

**CPSBC**

College of  
Physicians and Surgeons  
of British Columbia

# Annual Report 2020/21



## About this report

This report describes the work and activities of the College's fiscal year from March 1, 2020 to February 28, 2021 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 and surgeons 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 and surgeons meet expected standards of practice and conduct.

The primary function of the College is to ensure that BC's physicians and surgeons 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 or surgeon is practising in a manner that is incompetent, unethical or illegal. The College also administers a number of quality assurance activities to ensure physicians and surgeons 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

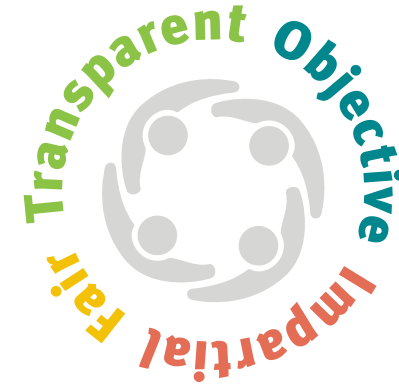
- Regulatory decisions are evidence-based and rationale is clearly explained and defensible
- Board and committee membership is diverse, reflective of the public, and inclusive of a broad range of opinion, perspective, qualification and experience

### 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



## 2 | Message from the president and registrar



**Bruce C. Bell**  
*President*

This past year was unlike any other. The COVID-19 pandemic brought extraordinary challenges, testing each one of us like never before.

Despite the strain, the College was able to adapt and continue its important regulatory work. We are very grateful for the leadership provided by the College Board and the professionalism of staff, who remained engaged and committed throughout times of immense uncertainty. It has been a true demonstration of teamwork and testament to the resilience of many.

One of the most notable demands on the College during the early days of the COVID-19 pandemic was the need to pivot from operating as an office-based organization to functioning seamlessly while remote. Not only were changes required to enable internal collaboration through enhanced technology, but also to ensure the full functionality of College programs. This included the Physician Practice Enhancement Program (PPEP), which initially suspended all assessments following the provincial health officer's declaration of a public health

emergency. PPEP then swiftly found a way to re-engage registrants online through remote assessments.

While adapting to operational challenges, the College was able to effectively support the provincial health officer's response to COVID-19 by sending out important, time-sensitive messages to registrants and initiating a new emergency class of licensure to re-register recently retired physicians. Stopping the spread of COVID-19 in BC has been a collective effort. We are proud to have played our part as a regulator and remain ready to step up when necessary until the pandemic is declared over and we begin to define a new normal.

On August 31, 2020, the College acted on a recommendation from the tri-party Steering Committee on Modernization of Health Professional Regulation to reduce the number of health colleges in BC by amalgamating with the College of Podiatric Surgeons of British Columbia.

Led by a joint transition steering committee, the amalgamation process was multi-faceted.



**Heidi M. Oetter, MD**  
*Registrar and CEO*

It involved amending bylaws and regulations, including creating new classes of registration, reappointing a board, moving records, conducting a regulatory and financial audit, and identifying the types of activities performed by podiatric surgeons to ensure compliance with existing standards. Leading up to the amalgamation, and to ensure an effective transition, the College hosted a series of biweekly webinars to introduce podiatric surgeons to College programs, the Bylaws, and processes.

The College looks forward to working with the provincial government in the coming year to build a more effective regulatory framework to serve BC patients.

While much work remains to be done, the College has taken important steps over the past year to address Indigenous-specific racism in the health-care system. The significance of this work was underscored by the findings from the independent investigation led by Dr. Mary Ellen Turpel-Lafond, which exposed the extent to which

Indigenous-specific racism exists. Racism has had a devastating impact on the health outcomes of Indigenous people, and Dr. Turpel-Lafond's recommendations were a clear call to action for everyone who works in the health-care system.

At its annual retreat held online, the Board spent two days discussing cultural safety and humility and resolved to include it as a core pillar of its 2021–2024 strategic plan. The action items outlined in this core pillar include improving the College's complaints process to make it more accessible to Indigenous people, developing a new practice standard for registrants, and applying the lens of cultural safety and humility to the College's operations and governance structures. Though these are all important steps along the path towards truth and reconciliation, the structural reform necessary to protect Indigenous patients will be an ongoing journey requiring continued engagement, reflection, and action. The College has made a steadfast commitment to this work.

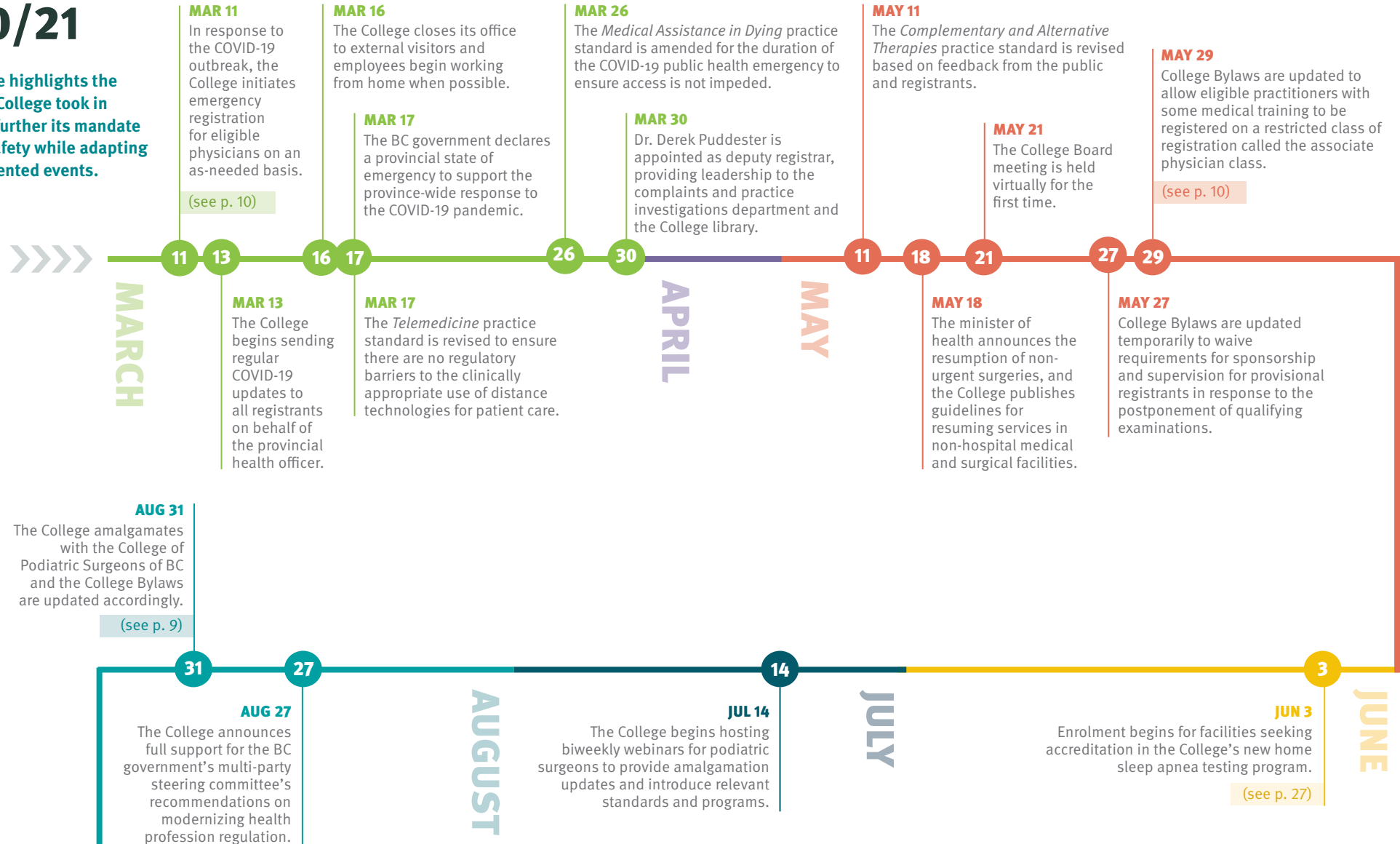
In closing, we want to acknowledge and thank our government, our provincial health officer and her entire team, our health partners and especially our registrants who worked together and sacrificed a great deal to care for and protect the safety of British Columbians during the COVID-19 pandemic.

To paraphrase remarks made by Dame Clare Marx, chair of the General Medical Council in the UK: as we move through this crisis, compassion and civility have never mattered more.

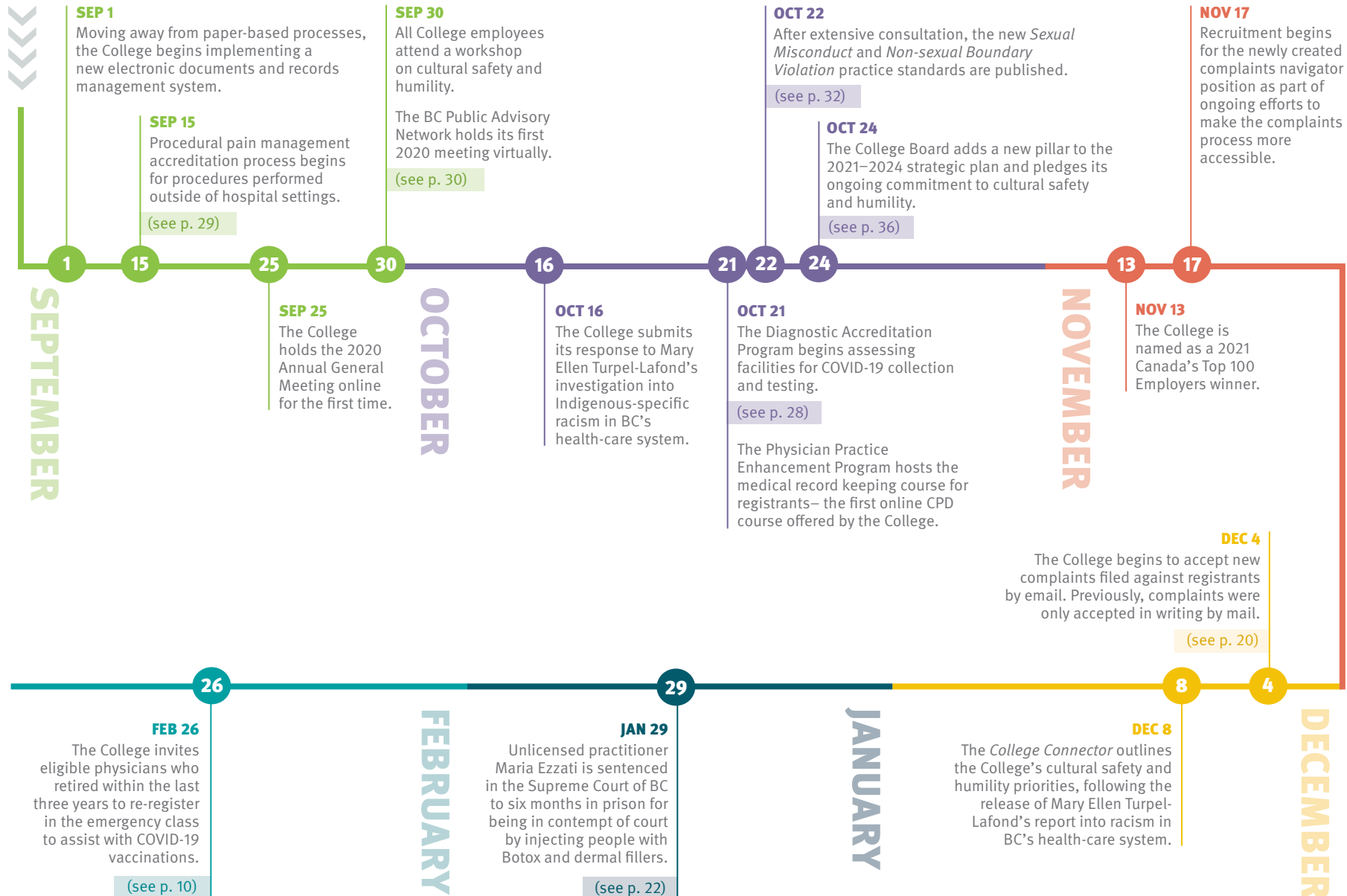
We are pleased to share the following report, which highlights the College's story during the past remarkable year.

# 2020/21

This timeline highlights the actions the College took in 2020/21 to further its mandate of patient safety while adapting to unprecedented events.



# 2020/21





## 3 | Registering qualified physicians and surgeons

The College has legislated registration requirements that must be met before a physician or surgeon can obtain a licence to practise medicine in British Columbia. Before making a decision, the College carefully reviews an applicant'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 and surgeons 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 of practice anywhere in the province.

The College welcomes applications from physicians and surgeons 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 registrant. To advance to the full class of registration, physicians and surgeons 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.

### Amalgamation with the College of Podiatric Surgeons of British Columbia

On August 31, 2020, the College of Physicians and Surgeons of British Columbia amalgamated with the College of Podiatric Surgeons of British Columbia. The amalgamation followed the government multi-party steering committee's recommendations to reduce the number of colleges in the province and modernize BC's regulatory framework.

Following the amalgamation, the College Bylaws were amended to include four classes of registration for the practice of podiatric medicine:

- full – podiatric surgeon
- educational – podiatric surgeon student (elective)
- educational – podiatric surgeon resident (elective)
- conditional – podiatric surgeon disciplined

## New associate physician class

In May 2020, the College Bylaws were amended to include a new associate physician class of registration.

This restricted licence allows practitioners with some medical training to work under the supervision of attending physicians or surgeons in acute care settings to increase capacity and service delivery. This is similar to other classes of registration in Alberta, Saskatchewan, Manitoba and Nova Scotia.

## Emergency registration

At the request of Dr. Bonnie Henry, BC's provincial health officer, the College initiated emergency registration in response to the COVID-19 outbreak. Emergency registration was established as a short-term licence granted in extreme situations when there is potential for a strain on health-care resources.

### March to June 2020

The College initiated emergency registration in March and contacted eligible physicians who retired within the last two years to see if they were available to support health authority resourcing during the COVID-19 pandemic. From March 17 to June 20, the College licensed 75 physicians in the emergency class, including retired registrants, physicians from other jurisdictions and registrants who were eligible to be transferred from educational classes.

### December 2020

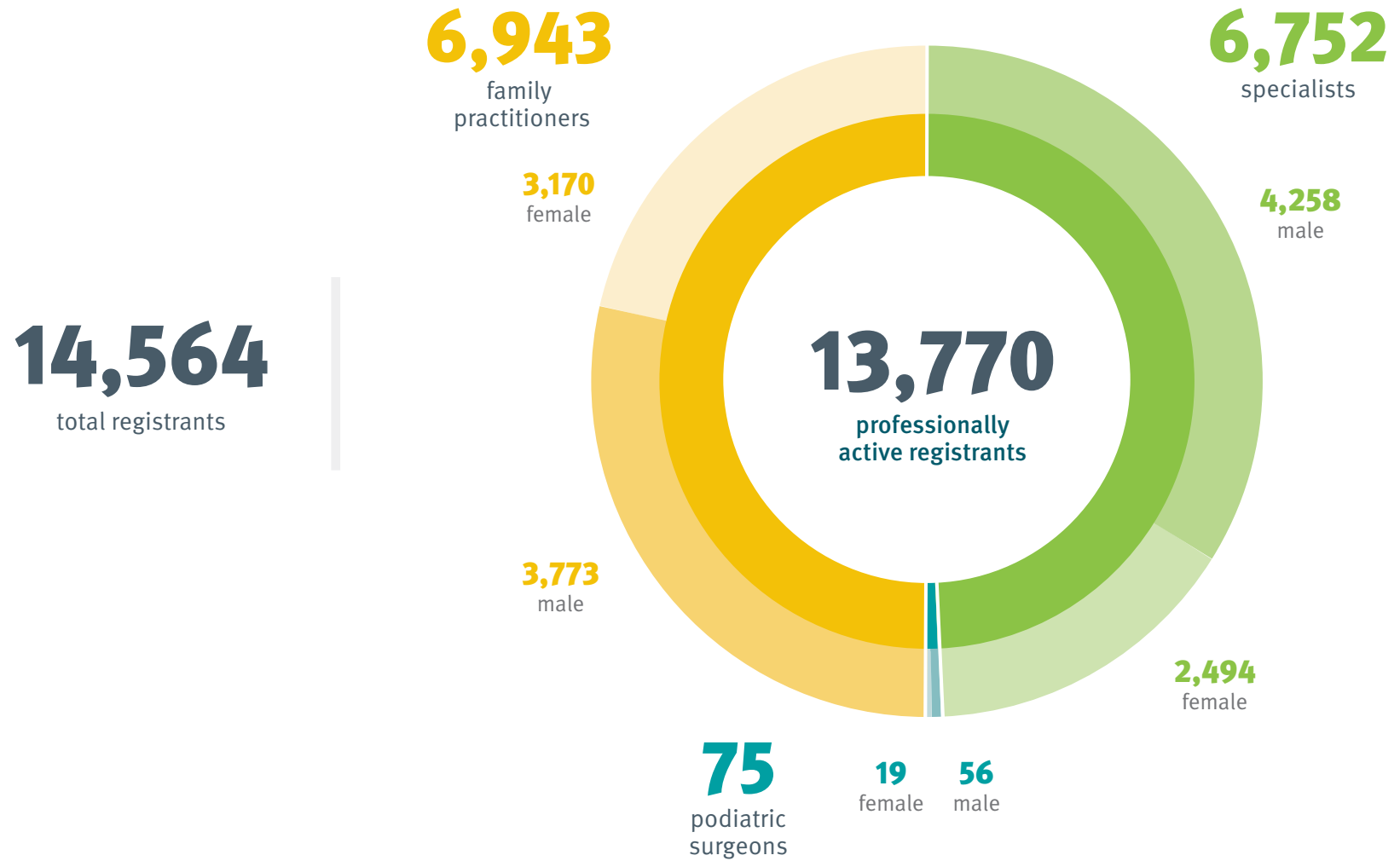
The College initiated a second wave of emergency registration to support COVID-19 activities such as contact tracing, providing telephone advice, and immunizations. Licences were granted to five registrants during this wave.

### February 2021

On February 26, the College contacted eligible physicians who retired within the last three years to invite them to re-register to assist with COVID-19 vaccinations.

## Registrants

Figures calculated as of February 28, 2021



## The 13,770 practising registrants obtained their medical degree or podiatric medical degree from the following locations:

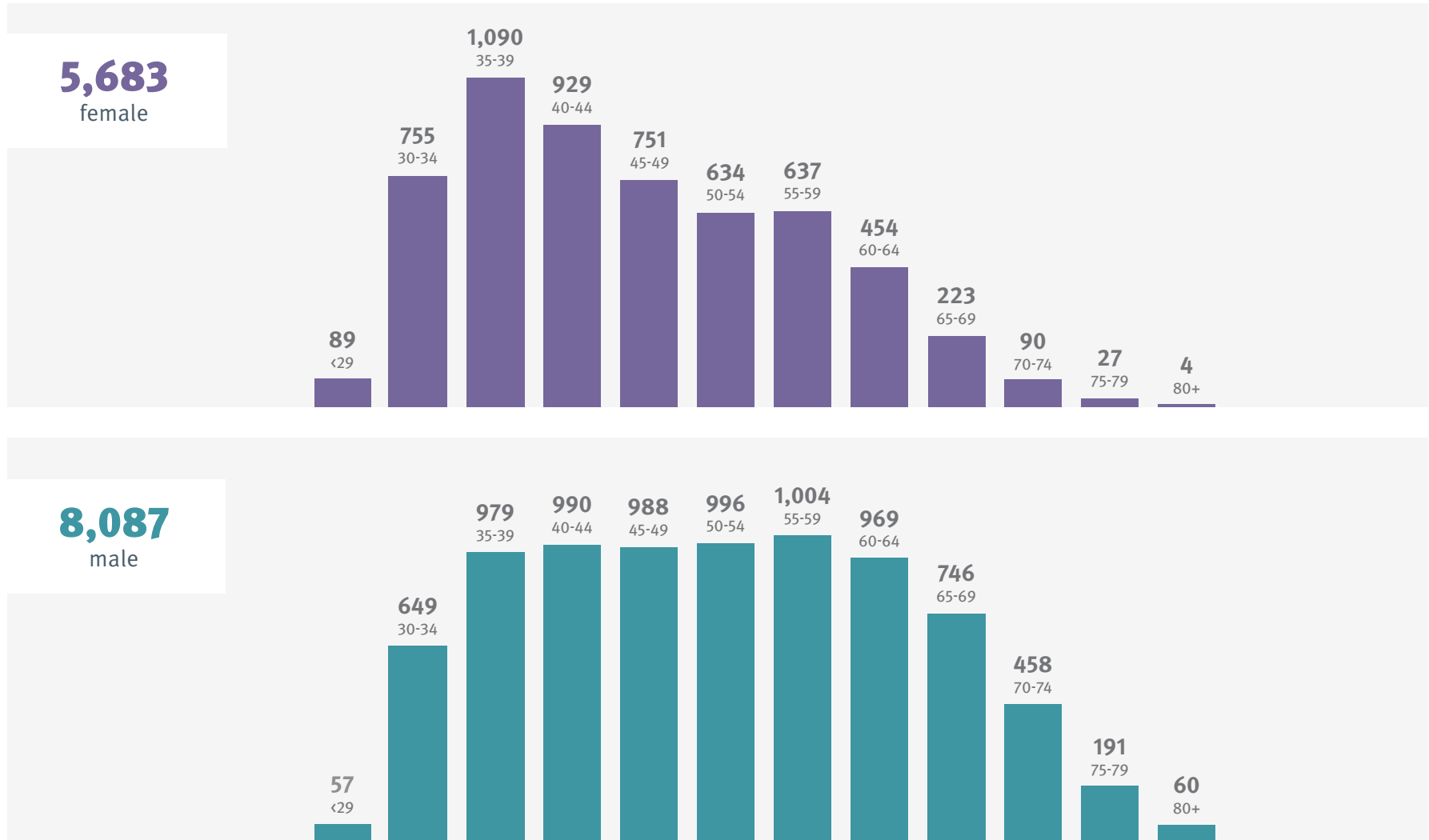
Figures calculated as of February 28, 2021

Country	F	M	Total	Country	F	M	Total	Country	F	M	Total
Canada	4,173	5,381	9,554	Zimbabwe	1	9	10	Slovakia	2	1	3
South Africa	258	723	981	Aruba	2	7	9	Sri Lanka	2	1	3
United Kingdom	176	360	536	Saint Vincent and Grenadines	5	4	9	Sweden	1	2	3
India	106	198	304	Singapore	5	4	9	Anguilla	1	1	2
Ireland	128	171	299	Turkey	5	4	9	Bahrain	1	1	2
United States	110	188	298	Uganda	1	8	9	Denmark	1	1	2
Iran	81	97	178	Belgium	2	6	8	Fiji	1	1	2
Australia	51	95	146	Netherlands	4	4	8	Kyrgyzstan	2	0	2
Pakistan	36	68	104	Syrian Arab Republic	0	8	8	Morocco	1	1	2
Nigeria	25	78	103	Austria	4	3	7	Myanmar	1	1	2
China	40	46	86	Chile	4	3	7	Portugal	1	1	2
Netherlands Antilles	41	44	85	Sudan	2	5	7	Afghanistan	0	1	1
Poland	41	43	84	Belarus	5	1	6	Albania	0	1	1
Grenada	32	49	81	Serbia and Montenegro	5	1	6	Cuba	1	0	1
Egypt	16	55	71	Spain	2	4	6	Ecuador	1	0	1
Russia	27	20	47	Trinidad and Tobago	4	2	6	Ethiopia	0	1	1
Dominica	15	31	46	Viet Nam	1	5	6	Finland	0	1	1
Germany	12	32	44	Bosnia and Herzegovina	4	1	5	Georgia	1	0	1
Saint Kitts and Nevis	14	28	42	Democratic Republic of Congo	1	4	5	Guyana	1	0	1
Iraq	12	23	35	France	3	2	5	Honduras	1	0	1
New Zealand	10	25	35	Italy	3	2	5	Indonesia	1	0	1
Romania	26	8	34	Kenya	0	5	5	Japan	1	0	1
Philippines	17	14	31	Montserrat	1	4	5	Kazakhstan	1	0	1
Ukraine	16	13	29	Republic of Korea	2	3	5	Kuwait	0	1	1
Libya	5	23	28	Ghana	1	3	4	Latvia	1	0	1
Other*	11	13	24	Jordan	1	3	4	Macedonia	1	0	1
Bulgaria	7	11	18	Lebanon	2	2	4	Madagascar	0	1	1
Jamaica	4	14	18	Peru	2	2	4	Malawi	0	1	1
Argentina	6	9	15	Saint Lucia	3	1	4	Malta	1	0	1
Bangladesh	7	8	15	Senegal	4	0	4	Nepal	0	1	1
Antigua and Barbuda	8	6	14	Serbia	2	2	4	Nicaragua	0	1	1
Brazil	8	6	14	Venezuela	3	1	4	Oman	1	0	1
Saudi Arabia	5	9	14	Zambia	2	2	4	Paraguay	0	1	1
Colombia	7	6	13	Armenia	1	2	3	Puerto Rico	0	1	1
Czech Republic	3	9	12	Barbados	1	2	3	Switzerland	1	0	1
Hungary	8	4	12	Belize	1	2	3	Thailand	0	1	1
Mexico	4	8	12	Croatia	3	0	3	United Republic of Tanzania	1	0	1
Cayman Islands	5	6	11	Dominican Republic	0	3	3	Yemen	1	0	1
Israel	5	6	11	Guatemala	0	3	3	Yugoslavia	1	0	1
Taiwan	3	8	11	Republic of Moldova	2	1	3	<b>Grand total</b>	<b>5,683</b>	<b>8,087</b>	<b>13,770</b>

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

## Age distribution of professionally active registrants

Figures calculated as of February 28, 2021



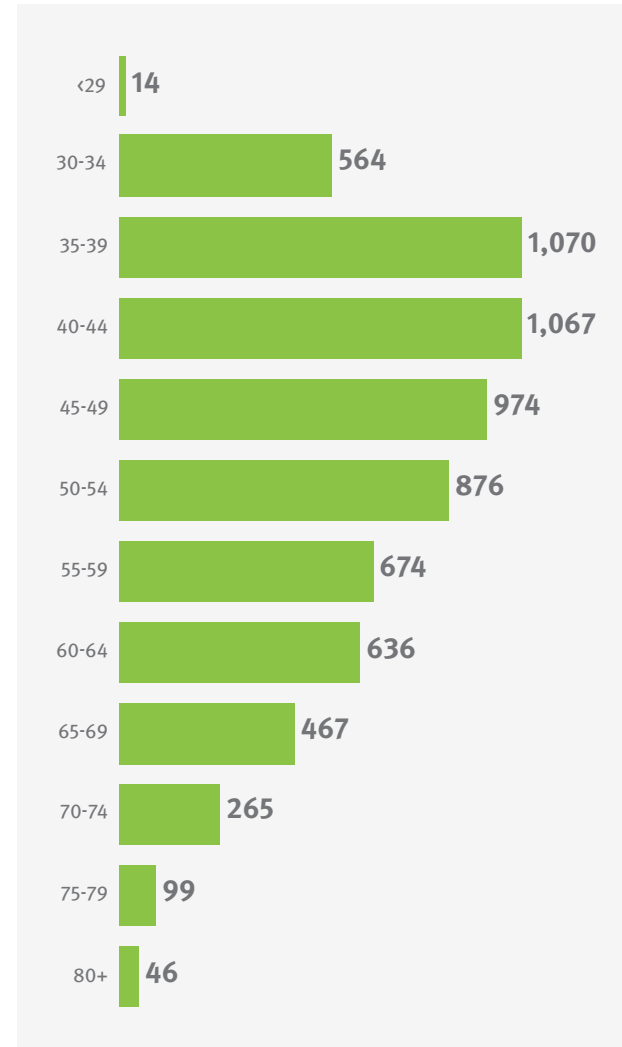
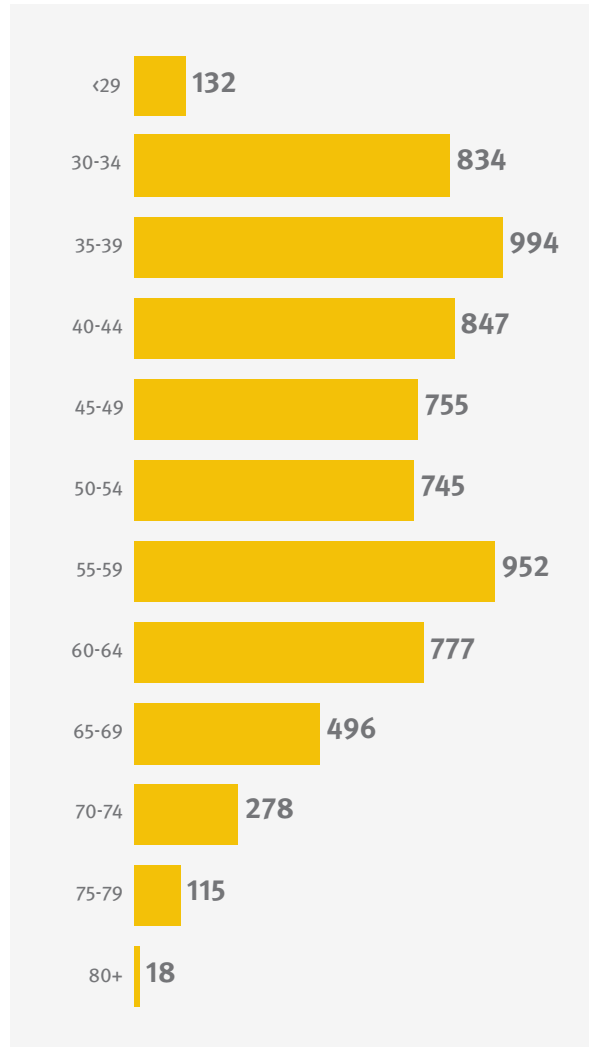
## Age distribution of professionally active registrants

Figures calculated as of February 28, 2021

**6,943**  
family  
practitioners

**6,752**  
specialists

**75**  
podiatric  
surgeons



## Geographic distribution of professionally active registrants

Figures calculated as of February 28, 2021

**13,770**

professionally active registrants

**6,943**

family practitioners

**6,752**

specialists

**75**

podiatric surgeons

**District 3**  
VANCOUVER AND SURROUNDING AREA

Family practitioners	1,942
Specialists	2,936
Podiatric surgeons	29
<b>Total</b>	<b>4,907</b>

**District 2**  
VANCOUVER ISLAND, CENTRAL AND NORTHERN

Family practitioners	659
Specialists	375
Podiatric surgeons	4
<b>Total</b>	<b>1,038</b>

**District 1**  
VANCOUVER ISLAND, SOUTH

Family practitioners	781
Specialists	685
Podiatric surgeons	9
<b>Total</b>	<b>1,475</b>

**District 4**  
FRASER

Family practitioners	1,789
Specialists	1,466
Podiatric surgeons	24
<b>Total</b>	<b>3,279</b>

**District 5**  
THOMPSON-OKANAGAN

Family practitioners	867
Specialists	757
Podiatric surgeons	7
<b>Total</b>	<b>1,631</b>

**Other\***

Family practitioners	149
Specialists	207
Podiatric surgeons	1
<b>Total</b>	<b>357</b>

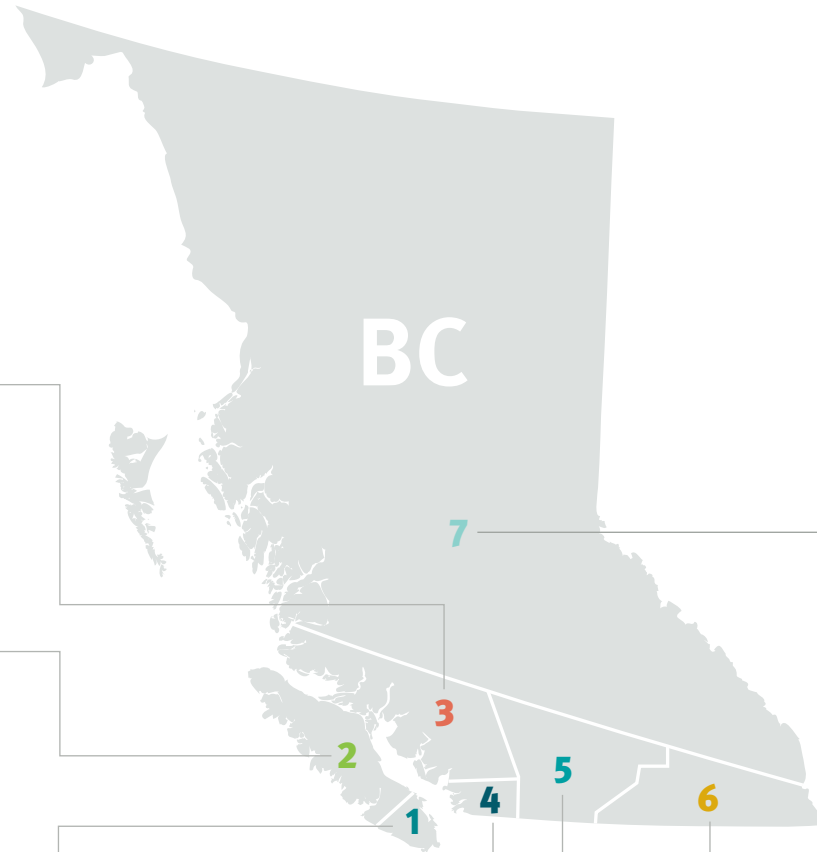
\* Other includes registrants with multiple or out-of-province addresses, such that an electoral district could not be determined.

**District 7**  
NORTHERN

Family practitioners	485
Specialists	205
Podiatric surgeons	0
<b>Total</b>	<b>690</b>

**District 6**  
KOOTENAYS

Family practitioners	271
Specialists	121
Podiatric surgeons	1
<b>Total</b>	<b>393</b>



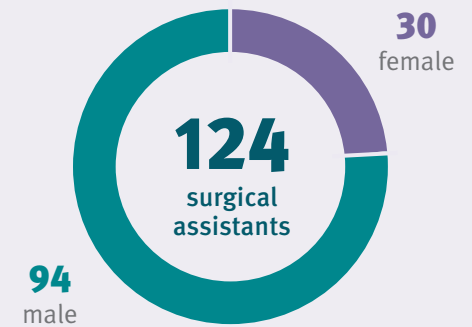
## Specialties of professionally active registrants

Figures calculated as of February 28, 2021

	F	M	Total		F	M	Total
Anatomical Pathology	52	81	133	Neurology	60	118	178
Anesthesiology	163	437	600	Neuropathology	1	6	7
Cardiac Surgery	1	21	22	Neurosurgery	2	50	52
Cardiology	1	7	8	Nuclear Medicine	1	10	11
Cardiothoracic Surgery	0	1	1	Obstetrics and Gynecology	184	104	288
Cardiovascular and Thoracic Surgery	0	4	4	Occupational Medicine	3	3	6
Child and Adolescent Psychiatry	1	0	1	Ophthalmology	54	164	218
Community Medicine	5	13	18	Orthopedic Surgery	39	246	285
Dermatology	36	38	74	Other*	697	1,081	1,778
Developmental Pediatrics	0	1	1	Otolaryngology	17	83	100
Diagnostic Radiology	117	273	390	– Head and Neck Surgery			
Emergency Medicine	80	131	211	Pediatrics	206	126	332
Endocrinology and Metabolism	0	1	1	Physical Medicine and Rehabilitation	41	71	112
General Pathology	14	44	58	Plastic Surgery	36	83	119
General Surgery	74	183	257	Psychiatry	335	431	766
Hematological Pathology	15	16	31	Public Health and Preventive Medicine	10	13	23
Hematology	1	1	2	Radiation Oncology	39	47	86
Internal Medicine	160	245	405	Rheumatology	1	1	2
Medical Biochemistry	4	6	10	Urology	14	91	105
Medical Genetics	12	4	16	Vascular Surgery	0	5	5
Medical Genetics and Genomics	2	0	2				
Medical Microbiology	14	17	31				
Medical Oncology	2	1	3				
				<b>Grand total</b>	<b>2,494</b>	<b>4,258</b>	<b>6,752</b>

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

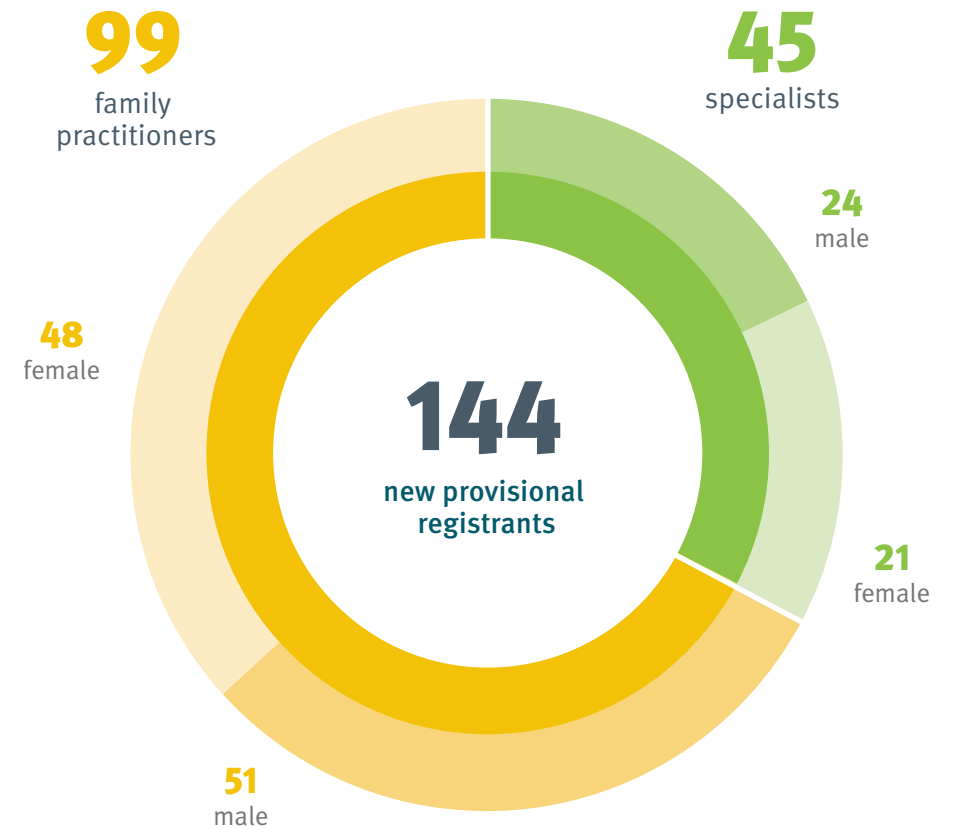
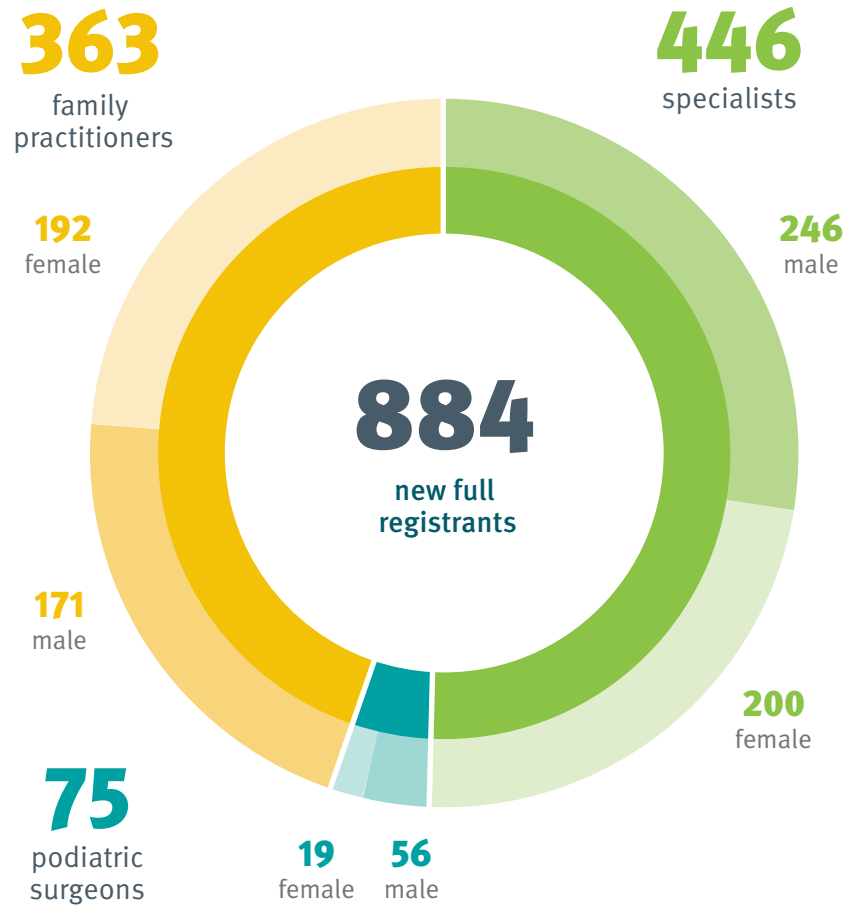
### Surgical assistants



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

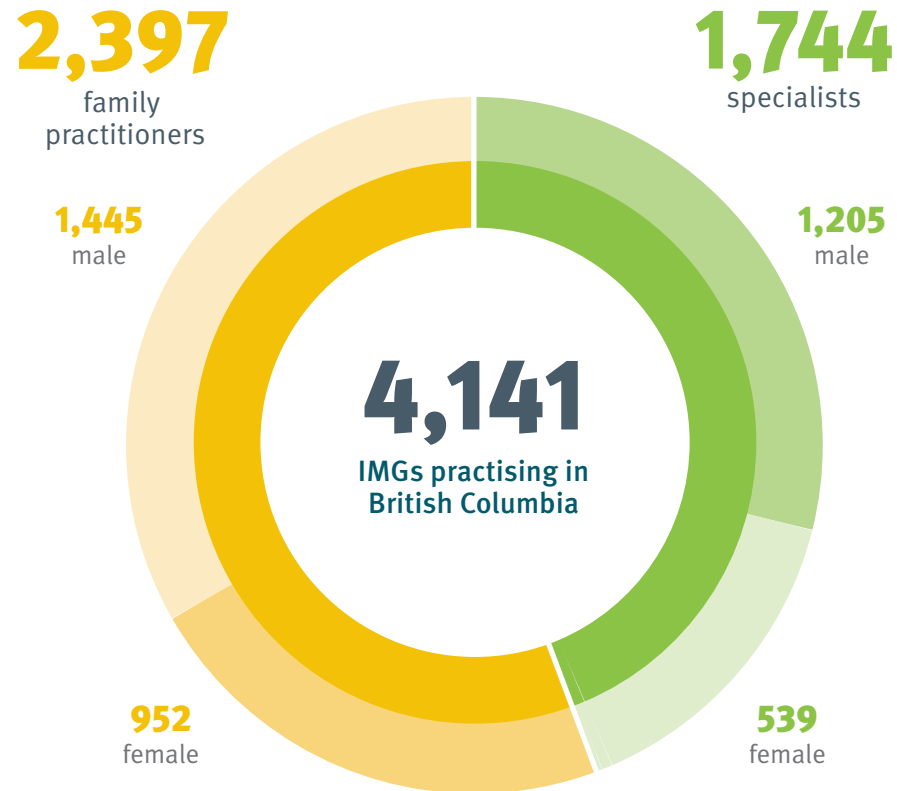


## New registrants



Note: Podiatric surgeons became registrants of the College as of August 31, 2020.

## 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 28, 2021

**163** IMGs applied for registration in British Columbia

**101** new IMG applicants were granted provisional registration

**61** family practitioners

**40** specialists

**236** new IMG applicants were granted full registration

**140** family practitioners

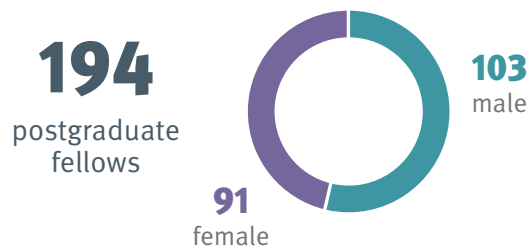
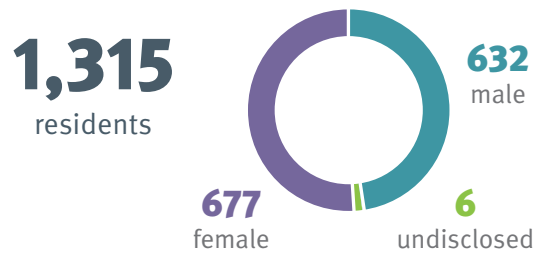
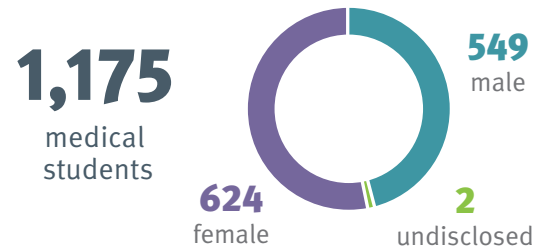
**96** specialists

**118** IMGs previously on the provisional register were advanced to the full register

**59** IMGs were licensed to become clinical trainees

**Note:** 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.

## Educational registrants



Figures calculated as of February 28, 2021

## HEALTH PROFESSIONS REVIEW BOARD (HPRB)

### Registration matters

**737** reviewable registration decisions issued by the Registration Committee

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

**10** 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:

**1** application for review of a decision by the Registration Committee was 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](http://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 registrants involved in complaints proceedings. Every complaint filed with the College is reviewed by the Inquiry Committee composed of registrants 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 a registrant, 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

Most 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

### Modernizing complaints submissions

In December 2020, the College began to accept new complaints filed against registrants by email. Previously, complaints were only accepted in writing by mail. This change is part of ongoing efforts to make the complaints process more accessible. While responses from the College are still provided in writing, opportunities are being explored to expand electronic communication between all parties involved in a complaint.

Complaints opened
<b>1,046</b>
<b>371</b> clinical
<b>517</b> conduct
<b>22</b> boundary
<b>136</b> other

Complaints concluded
<b>988</b>
<b>460</b> clinical
<b>421</b> conduct
<b>17</b> boundary
<b>90</b> other

## Complaints concluded

### By subcategory

<b>Clinical</b>	<b>460</b>
Diagnosis	60
Prescribing	27
Consent	21
Surgical complication	44
Case management	240
Other complication	28
Clinical – other treatment complication	32
Documentation	8
<b>Conduct</b>	<b>421</b>
Communication	140
Breach of confidentiality	18
Conflict of interest	10
Medical records and third party medical reports	44
Practice management	77
Advertising	17
Conduct – other concern	90
Discrimination/access to care	25
<b>Boundary</b>	<b>17</b>
Spoken/written communication	7
Relationship	1
Physical contact	6
Boundary – other concern	3
<b>Other</b>	<b>90</b>
Duty to report registrant	29
Criminal/quasi-criminal	3
Review of practice	49
Breach of undertakings	5
Outside jurisdiction	1
Unprofessional conduct	3

**988**

### By disposition

<b>No (or very minor) criticism</b>	33(6)(a) & 32(3)(c)	<b>507</b>
<b>Criticism</b>		<b>420</b>
Advice/written criticism	33(6)(b) & 32(3)(c)	337
Remediation by consent	36(1)(a)/(b)/(d)	66
Reprimand	36(1)(c)	11
Citation issued	33(6)(d)	2
Consent agreement	37.1	4
<b>Abandoned/withdrawn</b>	–	<b>34</b>
<b>Dismissed by registrar</b>	32(3)(a) & 32(3)(b)	<b>6</b>
<b>Internal transfer of file</b>	–	<b>17</b>
<b>Refer for skill and knowledge assessment</b>	25.2	<b>4</b>

**988**

## Unlicensed 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 2020/21, the College successfully petitioned the Supreme Court of BC for a finding of contempt against the following unlicensed practitioner.

- Ms. Maria Ezzati

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

The College appeared as an intervenor in the proceedings of an appeal case launched by the College of Midwives of BC. In August 2020, the BC Court of Appeal overturned a 2019 Supreme Court of BC decision which had ruled of subsection 12.1(1) of the *Health Professions Act* to be of no force or effect. This provision prohibits non-registrants from using titles prescribed for the exclusive use by registrants of a regulatory college to describe their work.

## HEALTH PROFESSIONS REVIEW BOARD (HPRB)

### Complaint matters

- 753** reviewable complaint decisions
- 74** applications for review of a complaint decision
- 1** application 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:

- 54** confirmations of the Inquiry Committee disposition
- 3** remittals back to the Inquiry Committee for reconsideration
- 14** dismissals of an application for review of an Inquiry Committee disposition
- 1** application for review of a delay in the completion of the investigation concluded with order to complete investigation by a specific date

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

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](http://www.hprb.gov.bc.ca).

## 5 | Ensuring registrant competence

The College's quality assurance programs ensure that registrants 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 registrants by highlighting areas of excellence and identifying opportunities to guide lifelong learning.

### Drug programs



#### 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.



#### Prescription Review Program

The Prescription Review Program assists registrants with the challenging task of prescribing opioids, benzodiazepines, stimulants and other potentially addictive medications with appropriate caution.

- 104** referrals received
- 76** new files opened
- 88** existing files closed
- 77%** of files were closed for improvement in prescribing
- 126** files currently open in various stages of the process
- 5** files were referred to the Inquiry Committee

**Note:** Due to the COVID-19 pandemic, the Prescribers Course was cancelled for 2020/21.

### Opioid agonist treatment review

Completion of the Provincial Opioid Addiction Treatment Support Program is required for all prescribers in BC who wish to prescribe opioid agonist treatment. The program is administered by the BC Centre on Substance Use, in partnership with UBC CPD, and involves an eight-hour online course and two half days of preceptorship with additional learning as needed. All registrants who have completed this program will have their prescribing reviewed by the College's drug programs department one year later to ensure that their prescribing meets the relevant standards and guidelines and to reach out as a resource for any prescribing issues they may have encountered in their practice.

- 68** files reviewed
- 33** received correspondence
- 35** required no further action



## Physician Practice Enhancement Program

All registrants who provide community-based care in private offices or multi-practitioner 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 registrant 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 registrants to ensure they meet appropriate and current standards of practice throughout their professional lives.

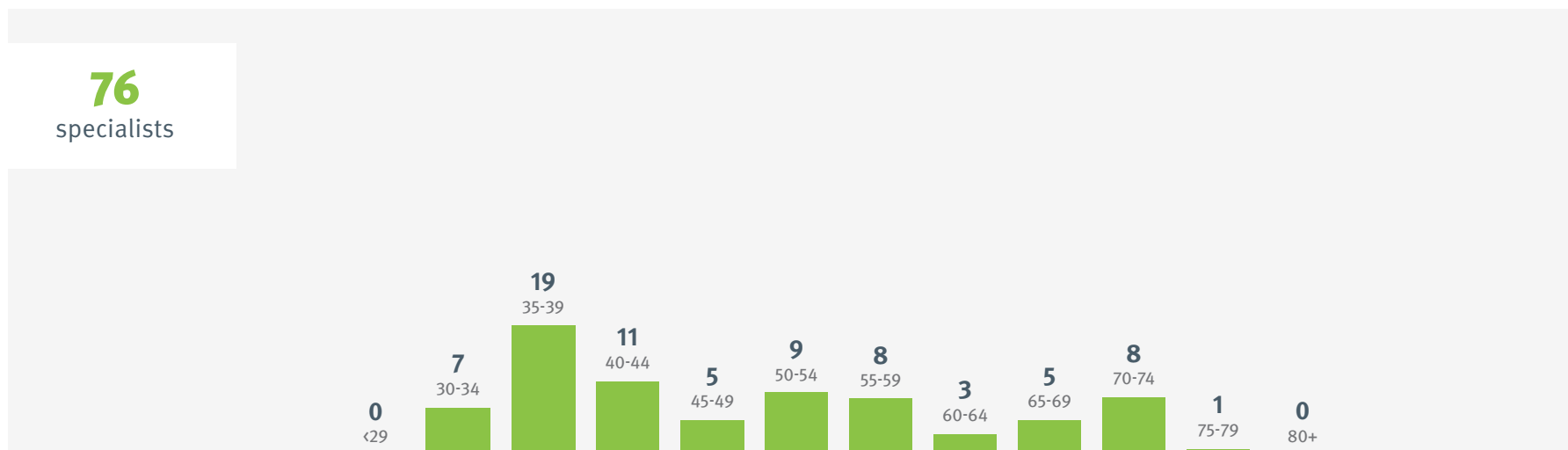
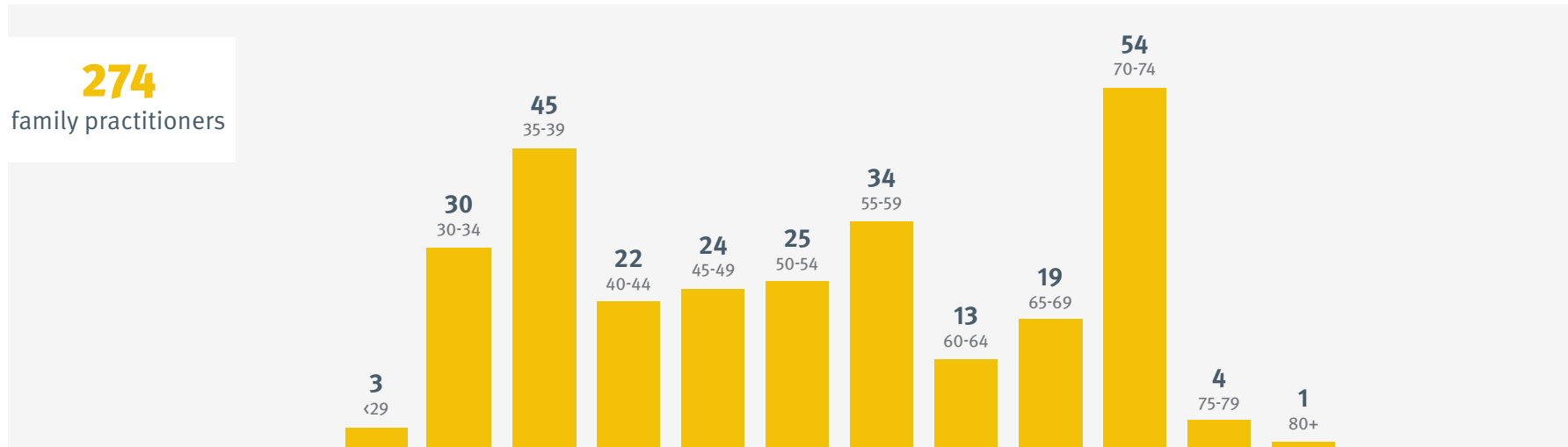
## Geographic distribution of practice assessments

		Family practitioners	Specialists	Total
<b>District 1</b>	Vancouver Island, South	21	12	33
<b>District 2</b>	Vancouver Island, Central and Northern	13	3	16
<b>District 3</b>	Vancouver and surrounding area	92	28	120
<b>District 4</b>	Fraser	96	27	123
<b>District 5</b>	Thompson-Okanagan	28	3	31
<b>District 6</b>	Kootenays	14	1	15
<b>District 7</b>	Northern	10	2	12
<b>Grand total</b>		<b>274</b>	<b>76</b>	<b>350</b>



## Age distribution of practice assessments

Figures calculated as of February 28, 2021



### PPEP remote assessments

On-site PPEP assessments were temporarily halted at the onset of the COVID-19 pandemic. In response, the program developed a remote assessment process which was implemented in July after assessors were trained. While the transition to the remote process meant fewer assessments were conducted in 2020/21 compared to past years, it has allowed the program to navigate the challenges of COVID-19 and continue meeting its goals.

**103**

remote assessments completed

### 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 registrant offices and provides support and education to registrants 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 registrants who practise in a community-based setting whether in a solo office or multi-practitioner clinic. It does not apply to clinical offices or outpatient clinics affiliated with a health authority or hospital, which have their own evaluation processes.

**15**

on-site assessments completed

**91**

remote assessments completed

## 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 (DAP) accredits eight diagnostic services that cover 34 distinct tests or modalities within diagnostic imaging, laboratory medicine, neurodiagnostic services (community- and health authority-based), pulmonary function, community spirometry, polysomnography, and home sleep apnea testing.

- 405** private diagnostic facilities operate in BC
- 315** public diagnostic facilities operate in BC
- 229** assessments performed
  - 24** focussed assessments
  - 159** site assessments
  - 38** initial assessments
  - 8** relocation assessments

## Home sleep apnea testing

From February 2019 to June 2020, the Ministry of Health completed a detailed review of the service delivery environment for the provision of sleep medicine in BC. This includes facilities providing home-based, overnight diagnostic testing for obstructive sleep apnea, commonly known as “four-channel” or “level 3” home sleep apnea testing (HSAT). As of March 1, 2020, there were roughly 250 unregulated HSAT facilities in BC.

Following consultation with the ministry, the DAP formally added HSAT to the list of diagnostic services that are accredited by the program. All HSAT facilities were required to enrol by September 30, 2020 to continue to provide services in BC. In January 2021, the College's DAP Committee approved accreditation standards for HSAT. Enrolled facilities will now take part in the accreditation process, which will include a full on-site assessment for all facilities within the next four years.

## Preparations for laboratory medicine evaluation to ISO 17011

The DAP submitted a substantive application to the Asia Pacific Accreditation Cooperation (APAC) to request an initial evaluation of its laboratory medicine accreditation program. DAP's policies, processes, procedures and relevant evidence were gathered and aligned with the International Standards Organization (ISO) 17011 Conformity Assessment – Requirements.

This material was collated and submitted with the program's application in June 2020 to request a peer evaluation against ISO 17011 requirements and, if successful, become a full member and signatory on the APAC Mutual Recognition Agreement.

The acceptance of this application, and the upcoming evaluation, represents the next step on the multi-year journey in alignment with the 2013 Laboratory Services Plan. The plan, developed for the Ministry of Health, includes recommendation 28 to “adopt the International Standard Association Quality standard 15189 (ISO 15189) and move to a provincial accreditation program that is ISO 15189 compliant.” Recognition within APAC as compliant to ISO 17011 permits an accreditation body, such as the DAP, to issue the internationally recognized ISO 15189 accreditation to those laboratories who meet the criteria.

## COVID-19 testing

All diagnostic facilities and services in BC must be accredited by the DAP, including COVID-19 collection and testing sites. The safety and efficacy of clinical COVID-19 tests is supported by DAP assessments.

This past year, the DAP reviewed new and existing laboratories for adherence to up to 2,000 accreditation standards as new tests, equipment and facilities were rolled out across the province.

# 31

facilities assessed for COVID-19 collection and testing



### Non-Hospital Medical and Surgical Facilities Accreditation Program

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

- 6** private medical/surgical facilities closed
- 47** private medical/surgical facilities operate in BC
- 10** private medical/surgical facilities were accredited as part of their four-year accreditation cycle or focused visit
  - 6** received four-year terms
  - 4** received four-year terms with focused assessments during the cycle
- 792** registrants are authorized by the College to provide medical services in one or more private medical/surgical facilities

### Procedural pain management

In 2016, the College announced and began an initiative to develop standards for the accreditation of procedural pain management (PPM) performed outside the hospital setting in community-based physician offices. The purpose was to establish a process for accrediting these facilities, to credential registrants performing procedures that require an accredited setting, and to ensure that sufficient safety and quality measures are in place. Following multiple rounds of consultation with registrants, the public, and an advisory panel of subject-matter experts, the NHMSFAP Committee approved accreditation standards for PPM on June 1, 2020.

## 6 | Collaborating with key health partners

### Partnerships

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

- modernizing BC's health regulatory framework
- addressing Indigenous-specific racism in BC's health-care system
- planning for the changes to Bill C-7 (Medical Assistance in Dying) to ensure alignment of the College's practice standard
- reviewing practice standards and professional guidelines

**3,279**

registrants attested on their 2021 Annual Licence Renewal Form that they had completed Indigenous cultural competency training

### BC Public Advisory Network

The BC Public Advisory Network (BC-PAN) enables comprehensive and meaningful public engagement on important issues related to health-care regulation in BC. The BC-PAN is a joint initiative of 11 health regulators and consists of 16 public advisors from across the province with various backgrounds, perspectives and experiences.

The first operational year consisted of three two-day virtual meetings in September, November, and February. The BC-PAN discussed the following topics:

- racism and discrimination
- cultural safety and humility
- impacts of COVID-19
- expectations around virtual care
- public registers
- codes of ethics
- complaints processes
- use of social media by health-care practitioners

Discussions with the BC-PAN advanced numerous College initiatives, including developing a first draft of the *Cultural Safety and Humility* practice standard, revising the *Social Media* professional guideline, and developing the BC-PAN's new visual identity.



## 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 2020/21, 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 and guideline revisions

In 2020/21, the following new or revised practice standards and professional guidelines were published on the College website.

#### Practice standards

- [Complementary and Alternative Therapies](#)
- [Injection of Botulinum Toxin, Dermal Fillers and Venous Sclerotherapy](#)
- [Intravenous Therapy in the Community Setting](#)
- [Medical Assistance in Dying](#)
- [Medical Certificates and Other Third-party Reports](#)
- [Non-sexual Boundary Violations](#)
- [Photographic, Video and Audio Recording of Patients](#)
- [Sexual Misconduct](#)
- [Telemedicine](#)

### Professional guidelines

- [Referral-Consultation Process](#)
- [Social Media](#)

### Patient resources

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

- [Complementary and Alternative Therapies: What to Expect](#)
- [Reporting Sexual Misconduct: What to Expect](#)



## Sexual misconduct and non-sexual boundary violations

The process for developing the *Sexual Misconduct* and *Non-sexual Boundary Violations* practice standards included multiple steps and spanned over a ten-month period. After initial research conducted in January 2020, a preliminary consultation was held with key patient advocacy groups to identify appropriate tone and language.

The draft standards were reviewed and revised by the Patient Relations, Professional Standards and Ethics Committee, then shared for broader consultation with registrants, the public, and health partners including the Ministry of Health, the Canadian Medical Protective Association, the University

of British Columbia Faculty of Medicine, Vancouver Coastal Health, the Rural and Remote Division of Family Practice, and external legal counsel.

Feedback from this comprehensive consultation process led to the development of two new practice standards: *Sexual Misconduct* and *Non-sexual Boundary Violations*, which replaced the College's previous *Boundary Violations* practice standard. The consultation clarified expectations of registrants and underscored the College's zero tolerance for sexual misconduct in the patient-registrant relationship.

## Videos

The College published two videos to convey key principles in new and updated practice standards:

- [\*Complementary and Alternative Therapies\*](#)
- [\*Sexual Misconduct and Non-sexual Boundary Violations\*](#)



Shaleen Jamal, legal counsel, speaks about the key principles of the *Sexual Misconduct* and *Non-sexual Boundary Violations* practice standards.





## 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 registrants to locate evidence-based medical information.

During this past year, the library responded to emerging social and health issues by creating or updating reading lists on topics including pain management, race and health equity, pandemic management, and trauma-informed care with more planned such as virtual care, and sexual and gender diversity.

**1,888** individual registrants served (excluding self-serve through the website)

**11,237** total contacts between staff and registrants

**1,297** literature search requests

**49,170** articles downloaded from library online subscriptions

**12,748** ebook chapters viewed



## Providing support

The College's contact centre receives phone and email inquiries from registrants and members of the public about the College's practice standards and professional guidelines, registration and complaints processes, registrant contact information, and other related topics. The College's medical staff offers support to registrants in all areas of practice such as ethics and professionalism, and statutory compliance.

**39,778** inquiries received

## 8 | Managing resources

### Statement of operations

(Expressed in thousands of dollars)

Year ended February 28, 2021, with comparative information for 2020.

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

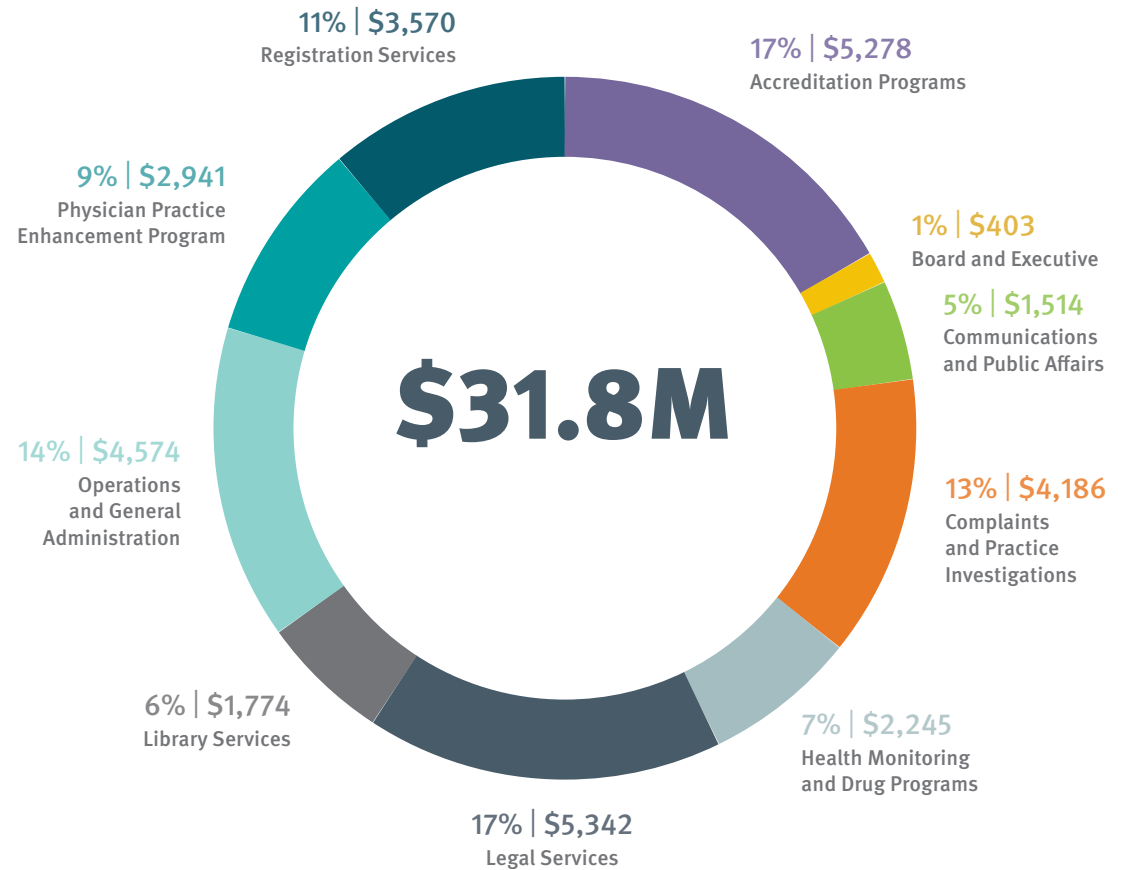
	2021	2020
<b>Revenues</b>		
Annual registrant and incorporation fees	\$ 25,888	\$ 24,961
Annual accreditation fees	4,798	4,913
Application fees	1,474	1,428
Investment income	1,261	1,540
Other income	759	1,162
Rental income	261	312
	<b>34,441</b>	<b>34,316</b>
<b>Expenses</b>		
Salaries and benefits	19,210	17,474
Amortization	2,336	2,283
Assessments, accreditations and reviews	2,313	3,261
General and administrative	2,016	2,417
Information technology	1,924	2,161
Occupancy costs	1,351	1,408
Professional fees	1,236	1,296
Board and committees	943	1,293
Library resources	498	481
	<b>31,827</b>	<b>32,074</b>
Excess of revenues over expenses before undernoted	2,614	2,242
Unrealized gain on investments	772	270
<b>Excess of revenues over expenses</b>	<b>\$ 3,386</b>	<b>\$ 2,512</b>

### Expenditures by function

Year ended February 28, 2021  
(Expressed in thousands of dollars)

Note: Allocations of expenditures by function are unaudited figures.

		%
Accreditation Programs	\$ 5,278	17%
Board and Executive	403	1%
Communications and Public Affairs	1,514	5%
Complaints and Practice Investigations	4,186	13%
Health Monitoring and Drug Programs	2,245	7%
Legal Services	5,342	17%
Library Services	1,774	6%
Operations and General Administration	4,574	14%
Physician Practice Enhancement Program	2,941	9%
Registration Services	3,570	11%
<b>Total</b>	<b>\$31,827</b>	<b>100%</b>



## 9 | Practising good governance



### Strategic plan

An investigation into allegations of anti-Indigenous racism by Dr. Mary Ellen Turpel-Lafond this past year found widespread and insidious issues in BC's health-care system. Her report, *In Plain Sight*, identified mistrust and fear of the health-care system due to the prevalence of stereotypes, discrimination, racism and abuse experienced by Indigenous people.

In October 2020, the College Board and senior management team participated in a two-day retreat to increase awareness and understanding of Indigenous-specific racism, and to formalize their commitment to be anti-racist and to lead real change at the individual, organizational and systemic levels.

At the conclusion of the retreat, the Board resolved to include cultural safety and humility as a new strategic pillar in its 2021–2024 strategic plan.

Actions under the new pillar include:

- encouraging education and implementing a practice standard for registrants on cultural safety and humility at point of care
- ensuring the complaints process is safe and accessible to Indigenous people
- creating a new identity for the College which reflects our current-day values of accessibility and inclusivity, including replacing the colonial crest with a new graphic emblem (logo)
- ensuring Board, staff, and committee members are trained in cultural safety and humility, unconscious bias, and trauma-informed care
- applying the lens of cultural safety and humility to our governance and decision-making by broadening Indigenous membership on the Board and committees
- working to amend legislation and bylaws to ensure they value Indigenous ways of knowing

## 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 registrants 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.

### Annual General Meeting

Friday, September 23, 2021

## Board members

### Officers

Mr. B.C. Bell (President)  
Dr. G. Parhar (Vice-president)  
Dr. B.A. Priestman (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, QC  
Ms. S.F.J. Ross

## College leadership

### Registrar and CEO

Dr. H.M. Oetter

### Deputy registrars

Dr. M.J. Murray  
Dr. D.G. Puddester  
Dr. D.A. Unger

### Deputy registrar, chief legal counsel

Mr. G. Keirstead

### Chief operating officer

Mr. M. Epp

### Executive director, registration

Ms. C. de Bruin

## 2020/21 College Board members



Top row (left to right): Mr. B.C. Bell (President), Dr. G. Parhar (Vice-president), Dr. B.A. Priestman (Treasurer), Dr. J.J. Kingsley, Dr. R.R. Abrahams

Middle row (left to right): Dr. C.S. Leger, Dr. L.F. Dindo, Dr. W.D. Sanden, Dr. A. Du Preez, Dr. P.D. Rowe

Bottom row (left to right): Ms. J.W.E. Dyson, Mr. T.T.S. Mann, Mr. B.D. Penner, QC, Ms. H.N. Purewal, QC, Ms. S.F.J. Ross

## 2020/21 College leadership



Top row (left to right): Dr. H.M. Oetter, Dr. M.J. Murray, Dr. D.G. Puddester, Dr. D.A. Unger

Bottom row (left to right): Mr. M. Epp, Mr. G. Keirstead, 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.

### Legend

- \* Board member
- + Chair
- ⊕ Vice-chair
- ⊙ Public representative
- \* Alternate

### Executive Committee

Mr. B.C. Bell\*⊕⊙  
 Dr. G. Parhar\*⊕  
 Mr. T.T.S. Mann\*⊙  
 Mr. B.D. Penner, QC\*⊙  
 Dr. B.A. Priestman\*  
 Dr. P.D. Rowe\*

### Finance and Audit Committee

Dr. B.A. Priestman\*+  
 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. A. Patel, DPM  
 Dr. J. Yee, DPM  
 Mr. B.D. Penner, QC\*⊙\*  
 Dr. I.C. Hughan\*

### 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. A.E. McNamara+  
 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  
 Ms. H. Muller⊙  
 Dr. J.A. Soles  
 Dr. D. Spooner

### 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

### Panel F

Dr. G. Chalmers, DPM  
 Dr. G. Laakmann, DPM

### Discipline Committee

**Physician members**  
 Dr. D.M.S. Hammell+  
 Dr. D.J. Etches  
 Dr. L. Gijzen  
 Dr. J.M.M. Turner

### Podiatric surgeon members

Dr. Z. Ladha, DPM  
 Dr. G. Lindsey, DPM

### Public members

Mr. K. Bracken, QC⊙  
 Ms. J. Clarke⊙  
 Mr. S. Gill⊙  
 Ms. V. Jenkinson⊙  
 Mr. S. Kuiack⊙  
 Mr. M.A. MacDougall⊙

### Legal members

Ms. A.R. Westmacott, QC⊕⊙  
 Ms. M. Baird, QC⊙  
 Mr. H. Kushner⊙  
 Ms. K.F. Nordlinger, QC⊙  
 Ms. J.P. Whittow, QC⊙



### Quality Assurance Committee

Non-Hospital Medical and Surgical Facilities Accreditation Program Patient Safety Incident Review Panel

Mr. B.C. Bell\*+⓪  
 Dr. R.R. Abrahams\*⓪  
 Dr. J.S. Arneja  
 Dr. C. Ho  
 Dr. J.M. Leith  
 Dr. R.L. Preston  
 Mr. D. Rains⓪  
 Ms. S.F.J. Ross\*⓪  
 Dr. W.D. Sanden\*  
 Dr. K. Seethram  
 Mr. K. Stewart⓪  
 Dr. N.K. Wade  
 Ms. B. Willson, RN⓪  
 Mr. A. Wray⓪

### Physician Practice Enhancement Panel

Dr. B.A. Priestman\*+  
 Dr. J.J. Kingsley\*⓪  
 Dr. F. Chan, DPM  
 Dr. K. Eva, PhD⓪  
 Dr. I. Fadyeyeva  
 Dr. D.R.S. Haslam  
 Dr. C.D. Icton  
 Dr. B.O. Kassen  
 Dr. C.J. Kwiatkowski  
 Mr. T.T.S. Mann\*⓪  
 Ms. B. Maxwell⓪  
 Dr. H. Postowski, DPM  
 Dr. J.D. Slater  
 Ms. W. Winslow⓪

### Prescription Review Panel

Ms. J.W.E. Dyson\*+⓪  
 Dr. M. Manak⓪  
 Dr. M.P. Butterfield  
 Dr. S.H. Lu  
 Mr. D. Pavan, RPh⓪  
 Ms. C. Regehr⓪  
 Dr. C. Sutherland  
 Dr. W.A. Woodfield

### Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

Mr. B.C. Bell\*+⓪  
 Dr. R.R. Abrahams\*⓪  
 Dr. J.S. Arneja  
 Dr. C. Ho  
 Dr. J.M. Leith  
 Dr. R.L. Preston  
 Mr. D. Rains⓪  
 Ms. S.F.J. Ross\*⓪  
 Dr. W.D. Sanden\*  
 Dr. K. Seethram  
 Mr. K. Stewart⓪  
 Dr. N.K. Wade  
 Ms. B. Willson, RN⓪  
 Mr. A. Wray⓪

### Diagnostic Accreditation Program Committee

Dr. R.C. Reyes+  
 Dr. W.S. Lister⓪  
 Dr. R. Alaghebandan  
 Ms. M. Diacu⓪  
 Dr. F. Ervin  
 Ms. H.N. Purewal, QC\*⓪  
 Mr. T. Rode⓪  
 Dr. W.D. Sanden\*  
 Ms. L. Vienneau⓪  
 Dr. C.J. Yong-Hing  
 Dr. R.R. Abrahams\*  
 Dr. D.A.A. Adams\*  
 Dr. R.S. Attariwala\*  
 Dr. H.J. Bray\*  
 Dr. K.M. Brown\*  
 Dr. C.V. Cheng\*  
 Dr. J.L. Diggle\*  
 Dr. J.A. Fleetham\*  
 Dr. G. Han\*  
 Dr. W.W. Lai\*  
 Dr. S. Malhotra\*  
 Dr. R.E. Mueller, PhD⓪\*  
 Dr. G.V. Segal\*  
 Dr. A.W. Shih\*  
 Dr. M.J. Somerville, PhD⓪\*  
 Dr. S.M. Vercauteren\*  
 Dr. T.T.T. Wong\*  
 Dr. M.T.S. Yan\*

### Patient Relations, Professional Standards and Ethics Committee

Ms. S.F.J. Ross\*+⓪  
 Ms. L. Charvat⓪  
 Dr. R.R. Abrahams\*  
 Dr. P.D. Crowell, PhD⓪  
 Dr. S. Jennings, DPM  
 Dr. J.J. Kingsley\*  
 Dr. B.L. Wagner  
 Dr. D.M.S. Hammell\*

### Blood Borne Communicable Diseases Committee

Dr. M. Krajden+  
 Dr. C. Leger\*⓪  
 Dr. B.J.F. Henry  
 Dr. V.C. Montessori  
 Dr. A. Ramji

### Library Committee

Mr. B.D. Penner, QC\*+⓪  
 Dr. J.M. Bradley⓪  
 Dr. P.A. Glaze  
 Dr. C.M. Hall  
 Dr. G.A. Knudson

## 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. D.G. Puddester, Deputy Registrar

Dr. J.G. Wilson, Senior Deputy Registrar  
(retired in April 2020)

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. Jamal, Legal Counsel

Ms. M. Stimac, Legal Counsel

#### Professional Medical Corporations

Ms. S. Jamal, 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 that provide exceptional workplaces and benefits to their employees.

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