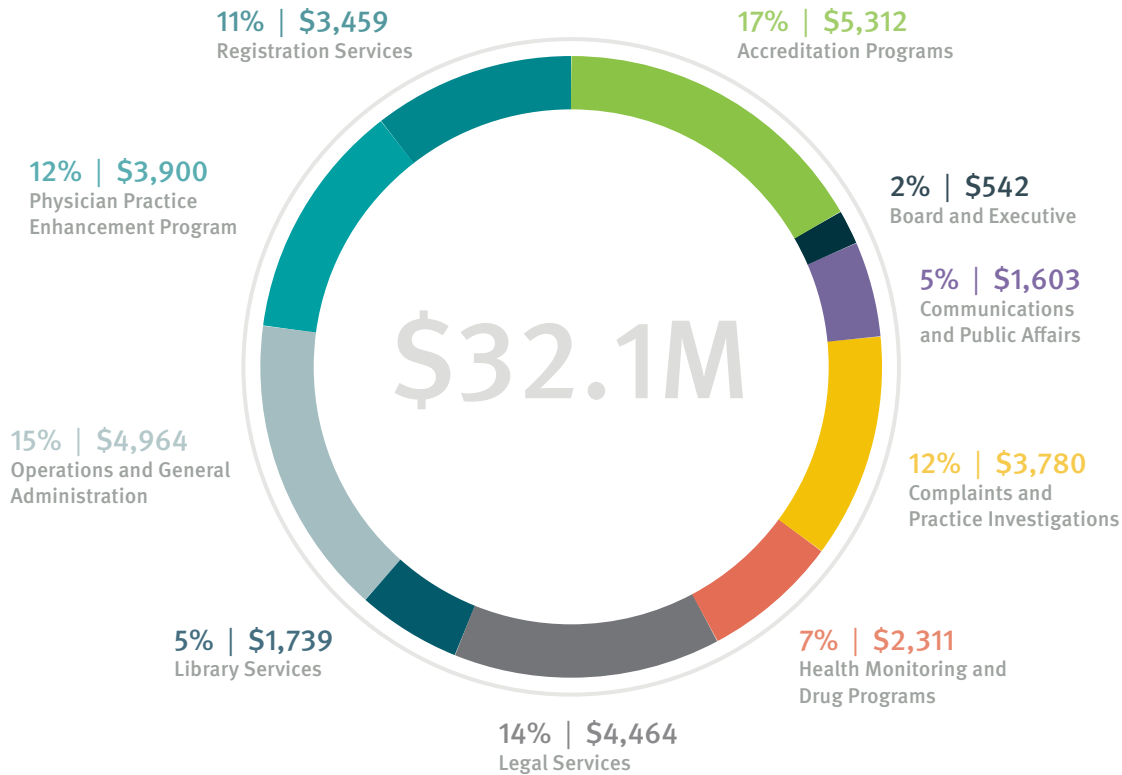
	2020	2019
Revenues		
Annual registrant and incorporation fees	\$ 24,961	\$ 23,876
Annual accreditation fees	4,913	4,695
Investment income	1,540	1,008
Application fees	1,428	1,327
Other income	1,162	1,078
Rental income	312	220
	34,316	32,204
Expenses		
Salaries and benefits	17,474	15,938
Assessments, accreditations and reviews	3,261	2,803
General and administrative	2,417	2,412
Amortization	2,283	2,132
Information technology	2,161	2,281
Occupancy costs	1,408	1,395
Professional fees	1,296	931
Board and committees	1,293	973
Library resources	481	424
	32,074	29,289
Excess of revenues over expenses before undernoted	2,242	2,915
Gain on sale of property and equipment	–	1,101
Unrealized gain on investments	270	388
Excess of revenues over expenses	\$ 2,512	\$ 4,404

8 Managing resources

Expenditures by function

(Expressed in thousands of dollars)

Note: Allocations of expenditures by function are unaudited figures.



Year ended February 29, 2020
(Expressed in thousands of dollars)

EXPENDITURES BY FUNCTION

		%
Accreditation Programs	\$ 5,312	17%
Board and Executive	542	2%
Communications and Public Affairs	1,603	5%
Complaints and Practice Investigations	3,780	12%
Health Monitoring and Drug Programs	2,311	7%
Legal Services	4,464	14%
Library Services	1,739	5%
Operations and General Administration	4,964	15%
Physician Practice Enhancement Program	3,900	12%
Registration Services	3,459	11%
	\$ 32,074	100%

9 Practising good governance

As of February 29, 2020

College Board

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.

2020 Annual General Meeting
Friday, September 25, 2020
Vancouver, British Columbia

Board members

Officers

Mr. B.C. Bell (President)
Vacant (Vice-president)
Dr. G. Parhar (Treasurer)

Elected members

District 1: Vacant
District 2: Dr. J.J. Kingsley
District 3: Dr. R.R. Abrahams
Dr. C.S. Leger
Dr. G. Parhar
District 4: Dr. L.F. Dindo
Dr. B.A. Priestman
District 5: Dr. W.D. Sanden
District 6: Dr. A. Du Preez
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

Deputy registrar, chief legal counsel

Mr. G. Keirstead

Chief operating officer

Mr. M. Epp

Executive director, registration

Ms. C. de Bruin

9 Practising good governance



2019/20 College Board and Senior Management Team

Standing (left to right): Dr. C.S. Leger, Dr. G. Parhar (treasurer), Dr. M.J. Murray, Dr. A. Du Preez, Dr. J.J. Kingsley, Dr. W.D. Sanden, Dr. L.F. Dindo, Ms. C. de Bruin, Dr. P.D. Rowe, Ms. H.N. Purewal, Mr. B.C. Bell (president), Dr. H.M. Oetter (registrar and CEO), Mr. M. Epp, Dr. D.A. Unger, Ms. J.W.E. Dyson, Mr. T.T.S. Mann

Sitting (left to right): Mr. G. Keirstead, Dr. B.A. Priestman, Dr. J.G. Wilson, Ms. S.F.J. Ross, Mr. B.D. Penner, Dr. R.R. Abrahams

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Practising good governance

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

Mr. B.C. Bell*⊕⊕
 Dr. G. Parhar*
 Mr. B.D. Penner, QC*⊕
 Dr. B.A. Priestman*
 Dr. P.D. Rowe*

Finance and Audit Committee

Dr. G. Parhar*⊕
 Mr. B. Sanghera⊕⊕
 Mr. B.C. Bell*⊕
 Dr. C.S. Leger*
 Ms. K. Raman⊕
 Ms. S.F.J. Ross*⊕
 Dr. P.D. Rowe*

Registration Committee

Dr. O.G. Casiro⊕
 Dr. M.D. Carter⊕
 Dr. L.F. Dindo*
 Dr. A. Du Preez*
 Mr. D. Goldsmith⊕
 Ms. T. O'Grady⊕
 Dr. I.C. Hughan⊕
 Mr. B.D. Penner, QC*⊕⊕

Inquiry Committee

Panel A

Dr. P.D. Rowe*⊕
 Ms. S.F.J. Ross*⊕⊕
 Ms. J. Erickson⊕
 Dr. G.A. Vaughan
 Dr. M.D. Carter⊕
 Ms. L. Charvat⊕⊕

Panel B

Dr. B.A. Fleming⊕
 Mr. T.T.S. Mann*⊕⊕
 Dr. B.M. Bagdan
 Dr. N.P. Blair
 Ms. J.N.Y. Choi⊕
 Dr. T. Cordoni
 Ms. M.C. Gordon⊕
 Dr. M.J. McMillan
 Dr. A.E. McNamara
 Ms. H. Muller⊕
 Dr. J.A. Soles

Panel C

Dr. B.A. Priestman*⊕
 Dr. G.A. Vaughan⊕
 Ms. K. Brooks⊕
 Ms. J.W.E. Dyson*⊕
 Dr. R.A. Irvine
 Ms. P.A. McDonald⊕
 Dr. L.K. Wong
 Ms. L. Argatoff⊕⊕

Panel D

Dr. L.F. Dindo*⊕
 Dr. A.I. Sear⊕
 Ms. C. Evans⊕

Panel E

Dr. M. McCarthy⊕
 Mr. B.D. Penner, QC*⊕⊕
 Dr. G.A. Vaughan

LEGEND

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

Discipline Committee

Physician members

Dr. D.M.S. Hammell⊕
 Dr. N.J. Byrne
 Dr. M.A. Docherty
 Dr. D.J. Etches
 Dr. J.M.M. Turner

Public representative members

Mr. K. Bracken, QC⊕
 Ms. J. Clarke⊕
 Mr. W.M. Creed, FCA⊕
 Mr. S. Gill⊕
 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⊕

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Practising good governance

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. W.D. Sanden*
 Dr. K. Seethram
 Dr. N.K. Wade
 Ms. B. Willson (RN)♣
 Mr. A. Wray♣

Physician Practice Enhancement Panel

Dr. B.A. Priestman*⊕
 Dr. M.A. Docherty
 Dr. K. Eva (PhD)♣
 Dr. I. Fadyeyeva
 Dr. D.R.S. Haslam
 Dr. J.J. Kingsley*
 Dr. C.J. Kwiatkowski
 Mr. T.T.S. Mann*♣
 Ms. B. Maxwell♣
 Dr. J.D. Slater
 Ms. W. Winslow♣

Prescription Review Panel

Ms. J.W.E. Dyson*⊕♣
 Dr. M. Manak♣
 Dr. M.P. Butterfield
 Dr. S.H. Lu
 Mr. D. Pavan (RPh)♣
 Ms. C. Regehr♣
 Dr. C. Sutherland
 Dr. W.A. Woodfield

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. W.D. Sanden*
 Dr. K. Seethram
 Dr. N.K. Wade
 Ms. B. Willson (RN)♣
 Mr. A. Wray♣

Diagnostic Accreditation Program Committee

Dr. R.C. Reyes⊕
 Dr. W.S. Lister♣
 Dr. R. Alaghebandan
 Ms. M. Diacu♣
 Dr. F. Ervin
 Ms. H.N. Purewal*♣
 Mr. T. Rode♣
 Dr. W.D. Sanden*
 Ms. L. Vienneau♣
 Dr. C.J. Yong-Hing
 Dr. R.R. Abrahams*⊕

Ad hoc members

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. J.J. Kingsley*
 Dr. B.L. Wagner
 Dr. D.M.S. Hammell⊕

Blood Borne Communicable Diseases Committee

Dr. M. Krajden⊕
 Dr. C.S. Leger*♣
 Dr. B.J.F. Henry
 Dr. V.C. Montessori
 Dr. A. Ramji

Library Committee

Mr. B.D. Penner, QC*⊕♣
 Dr. J.M. Bradley♣
 Dr. P.A. Glaze
 Dr. C.M. Hall
 Dr. G.A. Knudson

LEGEND

- * Board member
- ⊕ Chair
- ♣ Vice-chair
- ♣ Public representative
- ⊕ Alternate

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Practising good governance

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

Dr. M.J. Murray, Deputy Registrar

Dr. J. Agnew (PhD), Director

Legal Services

Mr. G. Keirstead, Deputy Registrar, Chief Legal Counsel

Ms. C.S. Gulabsingh, Legal Counsel

Ms. S. Kanji, Legal Counsel

Ms. M. Stimac, Legal Counsel

Professional Medical Corporations

Ms. S. Kanji, Legal Counsel

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

College Library

Dr. K. MacDonell (PhD), Director



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.



COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

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Toll Free 1-800-461-3008
College Library 604-733-6671