Board Governance Policy Manual
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Part 1 - Introduction

The Governance Policy Manual (GPM) contains all of the current standing governance policies adopted by the Board of the College of Physicians and Surgeons of British Columbia.

The policies contained in the manual are an adjunct to the Health Professions Act, Regulations and the Bylaws made under the Act. They formalize the roles and responsibilities of the Board and establish its governance functions and practices.

1.1 Reasons for adoption
The Board has adopted the GPM to ensure:

- efficiency in having all governance policies in one manual
- ease of reviewing current policy when considering new issues
- interactions between the Board and registrar are clear and transparent
- diligence in governance process
- effective orientation of new board members

1.2 Consistency
Each policy in the GPM is consistent with governing legislation - the Health Professions Act, Regulations and the Bylaws made under the Act. All standing governance policies of the Board are included in this manual. Organizational and administrative policies are consistent with this GPM.

1.3 Transition
The policies contained within this manual are deemed to supersede any past policy that might be found in earlier documents or previous board minutes.

1.4 Updates
The policies contained in the GPM are reviewed frequently to ensure currency and relevance. A full review of the entire manual is conducted annually. Recommendations to add or amend a policy contained within the GPM must be submitted as a motion to the president for inclusion on the Board’s meeting agenda. Amendments to the GPM are approved by resolution. Whenever changes are adopted, an updated version of the policy is provided to each board member for inclusion in their manual with a new approval date clearly indicated. All versions of the policies are kept on record in the registrar’s office.

1.5 Maintenance of policies
The GPM is maintained by the registrar’s office. The registrar provides updated copies to the Board whenever policies are amended. The Board consults legal counsel whenever amendments are made to ensure compliance with the College’s governing legislation.

Part 1 revised May 2014
Part 2 - Organizational Overview

2.1 Mission statement

The Board adopted the following mission statement in March 2018:
Serving the public by regulating physicians and surgeons

*Section 2.1 revised March 2018*

2.2 Values

The College has a duty to establish and administer registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.

Aligned with the duties and objects described in the *Health Professions Act*, the following core values guide the Board’s governance policies and practices:

**Accountability**

Through objective and transparent processes, we acknowledge and assume full responsibility for the actions we take and the decisions we make.

**Justice**

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

**Integrity**

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

**Collaboration**

We share knowledge and work together with each other and our partners (government, associations, academic institutions, medical and health regulatory organizations) to safeguard the rights of the individual and serve the greater needs of the community.

2.3 Mandate

The College of Physicians and Surgeons of British Columbia is the licensing and regulatory body for all physicians and surgeons in the province. The College is governed by provincial legislation—the *Health Professions Act*—that entrusts the College to serve and protect the public, and to exercise its powers and discharge its responsibilities under all enactments in the public interest.

For a full description of the duties and objects of the College, refer to Part 2, section 16 of the *Health Professions Act*.

2.4 Strategic goals

Each year the Board establishes strategic goals to guide the major activities of the College, and deliver on its mandate of public protection.
The Board’s strategic goals are contained in Part 10 of this manual.

Part 2 revised May 2014
Part 3 - Board Structure, Responsibilities and Process

The Board recognizes that management has the responsibility to report to the Board regarding the work of the organization and the actions of the organization. The structure, mandate and powers of the Board are defined by the Health Professions Act, the Regulations and the Bylaws made under the Act. The Board consists of 10 elected members from seven electoral districts, and five members who are appointed by the Minister of Health.

3.1 Governance approach and principles

Preamble

What is governance? Three distinct roles:

1. The Board’s governance approach and principles emphasize that it acts reasonably, prudently and in good faith:
   - in protection of the public
   - strategic leadership
   - encouragement of diverse viewpoints and ideas
   - integrity, ethics and professionalism
   - outward vision
   - in the interface with stakeholders

2. The Board is the source of strategic decisions that shape the organization and have the ultimate accountability for the work and acts of the organization.

3. In this spirit, the Board:
   - adheres to the governance structures and policies laid out in its governance manual
   - accounts to the public and the government for competent, conscientious, and effective administration of the College’s mandate
   - initiates and develops policy
   - monitors and regularly discusses the Board’s own processes and performance
   - provides appropriate orientation, training and evaluation of overall board performance

3.2 Declarations

Upon joining the Board of the College of Physicians and Surgeons of British Columbia, members must swear/attest to and sign an oath of office, and agree to and sign the Confidentiality Policy, Code of Conduct Policy and the Conflict of Interest Policy.
3.3 Roles and responsibilities of officers

In accordance with the Bylaws, at its first meeting in April of each year, or as soon after as is convenient, the Board elects a president, vice-president and treasurer, along with other members of the Executive Committee.

President

The president is the chief officer of the Board and a member of the Executive Committee. In this role, the president personally models the College’s values and code of conduct, and is responsible for creating an environment that is fair, respectful, and professional. The president ensures that the Board is aware of and fulfills its governance duties, complies with applicable legislation and policy, and conducts its business effectively and in accordance with the accepted rules of order.

To fulfill these duties, the president:

- Chairs all Board, Executive Committee and Human Resources Committee meetings.
- Presides over the Annual General Meeting.
- Ensures the vice-president is appropriately briefed on significant issues and able to assume the role of president if required.
- Ensures new board members are oriented to their role and aware of their responsibilities.
- Acts as the liaison between the Board and the registrar.
- 1:1 meetings with individual board members to offer opportunity for self reflection.
- Provide feedback for public members to CABRO on request.
- Evaluates the activities and performance of the registrar on an annual basis.
- Represents the Board at national and international meetings of regulators (FMRAC, IAMRA).
- Acts as signing officer for College bank and investment accounts.

The president is accountable to the Board for the satisfactory performance of these duties. The term of office is one year. The president typically can stand for re-election only once.

Revised February 2023

Vice-president

The vice-president is the deputy chief officer of the Board and a member of the Executive Committee. In this role, the vice-president is responsible for discharging all of the duties of the president if the president is unavailable. The vice-president assists the president in providing leadership and guidance to other board members. The vice-president personally models the College’s values and code of conduct. The term of office is one year. The vice-president can stand for re-election.
Treasurer

The treasurer is a member of the Executive Committee, and holds the position of chair or vice-chair of the Finance and Audit Committee. In this role, the treasurer assists in the development of the College's budget, ensures adherence to the College's financial policies and procedures, and ensures executive oversight of all financial transactions. The treasurer personally models the College’s values and code of conduct. The term of office is one year. The treasurer can stand for re-election.

3.4 Nomination and election process (officers and Executive Committee)

Preamble

These guidelines set out the criteria for the election of officers of the College and members of the Executive Committee, the duration of the terms of office, and clarify the responsibilities of the Nominations Committee and the process for election.

Officers

The officers of the College are the president, the vice-president and the treasurer.

The Bylaws pursuant to the Health Professions Act provide as follows:

Officers of Board

1-5 (1) At its first meeting in April of each year, or as soon after as is convenient, the board must elect a president, vice-president and treasurer, from among the board members.

(2) Officers elected under section 1-5(1) hold office at the board's pleasure.

(3) The officers elected by the board must perform the duties and exercise the powers delegated to them by the board, in addition to the duties and powers imposed or given by the Act and the Bylaws.

Executive Committee

1-13 (1) If an executive committee is appointed under section 17.2 of the Act, the committee may perform all duties and exercise all powers of the board under the Act, except

(a) the powers set out in section 39(2) to (10) of the Act,
(b) the power to alter, repeal or suspend a bylaw, and
(c) the power to appoint the registrar under section 21 of the Act.

Proceedings of executive committee

(2) If present, the president presides over all meetings of the committee.

Board meetings

1-25 (3) The president may call a meeting of the board.

(4) The president must convene a meeting of the board upon receipt of a written request by at least six board members, stating the nature of the business that is proposed to be conducted at the requested meeting.
Committees and committee meetings

1-26 (1) The board must establish the composition of all College committees at its first meeting after the second Monday in April in each year or as soon after as is convenient.

(2) The president is an ex-officio member of all committees, except where specifically designated as a member of a committee.

(6) The board must designate a committee chairperson and a committee vice-chairperson from among the members of the committee.

(7) The duties of the chairperson of a committee are to

(a) preside over all meetings of the committee,

(b) unless specified otherwise, report to the board directly or by delegation, and

(c) carry out other duties as the board may direct.

(8) The vice-chairperson of a committee performs the duties of the chairperson in the absence of the chairperson.

Criteria for nomination

Officers have the responsibility to guide the Board and the executive committee and to provide direction to the registrar staff. Accordingly, eligible members must have:

- served as a member of the Board for a minimum period of six months and have demonstrated a commitment to and active participation in College affairs;
- preferably served for a minimum of one year as chair on one of the College’s standing committees and appropriately fulfilled all requirements of the chair during that period or alternatively have demonstrated the skill set necessary to fulfill the role of chair; and
- extensive knowledge of the functions and responsibilities of the College.

Term of office

The term of office for the position of president, vice-president and treasurer will generally be for a one-year period from July 1 to June 30. In the absence of extenuating circumstances, members should not hold the same office for more than two years.

To ensure that all candidates are assessed annually based on consideration of current expertise and experience of individual candidates, there will not be automatic succession of vice-president to president or treasurer to vice-president. Prior experience as an officer of the College will be one factor to be considered by Board at the time of election.

Executive Committee

Criteria for nomination

The officers of the College, namely the president, the vice-president and the treasurer, will automatically be appointed to the Executive Committee.

The remaining members appointed to the Executive Committee must demonstrate knowledge of the functions and responsibilities of the College and have served on the Board
for a minimum of six months. The six members appointed must reflect the statutory requirement that at least two members must be public members.

Nominations Committee

Appointment

The Board will annually appoint a Nominations Committee.

This committee should be comprised of at least two members of the Board who have a broad knowledge and awareness of the affairs of the College and the functions of the Board and its committees.

Responsibilities

The responsibilities of the Nominations Committee will include:

- Consulting with board members on a confidential basis to identify those members willing to stand for election as officers or Executive Committee members.
- Preparing biographical summaries of the candidates’ background and relevant experience, and distributing these to board members at the beginning of the election process during the May Board meeting.
- Determining the form of the election ballot and distributing election ballots to board members at the time of the election.
- Consulting with all board members on a confidential basis regarding prospective candidates for appointment to the standing committees of the College and, based on that consultation, selecting appointees to such committees.

The election process

The election of officers of the College and of members of the Executive Committee will be held annually during the Board meeting in May.

The election of officers of the College and of members of the Executive Committee will be by secret written ballot.

The election will be conducted in the following sequence:

Nomination of president
Announcement of appointment

Nomination of vice-president
Announcement of appointment

Nomination of treasurer
Announcement of appointment

Nomination of remaining members of Executive Committee
Announcement of appointments

The registrar and a designated staff member will act as scrutineers for the election. The scrutineers will ensure that all votes are counted in accordance with appropriate and proper procedures.
The registrar will advise the Nominations Committee of the candidates who receive the greatest number of votes for the respective positions.

If there is a tie vote, or if no candidate receives a minimum of fifty percent (50%) of the votes, a second vote will be held, with the candidate with the lowest number of votes being dropped from the candidate list. If there is a tie vote between two candidates in the election for the same office, the determination as to which of the candidates shall be declared to have been elected shall be decided by lot. The method of determining by lot shall be agreed upon by a majority of the Board, and may include a coin toss.

The registrar will retain the voting papers and any other election documents for at least fourteen (14) days after the election.

Following the election, the Nominations Committee will announce the appointments to all other College committees.

Section 3.4 revised May 2015

3.5 Orientation of new board members

The president and the registrar are responsible for facilitating a comprehensive orientation session for new board members to ensure they are prepared for their role, and aware of their responsibilities to the Board, and to the College.

The orientation session includes:

1. A scheduled discussion with the president to
   - explore the new board member’s interest and preference for committee involvement,
   - review the process for performance evaluation and professional development, and
   - assign a board mentor who is responsible for guiding the new member.

2. A scheduled discussion with the registrar to
   - review the Health Professions Act, Regulations, Bylaws and the GPM,
   - review the College’s mandate, mission and goals, and organizational structure, and
   - review the meeting calendar, administrative procedures and relevant law, internal policies, and the meeting rules of order.

3. Taking and signing, by oath or solemn affirmation, an oath of office prescribed by the minister in the presence of a judge or justice of the peace or the registrar.

4. Signing the Confidentiality Policy, the Code of Conduct Policy and the Conflict of Interest Policy.

3.6 Elected board vacancy

Where a board vacancy occurs with more than one year left on the elected board member’s term and where that board member has notified the Board of their resignation, or where a board vacancy occurs through natural cause, the Board must fill the vacancy.
At its earliest opportunity, the Board will establish a nominations committee, comprised of:

- the president
- the past president
- one public member
- one elected member

The nominations committee will, through a fair and transparent process, identify potential candidates for appointment. It will provide the Board with a roster of up to three candidates, complete with a stated reason for the nomination, and a letter of intent from each nominee.

The Board will decide on the successful candidate through its regular decision-making processes, being a simple majority of votes, to determine the successful appointee. The Board does not need to conduct this vote at a general meeting; for the purposes of filling a Board vacancy a fax resolution is appropriate. Ratification of the fax resolution at the next general meeting will occur.

Section 3.6 added November 2013

3.7 Roles and responsibilities of individual board members

Every member of the Board is expected to become an active participant in a body that functions effectively as a whole. In addition to assisting in the major decisions of the Board, individual members are responsible for:

- Being knowledgeable about the Health Professions Act, Regulations and the Bylaws that govern the College.
- Being informed about the governance policies and practices contained within the GPM
- Offering opinions and perspectives during discussions and deliberations of the Board.
- Voicing any opposition to a decision clearly and explicitly at the time a decision is being taken
- Visibly voting on decisions - or visibly abstaining from the vote.
- Working effectively with other board members, committee members and employees to ensure productive outcomes at all meetings.
- Understanding and respecting the distinction in the roles of the Board and College employees.
- Above all, maintaining solidarity with other board members in support of a decision made at a board meeting.

3.8 Performance evaluation

The Board is committed to a process of performance evaluation designed to provide board members with an opportunity each year to examine how the Board, committees, board chairs, committee chairs and individual committee and board members are performing, and to identify opportunities for improvement. The purpose of evaluation is to ensure continuous improvement of the Board and committees, and to provide formative feedback to individual
board and committee members and chairs to assist in their own development. The process will also allow an opportunity to provide feedback on the effectiveness of board and committee meetings and whether the Board and committees are operating efficiently and effectively in meeting their mandate.

Each board or committee member will participate in an evaluation of the performance of the Board or committee as a whole and of their own performance as a board or committee member. The scope of evaluation will include an assessment of the Board or committee as a whole in fulfilling its rules and responsibilities and of the processes and structures of the Board or committee. It will also include a 360° and self-assessment of the performance of individual board and committee members and chairs in fulfilling their responsibilities.

Section 3.8 revised March 2017

3.8.1 Board self-evaluation questionnaire

- How well has the Board done its job?
- How well has the Board conducted itself?
- Board’s relationship with chief executive officer
- Feedback to the chair of the Board
- My performance as an individual board member

3.8.2 Performance management (removal of a board member)

In accordance with section 17.11 (5) of the Health Professions Act, the Board may review the conduct of any member, and if the Board is satisfied that the member has contravened a term of the oath of office, the Board may, by resolution passed by two-thirds of the members voting on the resolution, reprimand, suspend or remove that member from the Board or any committee.

A person suspended from a board under section 17.11 (5) may not act as a member of the Board unless the suspension is lifted. A person removed under section 17.11 (5) ceases to be a member of the board and the office to which that person was elected or appointed is vacant and the vacancy must be filled in accordance with the Bylaws as follows:

a) by election, if the person was a person referred to in section 17 (3) (a) or (a.1), or
b) by appointment, if the person was a person described in section 17 (3) (a.2).

3.9 Monitoring and safeguarding

The Board is responsible for exercising good stewardship of the College on behalf of registrants, the government, the public, College employees and other stakeholders. The Board will account to its stakeholders for the activities of the College through regular communication, including a public website and an annual report with audited financial statements.

General duties of the Board as a whole include:

- Overseeing the development of a strategic plan and approving the annual budgets.
- Defining and safeguarding the College’s mission and values.
• Governing the College by setting priorities, initiating and establishing policy.
• Appointing and supporting the registrar and deputy registrars to whom the day-to-day responsibility for administration of the College is delegated.
• Securing sufficient resources for the College to conduct its work.
• Accounting to registrants (and other funders) for the expenditures of funds.
• Ensuring prudent and proper management of the College’s resources.
• Regularly reviewing the College’s programs and activities to ensure efficiency and consistency with the mandate of the College.
• Evaluating the effectiveness of the Board through a formal evaluation process.
• Submitting an annual report to the minister responsible not later than 120 days after the end of the College’s fiscal year.

3.9.1 Financial position

The Board is responsible for the overall financial stability of the College. Based on recommendations from the Finance and Audit Committee, the Board directs, approves and monitors the following:

• the annual budget and regular operating statements
• the investment policy
• registrant and program fees
• the appointment of external auditors

The registrar is responsible for providing:

• effective financial administration
• financial technical support
• financial reports and updates at the request of the Board

The registrar works in close collaboration with the Finance and Audit Committee to ensure the successful implementation of the Board’s financial decision-making.

3.9.2 College performance

The Board is responsible for ensuring that the College adheres to its statutory obligations. The Board oversees the work of the College’s statutory, standing and ad hoc committees to ensure that each committee implements, measures and effectively reports on its activities according to legislative requirements.

The registrar and deputy registrars work in close collaboration with each committee to facilitate:

• effective administration of committee mandates
• technical support
• committee reports at the request of the Board
3.10 Board meetings

As set out in section 1-25(1) of the Bylaws, the Board meets at least two times in each calendar year. Members are expected to attend all meetings set by the Board, and all meetings of the committees to which they have been appointed. A majority of the board members constitutes a quorum.

At all board meetings:

- Discussion is confined to issues that clearly fall within the Board’s authority.
- The president will act as chair (or the vice-president in the president’s absence).
- Deliberations are timely, fair, orderly, thorough and efficient and in accordance with the applicable rules of order.
- Members who are unable to attend a meeting must advise the president prior to the meeting.
- In accordance with section 1-3(d) of the Bylaws, members who are absent from three consecutive meetings in a twelve-month, unless previously excused by the Board, cease to hold office.

3.10.1 Decision-making process


According to those rules, an item of business is presented to the Board for decision in the form of a motion, which must be seconded by another board member. Any member of the Board has the right to present a motion for inclusion on the agenda. When a motion has been properly moved and seconded, the president (or presiding officer) states it clearly to the Board and invites members to discuss or debate the motion. Once the discussion is over, the president asks members to vote on the motion. The Bylaws require a majority vote to resolve a motion. Special resolutions must be approved by a two-thirds vote of all board members.

3.10.2 Agendas and Minutes

Board meeting agendas are discussed and prepared jointly by the registrar and the president. Any member of the Board may put forward an agenda item for consideration by the president and the registrar. The registrar’s office is responsible for

- developing and distributing materials to members at least one week prior to a scheduled board meeting, and
- recording the minutes at each meeting.

3.11 Compensation

Board members are compensated according to the College’s *Honoraria Policy*.

3.12 College committees

The College’s committees are set out in the Bylaws under the *Health Professions Act*. The terms of reference for each committee are described in the Bylaws (see Part 9). Committee members, including a chair and a vice-chair, are appointed by the Board. In accordance with
section 1-26(11) of the Bylaws, each committee must submit an annual report of its activities to the Board.

Much of the work of the College is conducted by committees. There are four types of committees: statutory committees (set out in the Health Professions Act), Bylaw committees, standing committees and from time-to-time ad hoc committees (see attached Terms of Reference in Part 6 of this manual).

It is important to ensure that the College’s decision-making processes are free from criticism for bias, confidentiality, conflict of interest, lack of independence, and nepotism. For these reasons, close relatives of sitting board members are not eligible for appointment to a College committee during the entire term of the board member’s time in office. Close relatives of College staff and contractors are likewise excluded from appointment to College committees.

For the purpose of this policy, a close relative will include:

- spouse or partner (including intimate relationships)
- parent, step-parent, foster parent of employee or employee’s spouse or common-law partner
- child or step-child or foster child of employee
- sibling of employee
- child’s spouse or common law partner

Statutory Committees

- Executive
- Inquiry
- Registration
- Quality Assurance
- Discipline
- Patient Relations, Professional Standards and Ethics

Bylaw Committees

- Finance and Audit
- Blood Borne Communicable Diseases
- Non-Hospital Medical and Surgical Facilities Accreditation Program
- Diagnostic Accreditation Program

Standing

- Library
- Human Resources
- Governance
• Nominations

Part 3 revised November 2016
Part 3 revised September 2017
Part 4 - Board-Registrar/Employee Relations

4.1 Registrar’s role

The registrar is the chief executive officer of the College, holding the most senior staff position. The registrar is accountable for ensuring compliance with statutory obligations of the Health Professions Act, Regulations and Bylaws, implementing and monitoring the policies and direction set forth by the Board, managing the daily operations and administration of the College, and ensuring appropriate resourcing and staffing. The registrar is appointed by the Board.

4.2 Board/registrar relationship

The registrar is the key conduit between the Board and College employees, and may at any time delegate an employee to work with the Board and committee members on College activities. The registrar works in collaboration with the president to ensure the Board’s decisions are understood and implemented by College employees. Specific issues or concerns from individual board members should be directed to the president first.

4.3 Key performance

The Board shall ensure that the Human Resources and Governance Committee undertakes an annual performance review of the registrar, the results of which will be shared with the Board. The committee shall develop, in conjunction with the registrar, annual performance objectives consistent with College’s strategic plan and submit objectives to the Board for approval.

Section 4.3 revised January 2015

4.4 Code of conduct

The registrar personally models the College’s values and code of conduct.

4.5 Treatment of employees

The registrar is accountable for creating a work environment that is fair, respectful and professional. Accordingly, the registrar is responsible for:

- Recruiting, training, motivating and compensating high-performing employees.
- Facilitating continuous learning and professional development.
- Fostering a work environment that embodies high employee morale and enthusiasm to achieve the highest standards.
- Taking reasonable steps to protect employees from harassment, and unsafe or unhealthy conditions.
- Providing a process and forum to hear and address employee concerns.
- Developing and implementing official human resource policies to ensure equitable treatment of all employees.
• Avoiding situations that are or may be perceived to be a conflict of interest in awarding full-time or contractual employment.

• Ensuring effective communication and information exchange at the employee level.

• Ensuring employees are aware of this and other relevant policies.

*Part 4 revised May 2014*
Part 5 - Administrative Parameters

5.1 General guidance and constraints
The following parameters guide the registrar in executing operational and administrative decisions without undue board directive. The Board expects that the registrar and College employees will act ethically and responsibly at all times, and in accordance with their legislative requirements, and other binding laws.

5.2 Regulatory functions
The registrar is responsible for ensuring that the work and activities of the College are compliant with the requirements set out in the Health Professions Act, the Regulations and the Bylaws, consistent with the Board’s interpretation of this governing legislation.

5.3 Financial parameters
The registrar must maintain the financial integrity of the organization, ensuring that due care is exercised in the receiving, processing and disbursing of funds, and that financial and non-financial assets are protected.

5.3.1 Budgeting and planning
Budgeting for any fiscal year or the remaining part of any fiscal year must not deviate materially from established business plans, risk fiscal jeopardy, or fail to adhere to long-term plans.
Accordingly, the registrar shall ensure that all budgeting:

1. Contains sufficient detail to enable reasonably accurate projection of revenues and expenses, separation of capital and operational items, cash flow, and audit.
2. Discloses planning assumptions.
3. Considers expenditures in any fiscal year based on funds that are conservatively projected to be received in that period.
4. Ensures sufficient liquidity to meet, with an adequate safety margin, the operating needs of the College.
5. Provides for full funding for the operation of the Board in fulfilling its responsibilities.
6. Considers the fiscal soundness of future years and the building of organizational capability sufficient to achieve College goals in future years.

5.3.2 Financial condition
With respect to the actual, ongoing financial conditions and activities, the registrar must ensure fiscal stability and spend only those expenditures approved by the Board in a given fiscal year.
Accordingly, the registrar shall:

1. Spend only those funds that have been received in the fiscal year to date, unless specifically directed by the Board to do otherwise.
2. Avoid using long-term reserve funds, unless specifically directed by the Board to do otherwise.
3. Settle payroll and debts in a timely manner.
4. Ensure government-ordered payments or filings are submitted in an accurate and timely manner.
5. Ensure the collection of accounts receivable is undertaken in a timely manner.
6. Designate signing authorities for all financial documents.

5.3.3 Asset protection

The registrar must ensure that assets are protected, adequately maintained, and not risked unnecessarily.

Accordingly, the registrar shall:

1. Maintain insurance against fire, theft, computer and casualty losses, and against liability losses to board members, employees and other individuals engaged in College activities.
2. Ensure that the College, its board members and employees are not unnecessarily exposed to claims of liability.
3. Ensure that only employees who are duly authorized have access to College files or material amounts of funds.
4. Provide reasonable maintenance of office premises and equipment.
5. Make purchases with due consideration to quality, after-purchase service, value dollar and opportunity for fair competition.
6. Obtain approval from the Board, Executive Committee or the Finance and Audit Committee prior to making unbudgeted expenditures of greater than $125,000 on any one expense.
7. Ensure that no more than $5,000 on any individual physician or $50,000 annually is spent to assist physicians on compassionate grounds, and provide an update on these activities to the Executive Committee.
8. Protect paper and electronic files and information from loss or significant damage.
9. Invest or hold operating capital in secure instruments.
10. Not acquire, encumber or dispose of land and buildings without board approval.

5.3.4 Compensation and benefits

With respect to employment, compensation and benefits to employees, consultant and contract workers, the registrar must ensure that fiscal integrity is maintained.

Accordingly, the registrar shall:

1. With respect to her/his contract
   • uphold the spirit of the contract between the registrar and the Board.
2. Establish current compensation and benefits that
• reflect the geographic or professional market for the skills employed,
• avoid obligations over a longer term than revenues can be safely projected, and
• are fair and equitable.

3. Establish and manage pension benefits that
• ensure unfunded liabilities do not occur which would in any way commit the organization to benefits that incur unreasonable future costs,
• provide a reasonable level of benefits to all full-time employees, though differential benefits to encourage longevity in key employees are not prohibited, and
• are approved by the Board.

4. Work with the board to recruit and develop employment contracts for the College’s deputy registrars.

5.4 Information management
The registrar must develop and maintain efficient information systems and technology that assist employees in completing the work of the College.

Accordingly, the registrar shall:

1. Meet legislated requirements for collection, retention, confidentiality and release of information.
2. Maintain effective and integrated internal systems to ensure the timely exchange of information.
3. Maintain an up-to-date prioritized plan for necessary information systems / technology enhancements or acquisitions.

5.5 Communication/counsel to the board
The registrar is responsible for ensuring that the Board is informed and supported in its work.

Accordingly, the registrar shall:

1. Communicate regularly with the president.
2. Submit monitoring data required by the Board in a timely, accurate and clear manner, directly addressing provisions of the policies being monitored.
3. Ensure the Board is aware of relevant political, economic, social or technological factors; especially those which may have an impact on board assumptions, practices or policies.
4. Advise the Board if it is not in compliance with its own governance policies, particularly in the case of board behaviour, which may be detrimental to the working relationship between the Board and the registrar.
5. Provide a mechanism for official board or committee communication.
6. Deal with the Board as a whole except when
• fulfilling individual requests for information, or
• responding to committees duly charged by the Board.

7. Provide reasonable administrative support for board activities.

8. Report in a timely manner any actual or anticipated non-compliance with any policy of the Board.

### 5.6 Public image

The registrar is responsible for protecting the College’s public image and credibility. Accordingly, the registrar shall:

1. Implement the College’s communication plan and related policies.
2. Ensure that all public presentations portray the policies and decisions of the Board.
3. Ensure that only appropriately trained employees are making presentations or speaking on behalf of the College.
4. Communicate effectively with registrants, government, the media and the public regarding College policy and initiatives.
5. Release board position statements and policy only with the Board’s approval.

### 5.7 Emergency executive succession

In order to protect the Board from sudden loss of executive services, the registrar must ensure that at least one deputy registrar is sufficiently familiar with all College issues and process to allow continuity.

*Part 5 revised May 2014*
Principles of Good Governance

We are guided by the following principles of good governance as we fulfill our mandate to serve the public by regulating physicians and surgeons.

**Integrity**

- Our processes and decision making are consistently in accord with our commitment to be transparent, objective, impartial and fair.
- We participate actively and honestly in respectful dialogue with our colleagues and others with whom we are engaged.
- We listen to a range of voices and perspectives in developing a shared understanding from which to make a decision.
- Both systemic and individual conflicts of interests are acknowledged and managed.
- We take responsibility for improving our performance in areas where we may have fallen short.

**Leadership**

- Our actions are guided by a long-term strategy that reflects the needs and expectations of the public.
- We are innovative and creative in our work.
- We are knowledgeable about societal needs and issues, and challenge ourselves to make a positive impact by focussing our work thoughtfully and effectively.
- We are practical and strategic in planning for realistic, measurable outcomes.
- We identify and proactively manage risk.

**Competence**

- We identify the skills, experience and knowledge required to do our tasks effectively.
- We continually build upon our collective ability to make informed, consistent decisions.
- As individuals and working groups, we actively engage in ongoing improvement through purposeful and regular review and focussed development.

**INCLUSION**

- Our diversity of skills, knowledge and experience reflect the public we serve and the individuals we regulate.
- We embrace opportunities for meaningful and authentic collaboration.
- We work within a strong framework of patients, governments, health professionals, educators and health administrators to maximize our impact on the common good.
- We learn from issues that emerge in other organizations and communities in order to improve our own communication and decision making.

**Accountability**

- We acknowledge our ultimate accountability to the public and commit to continuously earning and maintaining the public trust.
- We seek to ensure all participants in our governance framework are clear on their roles and responsibilities.
- We understand that the College is created by legislation and that our effectiveness in fulfilling our legislated mandate is subject to oversight.
- We make our information easily understandable and readily accessible to others to best serve the public interest.
- We commit to ongoing improvement by soliciting high-quality, objective feedback and enacting change where warranted.

*Revised October 11, 2018*
Roles and Responsibilities

Board

- Develop and approve mission/vision/values
- Develop and approve College strategy
- Hire the registrar
- Conduct annual performance reviews of the registrar
- Make, alter, repeal, and suspend Bylaws
- Establish and approve budgets and fees
- Approve standards, policies and guidelines
- Ensure Board effectiveness and good governance
- Appoint committee members
- Act under section 25.2 of the Health Professions Act
- In limited circumstances, act as an appeal body for a committee decision
- When called upon, act as Registration Committee—applications for registration post-erasure
- Monitor and provide oversight of operational priorities:
  - Risk identification and mitigation
  - Finances (resources, controls, audit)
  - Progress on strategic priorities
  - Statutory compliance
  - Regulatory effectiveness
  - Organizational effectiveness
  - Communications
  - Government/stakeholder relations
  - Annual Report to Minister of Health
- When called upon, participate in government/stakeholder relations

Management

- Administer core regulatory functions
- Manage branding/communications/stakeholder relations
• Manage risk
• Manage finances
• Develop and maintain positive organizational culture
• Ensure organizational development and appropriate staffing
• Implement strategy
• Develop and execute business plans
• Manage government relations
• Collaborate at the provincial/national/international level

Revised July 2019
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Introduction

Board meetings are the primary forum for board decision-making in support of the fulfillment of the College of Physician and Surgeons of BC’s (the College) legislated mandate, as set out in the Health Professions Act (the Act). These guidelines are intended to help board meetings be efficient, effective, inclusive and result in clear, informed decisions. These guidelines work hand-in-hand with the Oath of Office, prescribed by the minister of health, which sets out the duties and responsibilities of each board member, the College’s Bylaws that set out the structure of the College, its Board and how decisions are made within the College, and the code of conduct for board members and committee members, prescribed by the College and intended to clarify the conduct expected of board and committee members.

These guidelines are also informed by agreements that extend beyond the College, notably the Declaration of Commitment to Cultural Safety and Humility, signed by all provincial health regulators in March 2017 that sets out a vital pledge to increase the level of cultural safety, humility, health literacy and relationship-based care to improve health outcomes for First Nations people. The College is committed to creating space that is safe, inclusive, and not intimidating to any individual, and how the Board chooses to conduct itself in meetings must align. These guidelines have also been, and will continue to be, informed by international trends and best practices emerging in regulation and governance.

These guidelines are designed to help board members understand how board meetings are planned, how they work and how decisions are made. The guidelines do not refer to general College meetings, such as the annual general meeting or special general meetings, as defined in the Bylaws. Separate, more formal, procedural rules govern those types of meeting.

A simple definition of an effective meeting is “the assembly of people gathering to discuss ideas and make decisions that produce an outcome of value.” Meetings succeed when individuals are well informed and engaged in a culture of trust and respect, empowered to contribute freely, and participate in positive and robust interactions with their peers. This approach, together with alignment behind a clear mandate, strong values, coherent strategic priorities, and a commitment to continuous improvement, grounds the way in which board meetings are conducted at the College.
Types of Meeting

There are several types of meeting that board members can expect to attend during their tenure. The agenda will indicate the type of meeting and, depending on the nature of the discussion, items can be moved between open and closed agendas.

Open

This type of meeting is open to all staff registrants and the public. The agenda and dossier are published in advance on the website. Minutes are recorded for these meetings and published on the College’s website following approval by the Board.

Closed

This type of meeting is open to staff involved in discussion items but closed to registrants and the public. For the purposes of sections 1-21(12) and 1-21(20) of the Bylaws, declaring a meeting to be a closed meeting is sufficient to denote the Board’s decision that the topics to be discussed and decided at that meeting meet the criteria of section 1-21(11) of the Bylaws and no further reason will be minuted.

Minutes are recorded for these meetings but are not published on the College’s website. Section 1-21 (11) of the Bylaws establishes the conditions under which a meeting can be closed, as follows:

1-21 (11) The Board may exclude any person who is not a board member from any part of a meeting if it is satisfied that there will be discussion of

(a) financial, personal or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that Board meetings be open to the public,

(b) information concerning an application by any individual for registration under section 20 of the Act, which, if disclosed, would be an unreasonable invasion of the applicant's personal privacy,

(c) the contents of examinations,

(d) information concerning a complaint against, or investigation of, any individual under Part 3 of the Act, which, if disclosed, would be an unreasonable invasion of an individual’s personal privacy,

(e) information concerning the accreditation of facilities under Part 5,

(f) information which, if disclosed, may prejudice the interests of any person involved in

(i) a proceeding under the Act, including a disciplinary proceeding under Part 3 of the Act, or a review under Part 4.2 of the Act, or

(ii) any other criminal, civil or administrative proceeding,

(g) personnel matters,

(h) property acquisitions,
(i) instructions given to, the opinions of, or advice received from legal counsel, or any other matter which is subject to solicitor-client privilege,

(j) information which the College would be required or authorized to refuse to disclose to an applicant making a request for records under Part 2 of the Freedom of Information and Protection of Privacy Act,

(k) communications with the Office of the Ombudsman, and

(l) information which the College is otherwise required by law to keep confidential.

In-camera
This type of meeting is a subset of a closed meeting and therefore must also meet the criteria set out in section 1-21(11) of the Bylaws. While there is no specific section of the Bylaws setting out the criteria for an in-camera meeting of the Board, this being reserved for panels of the Quality Assurance Committee, section 1-21(11) of the Bylaws lists the criteria by which the Board may exclude any person who is not a board member from any part of a meeting, including any and all staff. It may be open to certain staff at the invitation of the Board, depending on the matter under discussion, but is always closed to registrants and the public. Often, in-camera meetings include the registrar and CEO, and other members of the senior management team.

Examples of in-camera meetings include:

- An in-camera meeting at the start of the board meeting for the members to discuss which agenda items should be moved to or from the consent agenda, which agenda items should be moved to or from the open and closed sessions of the board meeting, and to review the evaluations of the preceding board meeting.

- An in-camera meeting with the registrar and CEO to discuss matters related to the College that deal with legal, personnel, or similar confidential matters.

- An in-camera meeting of the Board without management.

Minutes are recorded for these meetings by the staff member, or if no staff present, the chair, in the meeting but are secured with limited access. These minutes are not published on the College’s website but are available on request to those who attended the in-camera meeting.

- In-camera minutes with the registrar and CEO, and deputy registrar, legal and chief legal counsel should be signed by the deputy registrar, legal and chief legal counsel.

- In-camera minutes with the registrar and CEO are signed by the registrar and CEO.

- In-camera minutes without the registrar and CEO are signed by the board chair.

Strategy session
This type of meeting might be embedded within another scheduled meeting or at a separate time. Its purpose is for the Board to work with management to set the mandate, vision, and strategic direction for the College, and proactively review and assess future-facing issues that may affect or guide College business. Notes are usually kept for this type of meeting to assist management in developing strategy or plans, but no formal minutes are kept.
Ways to Meet

How and where a meeting takes place are important considerations for staff. Technology provides greater flexibility than ever, so multiple channels can be made available to participants wherever possible to help manage time, availability, cost and quorum.

In-person

In-person meetings are the most usual type of meeting for board members, predominantly because board meetings involve significant discussion, planning, problem solving and decision-making. This is the best type of meeting to hold when it is important to reduce distractions and fully engage participants; being face-to-face with colleagues helps build shared understanding, co-operation and empathy.

Teleconference/video conference

The option to attend a meeting remotely, either by teleconference or video conference, is available to anyone unable to participate in person. If a board member cannot attend in-person, they will be required to seek consent of the board chair to attend virtually and ensure that the staff member organizing the meeting is notified. Remote meetings tend to work best for straightforward discussions, where no group work is taking place or controversial decisions are being made.

Email

Email meetings are convened for one specific purpose only: either when information needs to be disseminated quickly, or an urgent decision is required that cannot wait until the next scheduled board meeting and must comply with section 1-21(16) or (17) of the Bylaws.

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1 Due to COVID-19 all meetings will be held virtually.
The Meeting: Before, During and After

Before the meeting

Agenda

Agendas are prepared by staff in consultation with the chair, based upon the annual work plan for the Board and emerging issues, and is assisted by the input of the Executive Committee at its meeting prior to the board meeting. Any board member may propose an agenda item for consideration by the board chair and registrar and CEO in advance of the meeting. A call-out for agenda items will be sent by staff prior to the Executive Committee meeting.

Agendas follow a standard template, which includes the time, date, location and type of meeting, the names of participants who have confirmed their attendance or forwarded their regrets, the names of staff and guests attending the meeting, and a formal acknowledgment of the territory on which the meeting is taking place. The agenda will list each matter that will be brought forward to the Board, the time estimated for each discussion, whether the Board is receiving the item for information, discussion or decision, and the material that will be provided to the Board to support its consideration of a matter.

When developing agendas, staff and board leadership need to be confident that:

- the Board is spending the most amount of time on the most important issues
- the Board will have the information and time to have an appropriate discussion for each agenda item
- the agenda is not too ambitious for the time allocated
- the right people will be in the room for each discussion
- staff are making the best use of the time they have with the Board when face to face
- staff are sure the topics under discussion during a closed or in-camera meeting are appropriately flagged as confidential and properly fall under section 1-21(11) of the Bylaws
- staff ensure the design of the meeting aligns with the participants’ level of engagement and capacity (e.g. deep discussion is not happening at a time when the participants might be tired or distracted).
- if an agenda item is added the day of the meeting, this must be done during the in-camera session on the first day of the board meeting; if the agenda item added requires additional work from the Board or College staff members, it will be deferred

A consent agenda will be used, and in accordance with the Consent Agenda Policy established by the Board. This is a technique for receiving multiple information items as a single agenda item so the Board can manage its meeting time. Only items that are routine or non-controversial in nature will appear on a consent agenda. Items that require discussion or action may not be in the consent agenda. Many of the committee reports that are for information only will appear in the consent agenda.

Board members are expected to have carefully reviewed the items on a consent agenda prior to the meeting. The chair will ask at the initial in-camera meeting if any items from the
consent agenda need to be moved to the regular agenda for further discussion. Any reason provided by a board member is sufficient to have the item moved.

If an item is moved but other matters remain on the consent agenda, the chair will ask for a motion for the consent agenda to be approved as amended. The chair will subsequently ask for a motion for the regular agenda to be approved as amended (as it will include the new matter for discussion). If no items are moved from the consent agenda, the chair will ask for a motion for the consent agenda as a whole to be approved.

Meeting package

Briefing notes, with supplemental documents, form the basis of the meeting package. Along with the agenda, the meeting package provides participants with the information they need to understand the goal of each discussion, as well as the background information, context, and analysis to be able to contribute meaningfully to such discussions. Management will also be present during the meeting or on the call to address any questions that arise.

The meeting package is posted on the College’s SharePoint site at least two weeks prior to the meeting in order to give participants time to read and consider the material. This allows greater time for discussion at the meeting itself. Any changes made to the agenda or meeting package will be communicated to participants either by email in advance of the meeting, or in person by the chair at the beginning of the meeting.

Upon notification that the meeting package has been posted, and prior to the actual meeting, participants should:

- check they can access the meeting package,
- review the agenda and notify the chair and registrar and CEO if a conflict of interest is identified,
- read the material carefully,
- notify staff if unable to attend the meeting (if this has not already been done),
- notify staff if they wish to attend an in-person meeting remotely (if this has not already been done),
- arrive on time, having thoroughly reviewed all materials and have notes ready to inform discussion, and
- turn their cell phone on silent/turn off any notifications and put away any devices that are not in use or explain at the outset to the group that an interruption might occur during the meeting; furthermore, if a participant is required to step out of the room during the meeting, the participant should do so quietly.

Logistics for remote participants

To maximize meeting effectiveness for participants joining remotely, they should:

- inform the chair in advance if they plan to join the meeting late or leave early
- test equipment ahead of time
- make sure internet access is available and working
- have a contingency in place in the event one mode of technology does not work
• if on camera, dress appropriately, avoiding stripes or bold patterns which can be visually distracting
• if on camera, try to have a natural light source in front of the screen and turn off any light sources behind them
• minimize background noise
• try to call from a landline if possible (cell phones are prone to static interference)
• have the dial-in number, codes or login details ready
• keep audio on mute unless speaking
• join the meeting at least 10 minutes early to resolve technical glitches
• not place the call on hold, in case the call plays news or music as part of its hold system
• if the meeting is late to begin, email the meeting organizer first to say they are ready to join the call

**During the meeting**

Section 3 of the College’s [Code of Conduct Policy](#) sets out the requirements for board members’ conduct during the meeting, specifically covering:

• accountability, integrity and respect
• active participation
• diversity and inclusion
• cultural safety and humility

In addition to the tenets of the code, participants connected to the meeting remotely are advised to:

• give full attention to the meeting as they would if in the same room
• identify themselves if they wish to speak
• wait to be acknowledged by the chair before speaking
• speak clearly
• address participants by name if asking specific questions
• ask for clarity if any part of the discussion is unclear
• be patient if there is a slight delay in transmission
• mute the line when not speaking

**After the meeting**

All board members are required to complete an online evaluation of how the meeting was conducted. The survey link will be sent electronically to each board member and their completed form is due within one week. Survey results will be tabulated and provided to the chair and registrar and CEO. Survey results will also be shared with the Governance Committee as well as the Board itself at its next meeting.
If there have been any problems with the meeting, participants should provide feedback to staff as soon as possible so these can be addressed.

Management will ensure that any action items or communications are attended to following the meeting, consulting with the chair and vice-chair, where necessary. The chair will also follow up with participants separately after the meeting if a commitment to discuss matters offline was made.
Decision-making

Staff/committee recommendations

Depending on the nature of the decision, staff or committees may include a recommendation in the briefing note. Sometimes a draft resolution will also be provided to support the Board’s deliberations; however, at times, staff may lay out the various options without a recommendation or draft resolution if they feel this is more appropriately left to the Board.

Recommendations are never brought forward in isolation; previous discussions, analysis of strategic priorities, consideration of external factors, consultation with stakeholders, and previous Board discussions are considered. Additionally, a full review of the issues may have already been completed by committees delegated with such authority by the Board, in which case, the Board will get a summary of the process the committee engaged in and a recommendation.

Decision-making process

The chair is responsible for the meeting and makes sure that it runs on time. Decisions are made predominantly by consensus with a confirmation vote. Depending on the nature of the discussion and the timelines involved, the chair may consider other processes that support informed decision-making and may hire an external facilitator to support the process.

Currently, the standard process for moving through discussion to decision includes the following:

- Each item on the agenda will be introduced by an identified member of staff, a committee chair or anyone else invited by the chair to introduce the topic.
- The chair will open the floor for any questions and discussion arising from the briefing note and background materials.
- The chair will ensure that every board member has an opportunity to share their perspective.
- For the sake of efficiency and effectiveness, the chair will ensure that discussion is confined to issues that fall within the Board’s authority and are relevant to the issue being discussed.
- Throughout the discussion, the chair will highlight important points, clarify misunderstandings, and keep the discussion focused on the matters at hand.
- When the chair believes board members have the information they need to consider the issue fully, they will request that the Board moves to a decision by way of asking for a motion.
- Board members are also free to state that they feel comfortable with the information presented and would be prepared to move to a decision on the matter.
- The chair will check in with board members in turn to ensure they have each had an opportunity to share their opinion, ask any questions, and are comfortable with the decision reached.
Consensus decision-making
The Board has agreed that its decisions will be achieved through consensus whenever possible; however, all decisions of the Board must be confirmed with a vote.

Process
A consensus process needs to incorporate the following elements:

- clarity of the issue that needs to be resolved
- open, but coordinated discussion where everyone can voice their perspectives
- formation of a proposal based on perspectives and information
- test for agreement and amend proposal if required
- clarity of the decision for the minutes and actions required

The Bylaws require that board decisions must have a specific number of votes in order for a resolution to pass. Ordinary resolutions must pass with a majority of votes as cast by board members. Special resolutions require no less than two-thirds of board members to agree before the resolution is passed.

Special resolutions are used in only two circumstances: in relation to personnel matters, and property acquisitions and disposal.

Important considerations for board members
For a regulatory board, the primary test for any decision will always be whether the outcome serves and protects the public. Board members should keep the scope of the College’s mandate and objects uppermost in mind, and may wish to ask themselves the following questions:

1. Why are we having this discussion/making this decision?
   a. Is it in our mandate?
   b. Is it tied to our strategic priorities?
2. Do we trust the decision-making process in light of the importance of the decision (risk implications, strategic importance, budget implications, and impact on stakeholders)? If not, what needs to change?
3. Are the right people with the right experience and knowledge in the room to support a good decision?
4. Have we understood all the necessary facts and information?
5. Is there additional information we need to make a good decision?
6. Are the assumptions made reasonable?
7. Is there more than one possible course of action?
8. Do we have agreement on the outcome?
9. Would it be better to defer making a decision now, until we have further information or additional time to continue the discussion?
Timeliness of decisions is a key consideration for the Board. An annual calendar/work plan is drawn up at the beginning of the board year, which carefully sets out the various decisions the Board must make at its meetings throughout the year (e.g. approval of the budget or financial statements).

When possible, staff will bring items to the Board incrementally, with information, education sessions and smaller decisions leading up to the final request for a decision. This ensures the Board is fully informed and comfortable with the subject matter before a decision is required. Therefore, when the Board decides to defer a decision, it is best practice to think about what the unintended consequences of that deferment might be.

**Resolutions**

A resolution is a written statement of an action approved by the Board. It usually deals only with single or directly related issues:

Once a decision has been reached, the chair will call for a motion for resolution. If a draft resolution has been set out in the briefing note, the chair or member of staff will read it to the Board, making any adjustments as necessary. Following any further discussion, the chair will ask the Board to indicate, usually by a show of hands, or verbal acknowledgment for participants attending remotely, acceptance of the resolution. For the sake of clarity, the chair will then restate the decision that has been approved, so it can be captured correctly for the minutes.

All motions must begin with the words “I move that…” and all resolutions recorded as “Resolved that...” and the language of the body of both motion and resolution must track exactly.

As per section 22(1) of the Bylaws, no resolution proposed at a board meeting needs to be seconded (i.e. a demonstration that there is at least more than one board member interested in seeing the decision before the Board). However, the Board has agreed that any resolution proposed by a board member that has not been considered by staff, is not supported with a briefing note, and is not placed on the written agenda, must be supported by a seconder. Under such circumstances, the chair will determine how best to deal with the proposed resolution, by

- deferring the discussion to a future meeting and directing staff to prepare a briefing note with respect to the issue, or
- deferring the discussion to a committee, with instructions to come to the Board with a recommendation or a decision as appropriate.

**Recording decisions**

Once finalized, resolutions should be explicit, not only so there is no room for misinterpretation or misunderstanding, but also so that anyone reviewing the resolution in the future can understand its meaning and intent.

Individual votes are not recorded unless the Board has agreed to record the vote, or unless an individual board member requests that their vote be noted.

The minutes are the official record of the meeting. They follow a standard template, as with agendas, the minutes record the time, date, location and type of meeting, the names of participants who attended the meeting or forwarded their regrets, the names of staff and...
guests in attendance, and a formal acknowledgment of the territory on which the meeting is
taking place. The minutes state the nature of the matter before the Board, the reason the
Board was asked to consider it, a note of the questions asked, and what action was taken by
the Board, if any.

The draft minutes are added to the next meeting agenda for review and approval by the
Board. The minutes are signed by the chair once approved by the Board. If the minutes are
posted to the website, the posted version does not include the chair’s signature.

A log of all resolutions are kept by staff of the registrar’s office and is a resource to the Board,
if required.
The Chair

As meeting facilitator, the chair is responsible for setting the tone of the meeting and ensuring good governance practices are adhered to. It is an active role to keep board members engaged while building a safe, cohesive, and collaborative forum in which discussions can take place and clear decisions can be made. The chair opens the meeting with a First Nations land acknowledgement.

During the meeting

- For remote participants, check they are available to start the meeting and have the relevant material.
- Verify that remote participants can see and hear properly and review the general guidelines with them (e.g. muting the line when not speaking, identifying themselves, etc.).
- At the outset of the meeting (or, if need be, at any time during), ask attendees if they know of any conflicts of interest with agenda items under discussion.
- If a conflict of interest is identified by an attendee, allow time for them to leave the room, log off or disconnect their call, and then later rejoin the meeting.
- Remember that every agenda item has a purpose. Encourage participants to express their opinions but make sure that any decision reached is based on facts, and close the discussion ensuring that either its purpose is achieved, or another process has been triggered.
- Take time to seek views from each board member. If discussion stalls, ask questions to unearth why, to ensure there are no gaps in understanding that need to be addressed.
- Actively promote good debate by asking for alternative or dissenting views when decisions are not straightforward.
- Acknowledge participants who ask an uncomfortable question or continue to ask questions because they are not yet satisfied or comfortable with the response.
- Draw attention to the College mandate to ensure board members stay on track.
- If a question is asked, allow participants a moment to think of an answer, perhaps even giving them the opportunity to spend time formulating questions on their own or in pairs.
- Go around the table, asking participants by name for their comments or answers.
- Make sure there are sufficient pauses after asking a question to someone attending remotely.
- Ask a specific person a specific question rather than asking open-ended questions to the group (to avoid multiple people speaking up at once, which can happen on teleconferences).
- Read the room—if energy is low or conversation is waning, call a short break.
• When a resolution has been put forward, make sure that everyone understands what is being asked of them.
• Keep a list of issues that are more appropriately discussed offline or at another meeting.
• Remember to formally close the meeting, thanking all participants, including those attending remotely.
• Most importantly, inject warmth, humour and fun into the meeting wherever appropriate.

After the meeting

It is always good practice for the chair to debrief regularly with management as soon as possible to maintain strong and trusting relationships, and ensure that meetings continue to be managed effectively, especially if the Board has a board-only session without management present.

It is mandatory for all board members to complete the board evaluation form within one week of the meeting.
**Review**

These guidelines will be reviewed annually by the Governance Committee to ensure they are kept current and remain relevant to the work of the Board and the College. The Board is responsible for approving these guidelines on an annual basis.

These guidelines were approved by the Board on **September 25, 2020**.
Supporting Documents

- College Bylaws
- Code of Conduct Policy
- Consent Agenda Policy
- Declaration of Commitment to Cultural and Safety Humility

The College gratefully acknowledges the BC College of Nurses and Midwives, whose similar guidelines were used as reference throughout the drafting process.
Confidentiality Policy

Purpose
Board and committee members have a duty to maintain confidentiality with respect to all matters that come into their knowledge or possession while exercising a power or performing their duties on the Board, on any committee appointed by the Board, or in the course of performing any duties under the Health Professions Act, Regulations or Bylaws.

General requirements
Members will recognize the responsibility to maintain confidentiality and will undertake to refrain from providing any information or discussing any matter expressed in board or committee meetings, except where:

a. The facts are already in the public domain and are authorized by the Board for discussion;
b. A consensus has been reached by the Board with respect to discussion of a particular matter;
c. The matter is one of general principle (e.g. principles of penalty, recognized ethical and professional standards) where confidential information about an individual matter would not be disclosed;
d. In response to a specific request by any board member, the Board authorizes the discussion or release of information; and
e. As required by the Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165.

Members must take reasonable steps to ensure that information relating to all matters that come into their knowledge or possession in the course of their duties on the Board, on any committee appointed by the Board, or in the course of performing any duties under the Health Professions Act, Regulations or Bylaws is not improperly disclosed or used. This includes properly securing the source or location of the information that is in the member’s possession or control, specifics of which follow.

Members must not disclose information confidential to the College to family, friends, colleagues or others and must not use this information for their own advantage or for the gain or advantage of others.

Where any member is unclear about whether an inquiry can be responded to, the member should raise the matter before the Board or, if this would cause unreasonable delay and the matter is urgent, the member should contact the registrar or the president.

On many occasions the issues discussed by the Board or committees will generate debate and invoke differing opinions prior to a decision being reached. Once a decision is reached, members should limit their comments to the decision per se and to the principles governing that decision. Members must not discuss the varying opinions of individual members and, in
Members will not solicit or engage in public interviews with the media, or agencies, governmental or otherwise, with respect to issues involving the Board, committees or matters before either. Members should refer the media or any agencies requesting information to the College’s communications and public affairs department. For more information, refer to the Media Relations Policy.

Members will not engage in discussion or activities which undermine the goals or the public perception of the Board or the College. Members will often be contacted by physicians or members of the public who wish to express their views on general or specific matters which have been reported in the media. In these situations, the response of all members shall be governed by these guidelines. Where appropriate, an offer can be made to bring the concerns to the attention of the Board for information and discussion purposes. In appropriate circumstances the Board may then direct that a response be made or a position stated.

Members will return to the College any information confidential to the College that is in their possession or control promptly upon ceasing to be a member or at the request of the College.

Members are bound by this duty of confidentiality during their term as a board member and this duty continues after their term ends.

Members will be required to sign a copy of this Confidentiality Policy as indicated below.

Members will be proactive in identifying and reporting any breach of this policy.

**Electronic materials**

Electronic materials may be sent on an encrypted universal serial bus (USB) key. These materials may only be viewed on a personal computer which utilizes the Microsoft Windows 7 operating system or higher, and adhere to the following requirements:

- each USB key is encrypted
- each USB key is labeled
- each USB key has a password that is 10 characters in length and includes capital and lower case letters, numbers and special symbols
- documents saved on the encrypted USB key do not have to be password protected
- each USB key is assigned to a board/committee member who wishes to receive the committee materials electronically

Encrypted USB keys containing board and committee materials must be provided through a secure method of delivery including courier, registered mail or hand delivery. The decryption password shall be sent separately from the USB key.

USB keys shall be returned to the College at the end of each board/committee meeting for reuse or secure physical destruction.
Board and committee members may not copy or use “save as” to download confidential board and committee materials from encrypted USB keys to their personal or business computer hard drives or other mobile computing devices.

**Printed materials**

Where USB keys are not in use, board and committee meetings may involve a large volume of printed material. Reasonable security arrangements should cover every aspect of the committee materials from the time of delivery to the time of disposition. Such printed materials must be under the control of the board or committee member at all times, especially when being transported. These materials should never be left unattended due to risk of loss, theft, or misdirection. If it is ever necessary for material to be out of a member’s care and control, reasonable efforts must be made to ensure that the materials are not accessed by unauthorized parties. Such efforts include sealing a box to be checked in cargo, and initialing the seal to ensure integrity and continuity.

Alternatively, if printed material is required to be transported to the College for a meeting, the College may arrange for courier transport on adequate notice. Unless otherwise directed, hard copies will be available at all meetings.

Printed materials that are no longer required will be securely destroyed by College staff following a meeting.

**Mobile computing devices and email**

Board or committee members may have possession of or access to College mobile computing devices, such as laptop computers, tablets, or smartphones, on which will be stored confidential board or committee materials. These must be treated with the same security mindedness as paper materials, and not leave the member’s control. The loss of such devices must be immediately reported to the College so that information may be deleted.

The use of personal mobile computing devices, including smartphones, must be approved by the College’s IT department; such devices are subject to remote data deletion by the College in the event of loss or theft.

Travel across international boundaries may involve a request that a border guard review all information of a mobile computing device. The legality of these requests has been upheld. You may either decline to transport any such device containing confidential information, or delete information from the device prior to departure and restore it to the device after the border has been crossed.

**Contravention**

Contravention of this policy will be reviewed by the Board, which may, by resolution passed by two-thirds of the members voting on the resolution, reprimand, suspend or remove that member from the Board or any committee. The principles of administrative fairness will be engaged with any such review.

**Application**

This policy applies to board members, committee members, and any other individual representing or doing work for the College. This policy creates an ongoing obligation which
will continue to apply to board members, committee members and any other individual representing or doing work for the College during the period of the work and continues after their duties have ended.

I acknowledge that I have read and understood the College’s Confidentiality Policy and agree to conduct myself in accordance with it.

Signature

Name

Date
Code of Conduct Policy

Purpose
Board and committee members are expected to conduct themselves at all times in a manner that supports the mandate and statutory obligations of the College, and serves the overall best interests of the College rather than any particular group or constituency.

Members are held to the strictest standards of honesty, integrity and loyalty. Members must demonstrate good faith, prudent judgement, and openness in their activities on behalf of the College.

Members must avoid situations or job actions where their duties to the College may conflict with duties owed elsewhere, as set out in the Conflict of Interest Policy.

Members must respect the confidentiality of information about the College, as set out in the Confidentiality Policy and in accordance with the Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165.

Members must not speak to or make representation on behalf of the Board, or their committee, or the College unless authorized by the president. Any board or committee member who is contacted regarding a College matter and asked to make a response publicly and/or questioned by media should refer the individual to the communications and public affairs department, as set out in the Media Relations Policy.

Members must respect and give fair consideration to diverse and opposing viewpoints.

Members must respect the authority of the chair at all times.

Members acknowledge that the Board (or their committee) speaks with a united voice. Members who abstain or vote against a motion must adhere to and support the decision of the majority.

Members will be proactive in identifying and reporting any breach of this policy.

In addition to the general obligations outlined above, board and committee members commit to:

- Upholding their statutory obligations.
- Regularly attending all board or committee meetings, being on time and engaging constructively in discussions.
- Preparing for all meetings by reading the material to be well informed and able to participate effectively.
- Upholding the decisions of the Board.
- Behaving in an ethical and exemplary manner, and at all times personally modeling the College’s values.
- Being respectful of others’ opinions, views and cultural or linguistic diversity.
- Participating fully in board/committee performance reviews and evaluation processes.
• Endeavouring to address their own developmental through committing to self-study.
• Respecting the boundaries of College employees (the College’s Respectful Workplace Policy, attached hereto, is incorporated by reference into this document).

**Application**

This policy applies to board members, committee members, and any other individual representing or doing work for the College.

I acknowledge that I have read and understood the College’s Code of Conduct Policy and agree to conduct myself in accordance with it.

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Respectful Workplace Policy

Overview

Responsibility: Human Resources
Effective: January 9, 2007
Revised: July 19, 2013 (replaced Workplace Harassment); August 4, 2016; March 14, 2018; January 30, 2020

In keeping with its values, the College promotes a positive work environment in which all employees and stakeholders are treated with respect and dignity and where we seek to foster and preserve a culture of diversity and inclusion. To this end, the College is committed to a workplace free from any form of disrespectful behaviour such as harassment (including sexual harassment) as per the BC Human Rights Code, personal or psychological harassment (including bullying) as per the Workers Compensation Act.

Purpose

In addition to informing employees of their rights and obligations under the BC Human Rights Code, the Workers Compensation Act and related legislation, the purpose of this policy is to inform employees of:

- their role and responsibility in regard to treating others in the workplace with respect and dignity, supporting a positive inclusive work environment
- what recourse they have when subjected to disrespectful behaviour, as defined in this policy, during their employment

Policy

The College encourages reporting of all incidents of disrespectful behaviour, regardless of who the offender may be. The College considers any form of disrespectful behaviour to be a serious offence which, in certain circumstances, may result in disciplinary action up to and including termination of employment.

The College recognizes that employees may be subjected to disrespectful behaviour by others who conduct business with the College, including board members, committee members, physicians, members of other organizations who have dealings with the College, or members of the public. In these circumstances, the College acknowledges its responsibility to protect, support and assist the employee subjected to such behaviour.
Application of the policy

This policy applies to all those working for the College in any capacity, including contract personnel, hereinafter referred to as “employees.” All employees share responsibility for understanding and preventing disrespectful behaviour in the workplace.

Scope

Protection from disrespectful behaviour extends to all employees. It also expands beyond the place of work, to off-site and work-related social events. It is the responsibility of all employees of the College to provide a healthy workplace environment, where all communication and interactions are marked by dignity, respect and inclusion. This policy covers:

- harassment, including sexual harassment as prohibited under the BC Human Rights Code
- personal or psychological harassment (bullying), including harassment beyond prohibited grounds under the Human Rights Code, as per the Workers Compensation Act

In accordance with the Employment Equity Act, the College will make reasonable efforts to ensure that it is a representative employer.

This policy is in addition to and not in substitution of any rights that an individual may have to make a complaint under the BC Human Rights Code. For additional information see: http://www.bchrt.bc.ca/

What is not covered

What is not covered under personal or psychological harassment, as per the Workers Compensation Act, is the legitimate employer’s right to exercise management authority, including employee performance management, employee discipline up to and including termination of employment.

Respectful workplace behaviours defined

Acceptable and healthy workplace behaviour are behaviours that promote respect, positivity and civility in our workplace and that promote a culture of inclusion of all, regardless of age, colour, sex, disability, ethnicity, family or marital status, gender identity or expression, language, place of origin, physical and mental ability, political affiliation, race, religion, sexual orientation, and other characteristics that make our employee unique.

Respectful workplace behaviours include, but are not limited to the following:

- supportive and encouraging language in all interactions, no matter the subject of the conversation
- cooperation between all employees, managers and leaders
- listening to your peers with an open mind
- being open to innovative and creative ideas
- giving peers direct, non-personal constructive feedback as opposed to criticism
expressing appreciation

- respecting each other as adults and trusting decision-making abilities
- approaching conflict with maturity and desire for resolution rather than as an argument or an opportunity to belittle a co-worker
- maintain a positive attitude with managers, peers and colleagues as well as members of the public

**Disrespectful behaviour** is defined as actions or comments that are inappropriate, degrading, demeaning or otherwise offensive behaviour resulting in an uncomfortable, hostile and/or intimidating work environment. It also includes any repeated and/or unreasonable non-physical form of conduct or comment, including any form of emotional abuse. Disrespectful behaviour may be found to have taken place in and outside of the workplace. Types of behaviour considered to be disrespectful include but are not limited to:

- **Discrimination**
  Unfair or differential treatment of an individual or group, whether intentional or unintentional, on the basis of one or more of the prohibited grounds in the relevant provincial Human Rights Code which include age, sex (including pregnancy), race, colour, ancestry, place of origin, religious beliefs, marital status, physical or mental disability, family status, sexual orientation, political belief, criminal conviction, gender identity or expression.

- **Harassment based on prohibited grounds under the BC Human Rights Code**
  Any physical, visual, or verbal conduct, whether intended or unintended, that is either unsolicited or reasonably or ought reasonably to be known to be unwelcome, which denies individual dignity and/or respect based upon any of the prohibited grounds of the relevant provincial Human Rights Code. It may be one incident or a series of incidents depending upon the context.

- **Sexual harassment based on prohibited grounds under the BC Human Rights Code**
  Unwelcome conduct that is sexual in nature which may detrimentally affect the work environment or lead to adverse job-related consequences for the victim of the harassment.

- **Personal or psychological harassment (bullying)**
  This harassment is not based on any prohibited grounds under the BC Human Rights Code but does include any behaviour that intimidates, isolates, humiliates, threatens or discriminates against a targeted individual or individuals. It may involve repeated incidents, a single serious incident or a pattern of behaviour. What is not covered under personal or psychological harassment, as per the Workers Compensation Act, is the employer’s right to manage employees including performance management and discipline up to and including termination.

**Workplace diversity** is recognized and respecting human differences and similarities within the organization.
Responsibilities

Management responsibility
- support the College’s commitment to an inclusive and respectful working environment
- apply policy on an ongoing basis
- set an example for promoting and bring awareness to an inclusive respectful workplace

Employee responsibility
- treat each other with dignity, respect and in a fair and non-discriminatory manner
- report any actions that violate this policy to HR

Confidentiality

The College recognizes the difficulty an employee may experience in coming forward with a complaint as it may involve sensitive disclosures. All information is considered confidential, with disclosure only to those involved in the investigation.

Where an employee initiates proceeding or makes comments outside the College’s complaint procedures, confidentiality cannot be assured.

Records

All records of written complaints and investigations are filed in the office of the director, human resources, and comply with the requirements of the BC Freedom of Information and Protection of Privacy Act in regard to confidentiality and other matters.

Complaint procedure

Informal procedure
- If possible, speak directly to the individual(s) regarding the disrespectful behaviour and state clearly that you want the behaviour to stop immediately. Many problematic situations can be remedied quickly and effectively in this manner and the sooner you speak with the offender(s) the sooner the disrespectful behaviour may stop. Make notes of date, time, place and any other information you feel could be relevant.
- If you are not comfortable for any reason speaking directly with the offender(s) or if the behaviour hasn’t stopped after voicing your complaint, take the matter to your supervisor or to human resources who will either work with you to reach an informal resolution or, if necessary, assist you in making a formal complaint.

Formal procedure

A formal complaint is to be made in writing to the chief operating officer or the senior deputy registrar. The employee making the complaint can seek the assistance of human resources in drafting the written complaint.
The College will respond to the complaint within seven days if an investigation is warranted, the steps will be determined by the nature of the complaint and will take into consideration the following:

- the nature the allegations
- the urgency of the situation
- the rights of both the complainant and the alleged offender
- privacy legislation, including confidentiality of information

The College may retain an independent third party to investigate the complaint. The decision to do this would be at the discretion of the College.

**Disciplinary action**

The registrar, in the case of employees, and the president, in the case of the registrar and board members, is responsible for imposing disciplinary measures when a complaint is found to have been substantiated.

Employees against whom a complaint is substantiated may be disciplined up to and including dismissal. This policy will be applied without regard to status or seniority. Disciplinary actions may include, but are not limited to:

- a private reprimand
- withholding a promotion
- reassignment
- probation
- referral to counselling
- temporary suspension without pay
- dismissal

Board or committee members against whom a complaint is substantiated may be disciplined up to and including a reprimand by the president. Disciplinary actions may include but are not limited to:

- referral to counselling
- reassignment
- removal from all committees
- a private reprimand
- public reprimand by the Board
- with regard to public representatives of the Board, referral of the results of an investigation to the lieutenant governor in council
Informing complainant and respondent

The complainant and the respondent will be informed in a timely manner of the outcome of the investigation and any disciplinary action taken by the registrar or the president. If the complainant or respondent is not satisfied with the outcome of the investigation or the disciplinary action, the complainant will be reminded of the continuing right to file a complaint with the British Columbia Human Rights Tribunal.

Malicious complaints

Whereas, a result of an investigation the registrar or the president, as appropriate, determines that an employee has initiated a complaint with malice or in bad faith, then formal disciplinary action may be taken against that employee. Formal disciplinary actions may include, but are not limited to, those identified above.

Conduct based on mistakes, misunderstandings or misinterpretations is not the same as malicious conduct.

Retaliation is unacceptable

The College encourages employees to express freely, responsibly, and in an orderly way opinions and feelings about disrespectful behaviour. Retaliation against persons who oppose or complain about disrespectful behaviour is unacceptable. Retaliation is any action taken against an individual for:

- having invoked this policy on behalf of oneself or another individual
- having participated or cooperated in any investigation under this policy
- having been associated with a person who has invoked this policy or participated in these procedures

Training program

As part the College’s commitment to encourage positive and healthy behaviours, the College has established a training program for all its employees and managers. Training is included as part of the new hire orientation and thereafter as scheduled by the organization. At a minimum, training will familiarize employees with responsibilities under this policy.

Links

The following are a number of resources which will provide additional information and background related to this policy.

- BC Human Rights Tribunal
  http://www.bchrt.bc.ca/index.htm
- Workers Compensation Act
- WorkSafeBC
• Privacy legislation in BC
  o BC Privacy Statement
    [https://www2.gov.bc.ca/gov/content/home/privacy](https://www2.gov.bc.ca/gov/content/home/privacy)
  o Freedom of Information and Protection of Privacy Act

• Respectful Use of Gender Pronouns
Conflict of Interest Policy

**Purpose**

Board and committee members have a duty to uphold the integrity of the board or committee's activities and decision-making processes. In performing their fiduciary duties, members must act at all times in the best interest of the College. Members must set aside personal self-interest and perform their duties in a manner that promotes public confidence and trust in the integrity, objectivity and impartiality of the board or committee.

The purpose of this policy is to ensure that board and committee members are aware of situations that may create a conflict of interest.

**Definition of conflict of interest**

The Canadian Institute on Governance defines conflict of interest as follows:

*Board (committee) members are considered to be in a conflict of interest whenever they themselves or members of their family, business partners, or close associates, may personally benefit either directly or indirectly, financially or otherwise, from their position on the board. A conflict of interest may be “real,” “potential” or “perceived” the same duty to disclose applies to each. Full disclosure in itself does not remove a conflict of interest.*

**Examples of conflict situations**

The following is a list of potential conflict situations:

- Any situation where a private interest has the potential to compromise the proper performance of a board or committee member’s fiduciary duties.

- Any circumstance that may result in a personal or financial gain to a board or committee member or his/her family member, business partner, friend or close associate. This includes, but is not limited to, accepting any payment for services rendered to the College, including contracted work, or accessing financial or other resources for personal use, i.e. transportation, accommodation, training, supplies or equipment.

- Seeking, accepting or receiving any personal benefit (gift, credit, payment or service) from a supplier, vendor or other individual or organization doing or seeking to do business with the College, or attempting to influence an act or decision of the board.

- Exercising one’s powers as a board or committee member motivated by self-interest or some other improper purpose.

- Being a board or committee member or staff of another organization which might have material interests that conflict with the interests of the College; and dealing with matters on one board or committee which might materially affect the other board or committee.
Process for disclosure of conflicts at meetings

A board or committee member who is in a position of conflict or potential conflict must immediately disclose this conflict to the Board or committee by notifying the president (or the committee chair). The disclosure must be detailed enough to explain the nature or extent of the member’s interest. Disclosure must be made at the earliest possible time and prior to any discussion or vote. Unless otherwise directed by the Board or committee, the member must leave the room for the duration of the discussion or vote. The disclosure of the conflict must be duly recorded in the meeting minutes, including the time the member left and returned to the meeting.

Process for resolution of conflict

A board or committee member may be referred to the president, with notice to the registrar, if it is believed that the member is in a situation of actual or potential conflict of interest. The president may either

1. attempt to resolve the matter informally, or
2. refer the matter to an ad hoc subcommittee of the Board.

Contravention

In accordance with section 17.11 (5) of the Health Professions Act, the Board may review the conduct of any member, and if the Board is satisfied that the member has contravened a term of the oath of office, the Board may, by resolution passed by two-thirds of the members voting on the resolution, reprimand, suspend or remove that member from the Board or any committee.

Application

This policy applies to board members, committee members, and any other individual representing or doing work for the College.

I acknowledge that I have read and understood the College’s Conflict of Interest Policy and agree to conduct myself in accordance with it.

Signature

Name

Date
Board and Committee Use of Electronic Communication Policy

Purpose

Board and committee members must conduct themselves at all times in a manner that supports the mandate and statutory obligations of the College, and serves the overall best interests of the College. Improper use of electronic communication has the potential to negatively impact the integrity of critical decisions made by governors and committees.

The Office of the Information and Privacy Commissioner of BC (OIPC) has issued reports regarding the use of email communication, and specifically the duty to document decisions made by public bodies. An access inquirer under the Freedom of Information and Protection of Privacy Act (FOIPPA) has the reasonable expectation that there will be records available to support important decisions.

Electronic communications are a common method used to conduct business between meetings, but careful consideration needs to be paid to when such method could attract criticism or be deemed contrary to the mandate and statutory obligations of the College. This includes the use of email or any instant messaging, such as iMessages, or text messaging.

The use of email by decision-makers to discuss a matter outside, and making and keeping a record of electronic communications must be subject to best practices. These include:

1. Ensuring that all parties to the decision-making process have been copied on the electronic communication. It is critical to the integrity of the decision-making process that all board or committee members review the same material and participate openly in discussion of a matter prior to a decision being made.

2. Ensuring a member of the senior management team (for Board matters), or program staff (for committee matters) must be included in the discussion so it may be properly documented in the relevant file.

Confidentiality of electronic communication is addressed in the Board’s Confidentiality Policy, and is critically necessary. Electronic communication is discouraged due to the ease with which it may be improperly directed. No confidential information should be mentioned in an insecure form of electronic communication, such as to a personal email address or through using a personal smartphone or tablet.

Electronic communication that engages and informs all decision-makers, and is copied to designated College staff to create a full and proper record, is a useful tool especially between meetings. These must be subject to strict confidentiality requirements; however, care must be taken to ensure these communications are always professional in tone and content, as all College records may be subject to access requests under FOIPPA.

Under no circumstances are College governors (i.e. board and committee members) to use electronic communications during meetings to discuss a matter offline. All discussion must be openly and respectfully expressed and minuted accordingly, in order to ensure the integrity of the decision-making process.
Application

This policy applies to board members, committee members, and any other individual representing or doing work for the College.

I acknowledge that I have read and understood the College’s Board and Committee Use of Electronic Communication Policy and agree to conduct myself in accordance with it.

Signature

Name

Date
Media Relations Policy

Purpose

Communicating with the media provides an opportunity to convey information to the public about the actions, outcomes, programs and services of the College. For this reason, the College is committed to developing and maintaining professional working relationships with the news media.

The purpose of this policy is to ensure that the College:

- provides credible, timely and accurate information and response to media
- conducts media relations in a manner that is understandable, open and transparent in accordance with the College’s mandate and governing legislation
- delivers professional, consistent, appropriate key messages through an appointed spokesperson

The policy identifies designated College spokespeople, and outlines processes for providing information to the news media in order to manage the reputation of the College.

Scope

This policy applies to board members, committee members, employees, consultants, and any other individual representing or doing work for the College.

Process

Inquiries from the media, whether by phone or email, are to be handled as follows:

- The communications and public affairs department is solely authorized to handle news media interactions on behalf of the College, including gatekeeping, providing factual information, conducting media briefings, coordinating interviews with official spokespeople, and developing key messages. As such, all inquiries from the media, including requests for information or requests for an official interview, must be directed to the communications and public affairs department. Media inquiries inadvertently received by other departments must not be forwarded directly to the registrar, a deputy registrar, any other employee, the president, or any member of the Board or one of the College’s committees.

- College board members, committee members and employees who engage with media in a capacity outside of their role and relationship with the College must not communicate with or release information directly to the media on behalf of the College.

- The communications and public affairs department must be notified of all potentially sensitive, contentious or controversial situations, which the College may be affected by and which may attract media attention. In cases requiring a public statement by the College, the director, communications and public affairs, will work with the registrar or
designate(s) to establish the known facts of a situation, develop the College's position, and issue official statements or responses as required.

- Communications and public affairs department staff will coordinate responses to media inquiries as promptly as possible throughout the work day, and after hours in emergency and time-sensitive situations. The College recognizes media deadline pressures and endeavours to provide open and equal access to all news media in order to meet deadlines.

**Authorized spokespeople**

The College’s external stakeholders are closely interrelated, and the media plays an important role as a conduit to them all. To ensure an accurate, consistent and timely response, only members of the senior management team who are appropriately trained and designated as spokespeople for the College are authorized to speak to media on topics, positions or activities of the College.

The registrar is the official spokesperson for the College. At any time, and depending on availability and the topic of interest, s/he may delegate to a member of the senior management team to participate in the media interview. The process of delegating a spokesperson is facilitated by the director, communications and public affairs.
Social Media Policy

**Purpose**

Communicating with the public through carefully selected social media channels provides an opportunity to convey information to vast online networks about the actions, programs and services of the College.

Like traditional mainstream media (e.g. print and broadcast), social media is a powerful medium. It creates opportunities for the College to engage in dialogue in new ways with diverse communities that it would not otherwise reach through traditional channels. With all of its potential, however, it is not without its pitfalls, which could put the College at risk if managed incorrectly. The purpose of this policy is to ensure that the College manages a social media presence that accurately reflects the mandate of the College, and maintains the integrity of the College brand.

Only designated College employees within the communications and public affairs department are authorized to post content on the College’s social media channels. This policy outlines the type of content that the College posts to its social media channels, and describes the approval process to ensure the College is at all times protected.

Direction on interacting with traditional mainstream media is contained in the College’s Media Relations Policy.

**Scope**

This policy applies to board members, committee members, employees, consultants, and any other individual representing or doing work for the College.

**Content**

The College posts the following content on its social media channels:

**Content generated by the College**

- College media releases
- promotion of College-sponsored events, including photographs (e.g. Education Day, AGM, workshops)
- specific articles contained in College publications
- news, information and updates that exist on the College website
- deadlines associated with annual licence renewal
- new or updated professional standards and guidelines
- job vacancies
Content generated by a third party - College re-posts

- media releases and/or other content from established partners (e.g. HPRBC members, Doctors of BC, FMRAC, RCPSC, CFPC, UBC Faculty of Medicine)
- articles published in mainstream media where the College is favoured and the regulatory mandate is clearly evident
- thank you messages (as appropriate)
- responses to inquiries or comments (as appropriate)

The College does not share opinions or information unrelated to the College mandate, and uses its discretion in determining whether/not to participate in conversations. If an exchange escalates and/or requires intervention, the College will redirect the follower to the communication department’s general email inbox (communications@cpsbc.ca) for further comment, as appropriate.

Authority to post content

The communications and public affairs department is solely authorized to publish content on the College’s social media channels.

College board members, committee members and employees who have a social media presence in a personal capacity or on behalf of another organization outside of their role and relationship with the College must not comment on or post original content that could be perceived as an official act or representation of the College. Any comment or post that may contravene this policy must clearly state that the view expressed is personal. Retweeting or forwarding original content posted by the College is acceptable.

All content posted on a College social media channel must be approved by the director, communications and public affairs.

Any board member, committee member, employee, consultant, or any other individual representing or doing work for the College who views content on a website, blog, or social media channel that is inappropriate and may require a response from the College should inform the director, communications and public affairs immediately.

Terms

Social media

Websites and applications that enable users to create and share content or to participate in social networking. (Canadian Oxford Dictionary)

Examples of social media channels (2015)

- Twitter
- LinkedIn
- Facebook
- Instagram
- Blogs
• YouTube

**Resources**

The College of Physicians and Surgeons of BC has a corporate policy on [Social Media](#) posted on its website, which informs the public how the College manages, creates and responds to content.

*Approved March 2015*
Consent Agenda Policy

**Purpose**
To ensure the efficiency and effectiveness of board meetings and to provide an efficient process for approval of regular or routine issues that come before the Board or matters where no debate is anticipated.

**Policy statement**
From the Standard Code of Parliamentary Procedure, adopted for the College’s Board use:

Organizations having a large number of routine matters to review, receive and approve often save time by use of a consent agenda, also called a consent calendar or unanimous consent agenda. This is a portion of the printed agenda listing matters that are expected to be non-controversial and on which there are likely to be no questions.

Before taking the vote, the chair allows time for the members to read the list to determine if it includes any matters on which they may have a question, or which they would like to further discuss or oppose. Any member has a right to remove any item from the consent agenda, in which case it is transferred to the regular agenda so that it may be considered and voted on separately. The remaining items are then unanimously approved *en bloc* (as a whole) without discussion, saving time that would be required for individual votes.

The organization can adopt a special rule to determine who shall establish the consent agenda. The president, in conjunction with the registrar, shall determine which items on the agenda shall be offered as being part of the consent agenda. Also, if the chair or any member senses that the assembly could dispose of a large number of items, such as multiple recommendations from a committee *en bloc*, the chair or the member can propose that they be considered as a consent agenda. When this is proposed, any member may extract any item from the group of items for individual consideration, and the remainder are voted on *en bloc*.

**Content of agenda**
The agenda for board meetings will distinguish between the following types of matters:

- decision
- discussion
- information

Only decision items will require a motion, seconder and a vote.

Materials and reports proposed to be dealt with under the consent agenda portion of the agenda shall be clearly identified as falling under the consent agenda in the meeting packages. Board members should review the consent agenda items prior to the meeting on the expectation that no discussion will take place during the board meeting.
Approval of agenda

The agenda will be approved by the Board at the beginning of each meeting.

Members of the Board may request that matters be added, deleted, or that the order of items be moved and the chair shall make a decision on each such request. Any such decision may be subject to challenge and reversed by the Board.

Items may be moved out of the consent agenda section at the request of any member of the Board prior to approval of the agenda. No motion or vote of the Board is required with respect to a request to move an item out of the consent agenda.

When a member of the Board requests that an item be moved out of the consent agenda section, the chair shall decide where to place that item on the agenda.

Where only one item in a committee report does not qualify as a consent agenda item or is requested to be moved, that item shall be moved out of the consent agenda and the rest of the items in the report shall remain in the consent agenda.

Approval of the agenda by the Board constitutes approval of each of the items listed under the consent agenda portion of the meeting. No separate vote to approve the consent agenda portion is required.

Minutes

Minutes of the meeting will include full text of resolutions adopted under the consent agenda portion of the meeting.

Approved March 2018
Policy for the Investigation of Board or Committee Members Alleged to have Engaged in Sexual Misconduct

1. Sexual misconduct complaints must be investigated with procedural fairness and sensitivity. Board and committee members who are subject to such allegations create a reputational risk to the College and enhanced processes must be in place to ensure that diligence is not tainted by perceived bias.

2. These complaints may arise in one of two ways. For board and committee members who are also registrants, the College’s Health Professions Act (HPA) complaints process may involve the making of such allegations from or on behalf of a patient. All board and committee members may be accused of running afoul of the College’s Respectful Workplace Policy regarding sexual harassment. Allegations unrelated to either the practice of medicine or work for the College may also trigger the protective interim actions described herein.

3. On October 16, 2015, the Human Resources and Governance Committee adopted a Policy for the Investigation of Complaints against Board Members and Others (attached). That policy is expressly adopted in relation to HPA complaints, with some additions.

4. The Board has adopted a Respectful Workplace Policy (attached). That policy is expressly adopted in relation to workplace complaints, with some additions.

5. Allegations of sexual misconduct that arise in the personal lives of board and committee members and that are brought to the attention of the College from any source will trigger a review of the circumstances and may require interim action to take place (from a criminal or civil proceeding or some other source).

6. Interim action is based on the protection of the College from criticism based on the perceived bias that will reasonably result from an investigation into allegations connected to a related party.

7. For the purposes of this policy, a related party is a member of the Board or of a College committee. Staff and contractors as subject to the College’s human resources polices and common law and are not impacted by this policy.

8. A sexual misconduct complaint made against current board and committee members must be brought to the attention of the board president/chair. Where a complaint involves the board president/chair the complaint must be brought to the attention of the vice-president/vice-chair. The recipient of the complaint is the “responsible executive member.”

9. The Executive Committee of the Board is responsible for overseeing this process.

10. On receipt of a complaint, the responsible executive member will immediately inform the registrar and the deputy registrar, legal and advise as to the triggering of this
policy. The deputy registrar, legal must be involved for the purpose of ensuring that legal advice is sought and provided in a manner consistent with solicitor client privilege and confidentiality. Outside legal counsel may be retained by the College or the Board to assist with the process.

11. The responsible executive member, or their delegate, will forthwith contact the subject board or committee member to advise of the complaint, and that the usual process will be followed depending on whether it arise out of the HPA or Respectful Workplace Policy. The subject member will be asked to temporarily vacate their office pending the outcome of the complaint or workplace investigation.

12. Where the allegations arise out of a matter unrelated to these sources, but from a criminal or civil proceeding or some other source, (the “related proceeding”), the office will be temporarily vacated until that matter and all appeals therefrom are exhausted.

13. The vacated position will not be filled during the investigation, or duration of the related proceeding, unless there is an issue as to quorum, for a committee, in which event a person may be temporarily appointed by the Board to achieve quorum.

14. The reasons for the temporary vacancy will not be disclosed to the Board or committee without the express consent of the subject. Appropriate messaging may be created by the subject to advise the Board or committee of the absence.

15. Any communication to the Board of the temporary vacancy will be delivered in camera and will not be minuted.

16. All processes are to be confidential and respectful to the subject of the complaint and the integrity of the process.

17. Should the matter resolve without regulatory criticism, a culpable finding, an admission of wrongdoing, or a criminal conviction, the board member will resume their position.
Policy for the Investigation of Complaints against Board Members, Inquiry Committee Members, and Registrant Employees

1. The majority of HPA complaints are investigated by staff in the College’s complaints department. Occasionally it may be necessary to send a complaint to a medical regulatory authority in another province, or to retain outside counsel, to investigate a complaint because of a real or perceived conflict or potential allegations of institutional bias. A rationalized approach to when the complaints or legal department, depending on circumstances, will send an investigation out of province or retain outside counsel is set out below.

2. Complaints made by or against current Board members, former Board members, Inquiry Committee members or registrar staff and contractors of the College, as well as close family members of employees of the College, are to be reviewed by the director, complaints and practice investigations.

3. The following policy considerations are to be applied.

4. Where a matter appears to have potentially serious disciplinary consequences for the subject of the complaint, the director, complaints and practice investigations will consult with the deputy registrar, complaints and practice investigations and the chief legal counsel.

5. Outside counsel will generally be retained to investigate a complaint made by or against a sitting Board member, a sitting member of the Inquiry Committee, and current College staff.

6. The decision to retain outside counsel, and choice of counsel, rests with the chief legal counsel, and will be made as soon as is practicable, and in most cases will be made in consultation with the registrar and CEO.

7. Where complaints are made by or against contracted medical reviewers, past Board members, or close relatives of College staff the complaint may be referred to another medical regulatory authority, usually that of Alberta.

8. Factors to be weighed in deciding whether to retain outside counsel include:
   a) likelihood that complaint would be concluded under the registrar stream, which suggests a higher risk for allegations of bias to be made;
   b) whether there are contentious issues around the subject matter of the investigations;
   c) whether there are threats of litigation;
   d) whether the complainant raises institutional bias on the part of the College; and
e) whether the complainant or registrant raises or might raise a concern around the ability of the College to conduct a fair investigation given some current or past dispute with the College.
Respectful Workplace Policy

Overview

Responsibility: Human Resources
Effective: January 9, 2007
Revised: July 19, 2013 (replaced Workplace Harassment); August 4, 2016; March 14, 2018; January 30, 2020

In keeping with its values, the College promotes a positive work environment in which all employees and stakeholders are treated with respect and dignity and where we seek to foster and preserve a culture of diversity and inclusion. To this end, the College is committed to a workplace free from any form of disrespectful behaviour such as harassment (including sexual harassment) as per the BC Human Rights Code, personal or psychological harassment (including bullying) as per the Workers Compensation Act.

Purpose

In addition to informing employees of their rights and obligations under the BC Human Rights Code, the Workers Compensation Act and related legislation, the purpose of this policy is to inform employees of:

- their role and responsibility in regard to treating others in the workplace with respect and dignity, supporting a positive inclusive work environment
- what recourse they have when subjected to disrespectful behaviour, as defined in this policy, during their employment

Policy

The College encourages reporting of all incidents of disrespectful behaviour, regardless of who the offender may be. The College considers any form of disrespectful behaviour to be a serious offence which, in certain circumstances, may result in disciplinary action up to and including termination of employment.

The College recognizes that employees may be subjected to disrespectful behaviour by others who conduct business with the College, including board members, committee members, physicians, members of other organizations who have dealings with the College, or members of the public. In these circumstances, the College acknowledges its responsibility to protect, support and assist the employee subjected to such behaviour.
Application of the policy

This policy applies to all those working for the College in any capacity, including contract personnel, hereinafter referred to as “employees.” All employees share responsibility for understanding and preventing disrespectful behaviour in the workplace.

Scope

Protection from disrespectful behaviour extends to all employees. It also expands beyond the place of work, to off-site and work-related social events. It is the responsibility of all employees of the College to provide a healthy workplace environment, where all communication and interactions are marked by dignity, respect and inclusion. This policy covers:

- harassment, including sexual harassment as prohibited under the BC Human Rights Code
- personal or psychological harassment (bullying), including harassment beyond prohibited grounds under the Human Rights Code, as per the Workers Compensation Act

In accordance with the Employment Equity Act, the College will make reasonable efforts to ensure that it is a representative employer.

This policy is in addition to and not in substitution of any rights that an individual may have to make a complaint under the BC Human Rights Code. For additional information see: http://www.bchrt.bc.ca/

What is not covered

What is not covered under personal or psychological harassment, as per the Workers Compensation Act, is the legitimate employer’s right to exercise management authority, including employee performance management, employee discipline up to and including termination of employment.

Respectful workplace behaviours defined

Acceptable and healthy workplace behaviour are behaviours that promote respect, positivity and civility in our workplace and that promote a culture of inclusion of all, regardless of age, colour, sex, disability, ethnicity, family or marital status, gender identity or expression, language, place of origin, physical and mental ability, political affiliation, race, religion, sexual orientation, and other characteristics that make our employee unique.

Respectful workplace behaviours include, but are not limited to the following:

- supportive and encouraging language in all interactions, no matter the subject of the conversation
- cooperation between all employees, managers and leaders
- listening to your peers with an open mind
- being open to innovative and creative ideas
- giving peers direct, non-personal constructive feedback as opposed to criticism
expressing appreciation

respecting each other as adults and trusting decision-making abilities

approaching conflict with maturity and desire for resolution rather than as an argument or an opportunity to belittle a co-worker

maintain a positive attitude with managers, peers and colleagues as well as members of the public

Disrespectful behaviour is defined as actions or comments that are inappropriate, degrading, demeaning or otherwise offensive behaviour resulting in an uncomfortable, hostile and/or intimidating work environment. It also includes any repeated and/or unreasonable non-physical form of conduct or comment, including any form of emotional abuse. Disrespectful behaviour may be found to have taken place in and outside of the workplace. Types of behaviour considered to be disrespectful include but are not limited to:

- **Discrimination**
  Unfair or differential treatment of an individual or group, whether intentional or unintentional, on the basis of one or more of the prohibited grounds in the relevant provincial Human Rights Code which include age, sex (including pregnancy), race, colour, ancestry, place of origin, religious beliefs, marital status, physical or mental disability, family status, sexual orientation, political belief, criminal conviction, gender identity or expression.

- **Harassment based on prohibited grounds under the BC Human Rights Code**
  Any physical, visual, or verbal conduct, whether intended or unintended, that is either unsolicited or reasonably or ought reasonably to be known to be unwelcome, which denies individual dignity and/or respect based upon any of the prohibited grounds of the relevant provincial Human Rights Code. It may be one incident or a series of incidents depending upon the context.

- **Sexual harassment based on prohibited grounds under the BC Human Rights Code**
  Unwelcome conduct that is sexual in nature which may detrimentally affect the work environment or lead to adverse job-related consequences for the victim of the harassment.

- **Personal or psychological harassment (bullying)**
  This harassment is not based on any prohibited grounds under the BC Human Rights Code but does include any behaviour that intimidates, isolates, humiliates, threatens or discriminates against a targeted individual or individuals. It may involve repeated incidents, a single serious incident or a pattern of behaviour. What is not covered under personal or psychological harassment, as per the Workers Compensation Act, is the employer’s right to manage employees including performance management and discipline up to and including termination.

Workplace diversity is recognized and respecting human differences and similarities within the organization.
Responsibilities

Management responsibility
- support the College’s commitment to an inclusive and respectful working environment
- apply policy on an ongoing basis
- set an example for promoting and bring awareness to an inclusive respectful workplace

Employee responsibility
- treat each other with dignity, respect and in a fair and non-discriminatory manner
- report any actions that violate this policy to HR

Confidentiality
The College recognizes the difficulty an employee may experience in coming forward with a complaint as it may involve sensitive disclosures. All information is considered confidential, with disclosure only to those involved in the investigation.

Where an employee initiates proceeding or makes comments outside the College’s complaint procedures, confidentiality cannot be assured.

Records
All records of written complaints and investigations are filed in the office of the director, human resources, and comply with the requirements of the BC Freedom of Information and Protection of Privacy Act in regard to confidentiality and other matters.

Complaint procedure

Informal procedure
- If possible, speak directly to the individual(s) regarding the disrespectful behaviour and state clearly that you want the behaviour to stop immediately. Many problematic situations can be remedied quickly and effectively in this manner and the sooner you speak with the offender(s) the sooner the disrespectful behaviour may stop. Make notes of date, time, place and any other information you feel could be relevant.
- If you are not comfortable for any reason speaking directly with the offender(s) or if the behaviour hasn’t stopped after voicing your complaint, take the matter to your supervisor or to human resources who will either work with you to reach an informal resolution or, if necessary, assist you in making a formal complaint.

Formal procedure
A formal complaint is to be made in writing to the chief operating officer or the senior deputy registrar. The employee making the complaint can seek the assistance of human resources in drafting the written complaint.
The College will respond to the complaint within seven days if an investigation is warranted, the steps will be determined by the nature of the complaint and will take into consideration the following:

- the nature the allegations
- the urgency of the situation
- the rights of both the complainant and the alleged offender
- privacy legislation, including confidentiality of information

The College may retain an independent third party to investigate the complaint. The decision to do this would be at the discretion of the College.

**Disciplinary action**

The registrar, in the case of employees, and the president, in the case of the registrar and board members, is responsible for imposing disciplinary measures when a complaint is found to have been substantiated.

Employees against whom a complaint is substantiated may be disciplined up to and including dismissal. This policy will be applied without regard to status or seniority. Disciplinary actions may include, but are not limited to:

- a private reprimand
- withholding a promotion
- reassignment
- probation
- referral to counselling
- temporary suspension without pay
- dismissal

Board or committee members against whom a complaint is substantiated may be disciplined up to and including a reprimand by the president. Disciplinary actions may include but are not limited to:

- referral to counselling
- reassignment
- removal from all committees
- a private reprimand
- public reprimand by the Board
- with regard to public representatives of the Board, referral of the results of an investigation to the lieutenant governor in council
Informing complainant and respondent

The complainant and the respondent will be informed in a timely manner of the outcome of the investigation and any disciplinary action taken by the registrar or the president. If the complainant or respondent is not satisfied with the outcome of the investigation or the disciplinary action, the complainant will be reminded of the continuing right to file a complaint with the British Columbia Human Rights Tribunal.

Malicious complaints

Whereas, a result of an investigation the registrar or the president, as appropriate, determines that an employee has initiated a complaint with malice or in bad faith, then formal disciplinary action may be taken against that employee. Formal disciplinary actions may include, but are not limited to, those identified above.

Conduct based on mistakes, misunderstandings or misinterpretations is not the same as malicious conduct.

Retaliation is unacceptable

The College encourages employees to express freely, responsibly, and in an orderly way opinions and feelings about disrespectful behaviour. Retaliation against persons who oppose or complain about disrespectful behaviour is unacceptable. Retaliation is any action taken against an individual for:

- having invoked this policy on behalf of oneself or another individual
- having participated or cooperated in any investigation under this policy
- having been associated with a person who has invoked this policy or participated in these procedures

Training program

As part the College’s commitment to encourage positive and healthy behaviours, the College has established a training program for all its employees and managers. Training is included as part of the new hire orientation and thereafter as scheduled by the organization. At a minimum, training will familiarize employees with responsibilities under this policy.

Links

The following are a number of resources which will provide additional information and background related to this policy.

- BC Human Rights Tribunal
  http://www.bchrt.bc.ca/index.htm
- Workers Compensation Act
- WorkSafeBC
• Privacy legislation in BC
  o BC Privacy Statement
    https://www2.gov.bc.ca/gov/content/home/privacy
  o Freedom of Information and Protection of Privacy Act
    http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_0
  o Respectful Use of Gender Pronouns
Delegation of Authority in a Declared Emergency

Purpose
To determine proper executive limitations of the CEO, the Board chair, and the role of the Board in the state of an emergency.

Scope
This policy applies to board members, committee members, employees, and/or any other individual representing the College, that may be applicable.

Process
A state of emergency exists when:

a) A state of emergency or public health emergency has been declared by the Premier of BC or the Public Health Officer of BC;

b) A signatory to the Pacific Northwest Emergency Management Arrangement (the Province of BC and the Yukon Territory and the states of Alaska, Washington, Idaho, and Oregon) has requested assistance during a civil emergency; or

c) The Prime Minister of Canada or another federal official has declared a public health emergency.

When an emergency exists as defined above, any authority vested in the Board, the Registration Committee, or the Inquiry Committee may be exercised by the Registrar (or any person acting as the Registrar in the Registrar’s absence or incapacity) in consultation with the Board chair (or any other board member acting as the Board chair in the chair’s absence or incapacity). Such decisions will be communicated to the Board, the Registration Committee, or the Inquiry Committee as soon as reasonably practicable.
Board Education Process

Purpose
This process document sets out the College’s Board education process used to ensure that members of the Board possess the core knowledge required to fulfil their duties, and to promote ongoing engagement of board members through regular and structured education. Board development facilitates and maintains a strong board.

Background
Board members possess different and complementary skills and competencies that allow them to work together to ensure that a variety of perspectives are brought to collective decision making. Ensuring that their work is supported by core knowledge in governance, leadership skills necessary to facilitate constructive debate, and a working knowledge of the legal structures of the College is an ongoing responsibility.

Certain educational opportunities are required for all board members, to make certain that the above competencies are gained and maintained.

Procedure
Consistent with the College’s stated aim of regulating the medical profession in a manner that is culturally safe and humble, each board member must complete the Indigenous Cultural Competency (San’yas) Training Program.

A foundational offering is presented through the BC Health Regulators: Governance 101. It is necessary for each board member to attend this one-day course that outlines the principles of governance and ensures those who will govern health professions are provided with contextual insight into the Health Professions Act, and the duties and objects of the College.

A further competency is the ability to draw divergent views from a group of board or committee members, encouraging respectful focused discussions, and facilitating principled decision-making that embodies the College’s values of transparency, objectivity, impartiality, and fairness. To this end, the BC Health Regulators offers Chair School, the completion of which is expected of all board members.

Other education opportunities will supplement these basic offerings, such as regular departmental information sessions, one at each board meeting, with program staff presenting. Symposia, conferences, and webinars may be attended to engage with expert advice on emerging issues, or to hone a skill set identified as beneficial in promoting board effectiveness.

Finally, experts within the fields of health care and governance, as well as other stakeholders, are invited to share with and to learn from the Board as a way to increase knowledge of, and to foster influence within, the larger community.
Board Onboarding Process

Purpose
This process document sets out the College’s onboarding process used for the welcome and orientation of new members of the Board. The process includes a full day of targeted sessions with the Board President and senior staff, informational material about the College, and the use of a comprehensive governance manual to guide the process.

Background
Recognizing that new board members are the future leaders of the College requires a separate Board orientation meeting for new board members prior to the first official meeting. Goals include the review of the College’s mission and mandate and sets the foundation for success. The day-long session will introduce new board members to key leaders in the College, who will guide them through the various regulatory and accreditation programs, operations, and legislative requirements essential to a public body.

Procedure
The registrar and the president will organize a day-long educational session for the new board member to attend, and the president will participate throughout to act as a guide and resource for the new board member.

Topics to be covered include governance basics, a structural overview of the College and its mandate, key legislation, and operational necessities such as finance.

After the orientation, the new board member will be assigned a mentor, an experienced and continuing board member to assist the new board member to navigate the first few meetings and to guide their integration.

Ideally, this person will:
- Meet with the new board member one-on-one
- Touch base before meetings
- Follow up afterward to answer any questions

Governance manual and onboarding material
A thorough review of the Governance Manual is an integral part of the onboarding process.

To further assist new board members to become oriented key documents are provided for review, including:

- **Strategic Plan:** Receiving and reviewing the strategic plan early will assist the new board member to understand the role of the Board in developing and monitoring the implementation of strategic decisions set to the guide the College.
• **Health Professions Act and Bylaws:** A copy of the College’s Bylaws will give new members a foundational understanding of their role in the decision-making hierarchy.

• **Financial data:** Financial information including the approved budget for the year and the most recent financial audit results.

• **List of current leadership and board members:** A brief bio and contact information for each of the College’s leaders and board members.

• **Calendar:** List upcoming meetings and events in calendar format, including the Board’s annual cycle.

• **Committees:** Committee rosters and terms of reference.
Board Mentorship Process

**Purpose**
This process document sets out the Board’s strategy for engaging new board members in mentorship with an experienced member, to welcome and coach them through what may be a foreign process. Consistent with the Aide Memoire document, developed by former Board President, Mr. Bruce Bell, and refreshed since, this Board mentorship process will assist new board members to feel more engaged.

**Background**
Joining a board can feel disorienting as there is an established culture with a shared history and vocabulary. This can be especially true for public members, who may feel overwhelmed by medical jargon and a seemingly endless assemblage of acronyms. Orientation alone may not be adequate when facing a steep learning curve. On a board that already has history together, it is not unusual for new board members to sit back, observe, and cautiously venture into discussions as they try to figure out where they might make a contribution. Board mentorship can avoid having members who are not fully engaged. The first few months of board service (and the first few board meetings) are critical.

**Procedure**
As the name suggests, the program pairs an incoming board member with an experienced board member who is asked to serve as a “mentor.” The responsibilities to be fulfilled by the mentor are set out below, and focus on the first few months and meetings:

**Assignments for board mentors**
- Meet with the new board member *before* the first board meeting and get to know the new board member. Help them know what to expect at the first board meeting (including who’s who and how the meeting flows). Also use this as a time to gather information to use in introducing the new board member to the Board.
- Review the current version of the Aide Memoire with the new board member, using it as a tool to review all aspects of board culture.
- Get to their first board meeting ahead of the new board member and save a seat next to your own. Introduce them as people come in (or join a virtual meeting).
• Serve as a coach during the meetings – sit next to the new board member and quietly provide background information, translate terms and acronyms, and help them navigate through the board materials. The chat function can work well in a virtual meeting, so long as matters of substance are not discussed.

• Follow-up between meetings – debriefing after meetings is especially important for new board members who may be looking for some additional context or information, a bit of history, or the perspective that a long-time board member can bring.

• If the new member misses a meeting, call – You want to send the message that attendance is important and that their participation was missed. Take the time to call and walk them through some of the key discussion items. Think about this carefully in advance so that you don’t inadvertently send the message, “You didn’t miss much.”

• Check-in regarding committee assignments – board members will tell you that they feel most engaged when they are doing committee work—but only if they are on the right committee and the work feels meaningful. Find an opportunity to check-in on how his or her committee service is going, and don’t hesitate to talk to the board chair or the committee chair if you identify any problems.

• Communicate with the board chair – after the first meeting and your follow-up call, be sure to let the board chair know how things seem to be going. If there are steps they can take to help engage the new board member, let them know. This should be a team effort.

Contact
For further information, please contact the registrar’s office.

Addendum
Aide Memoire
ADDENDUM TO BOARD MENTORSHIP PROCESS PROCEDURE

Board Aide Memoire

1. Governance best practices include the obligation on experienced board members to mentor new board members. This can happen informally in many ways: discussions with seat mates at Board and committee meetings; socializing before and after Board and committee functions; or just general discussions via phone or email. A new board member needs time to understand their governance role, become familiar with the culture of the Board and the organization and gain awareness of the issues. While all new board members have expertise, that expertise may not always be in the area of corporate governance. Every Board is different, and each new member must learn how it operates. On fully engaged boards, new board members take less time to become effective participants. A solid orientation session contributes to new board members feeling more engaged.

2. When the Board is meeting in person, College staff will arrange place settings to ensure seating changes for each meeting therefore providing members the opportunity to sit beside a different member and get to know other board members informally through the breaks.

3. When the Board is meeting in person, board members are still welcome to choose to attend virtually. The College has invested in new technology that facilitates hybrid attendance and will allow for educational sessions provided by speakers located outside the College. The College will continue to work on improving the quality of the technology so that virtual attendance will be more equitable with in person attendance.

With virtual meetings it has been more difficult for the informal discussions and social opportunities to occur. College staff will endeavor to offer more informal “chat rooms” periodically through our virtual meetings to allow for more social conversations.

4. Laptop instructions to save documents from MS Teams are attached.

5. Please use the “College” email (@cpsbc.ca) for Board and committee business. The College email is secure. All board members are now required to use two factor identification to access the College VPN.

6. Meeting details:
   a. Meeting structure and minute taking responsibilities:
      i. In Camera with registrar and CEO (Reg/CEO) - Reg/CEO keeps minutes;
      ii. In Camera without Reg/CEO - President/Chair keeps minutes;
      iii. Closed - Board manager keeps minutes;
iv. Open - Board manager keeps minutes;

- The open meeting could be attended by members of the public or registrants as observers, through an online platform, but they would need to notify the College of their intention to attend and sign an undertaking to abide by the *Observer Policy for Attendees of Open Board Meetings or Hearings*. Very rarely do observers attend.

v. In Camera with chief legal counsel (CLC) and Reg/CEO (a review of current legal issues) - CLC and Reg/CEO keep minutes;

vi. In Camera with Reg/CEO (final brief discussion) - Reg/CEO keeps minutes;

vii. In Camera without Reg/CEO (opportunity for a round table review of the meeting) - President/Chair keeps minutes;

viii. Education Sessions - these are included in the meeting, may include invited guests, but also an opportunity for College departments to explain their function to the Board on a rotating schedule - takes about two to three years for all the departments to be heard from.

b. **Consent agenda:** The College Board started to make use of consent agendas in 2017. Many routine Board items are contained in reports which have been circulated in the Board package about two weeks prior to the Board meeting. Since all board members are expected to have read all Board materials in advance, little can be served by going over routine reports. However, any board member may ask that a report or an item be taken out of the consent agenda and then discussed by the Board. An opportunity for this is provided at the beginning of each meeting, but board members could request items be brought forward at any time through the meeting.

The purpose of the consent agenda is to make all meetings more efficient and to free up time for strategic discussion on more contentious issues.

7. **Board schedule:** Shortly before a meeting, board members will receive a Board schedule. This may be posted to MS Teams or come with an email. This document is used by the chair and staff to arrange the agenda with some timing guidelines. The schedule includes information about anticipated time required for each item, staff member assigned to manage the item and whether the item is intended to require a resolution, is meant for Board discussion, or is for information only. There is some fluidity to the Board schedule, so the order of items may change if timelines start to drift. The meeting agenda provides a list of items to be included in the schedule. The agenda will also designate items as requiring a resolution, being for discussion or for information only.

8. **Call out for board agenda items:** Approximately two weeks prior to the Executive Committee meeting, board members will receive a reminder to contact the Board chair should they wish some topic to be included in the upcoming Board meeting.
agenda. The Board agenda is drafted at the Executive Committee meeting. The advance notice gives the College staff sufficient time to prepare background materials so all board members can participate in discussion at the meeting.

9. **No surprises!** The Board strives to function with as much notice as possible on any issue a board member wishes to discuss. Recognizing that sometimes things change on very short notice, College staff will always attempt to communicate these changes as soon as possible.

10. Our Board speaks with one voice and all communication with College staff and the public are through the Board chair and the relevant committee chairs. Many opinions are welcome in the Board meetings, but once a resolution has been passed, that is the decision of the Board and all board members should respect that.

11. **Constituency:** A reminder that although currently elected board members come from seven distinct areas within BC, once elected they serve the interests of all registrants within BC, they do not have a smaller constituency for which to advocate. The Board’s mission is to serve the public by regulating physicians and surgeons.

12. **Dress expectations:** Business dress is expected for Board functions, unless stated otherwise.

13. **Board Evaluations:** These are provided for online completion shortly after the meeting is completed. Board evaluations are reviewed by the Governance Committee, then brought forward to the following Board meeting. Each board member is expected to complete the Board evaluation after every Board meeting. Written comments are very helpful for making improvements in following Board meetings. All the comments are read by the Governance Committee, but they are collected so as not to be easily attributed to an individual. Please do not refer to comments on an earlier item in the evaluation as these will not be connected. The comment boxes are intended to be infinitely expandable, so members are able to add as much as needed.
Terms of Reference - Executive Committee

**Purpose**
The Executive Committee considers policy and operational issues of significance, and can make such decisions on behalf of the Board, between board meetings.

**Governance**
The Executive Committee is a statutory committee of the Board and reports to the Board.

**Composition**
The Executive Committee will consist of no more than six board members. The Board elects the members of the Executive Committee and includes the elected officers of the College: the president, vice-president and the treasurer. The Executive Committee must have at least two appointed board members.

**Roles and responsibilities**
To act as the Board between board meetings and, more specifically, to take action under section 25.6 of the *Health Professions Act*.

**Meetings**
The Executive Committee will meet as required but no less than five times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of members constitutes a quorum, as long as one member is an appointed board member.

**Reporting**
The Executive Committee, after each meeting, will provide a written report to the Board.

**Resources**
The Executive Committee will be supported by the registrar with administrative support from the registrar’s office.
Terms of Reference - Inquiry Committee

Purpose
To review and investigate public complaints, all matters reported as a regulated health professional’s duty to report, and matters that the Inquiry Committee chooses to investigate on its own motion. The Inquiry Committee may direct the registrar to instruct legal counsel to apply to the Supreme Court of British Columbia for an order to search and/or seize the property of registrants and non-registrants. The Inquiry Committee may establish policies and procedures for conducting alternative dispute resolution of complaints.

Governance
The Inquiry Committee is a statutory committee, and reports directly to the Board.

COMPOSITION
The Inquiry Committee is established consisting of at least nine persons appointed by the Board, at least one-third of whom must be public representatives. The committee must include the president and vice-president of the Board and two appointed board members.

The Inquiry Committee may appoint panels. Each panel must consist of at least three persons appointed by the Board and must include at least one elected board member, one registrant and one appointed board member and, if composed of more than three persons, at least one-third of its members must be public representatives. The chair of each panel is appointed by the Board.

A panel may exercise any power, duty or function of the Inquiry Committee.

Members of the Inquiry Committee and all its panels are expected to be familiar with the principles of administrative law, including natural justice and procedural fairness.

The specific composition of each panel is assigned as follows:

Panel A
Members of Panel A include the president, the vice-president and a senior appointed member. As this panel deals with the most serious complaints, the most senior members of the Board are selected for their understanding of clinical practice and their experience with principles of administrative justice and procedural fairness.

Panel B
Members of Panel B are selected from a broad range of clinical specialties, as well as their experience in principles of administrative justice and procedural fairness. Clinical specialties may include, but are not limited to: family medicine, emergency medicine, general surgery, internal medicine and obstetrics. Public members are selected for their knowledge and experience.
Panel C
Members of Panel C are selected for their experience in matters of professional conduct, as well as their knowledge of and experience in the principles of administrative justice and procedural fairness. Physician members are primarily general practitioners, while public members typically have experience in professional ethics.

Panel D
Members of Panel D are selected for their knowledge of and experience in the principles of administrative justice and procedural fairness. Consideration is also given to their availability, as this panel meets monthly.

Panel E
Members of Panel E are selected for their experience in physician practice review and remediation.

Roles and responsibilities
The Inquiry Committee must review all complaint matters concluded by the registrar. A disposition of the registrar becomes a disposition of the Inquiry Committee unless the committee gives the registrar written direction to investigate the matter under section 33 of the Health Professions Act (all section references below are to the HPA).

The Inquiry Committee must carry out an investigation of any matter referred to it under section 33 by directing the registrar to investigate the matter.

The Inquiry Committee may resolve any matter referred to it under section 33 by:

- taking no further action
- taking any action it considers appropriate to resolve the matter between a complainant and the registrant
- requesting that the registrant undertake not to repeat the action, undertake to take educational courses, consent to a reprimand, or consent to any other action specified by the committee
- directing the registrar to issue a citation

If the Inquiry Committee considers it necessary to protect the public during an investigation or pending a hearing of the Discipline Committee, the committee may, by order, impose limits or conditions on the registrant’s practice, or suspend the registrant under section 35. The Executive Committee also has the power to invoke section 35 remedies upon receiving a report following a medical examination ordered under section 25.6, in which case the Executive Committee may order the delay or cessation of the Inquiry Committee’s investigation to avoid duplication.

The Inquiry Committee may also direct the registrar to instruct legal counsel to apply to the Supreme Court of British Columbia for an order to search the premises and seize property of a registrant or non-registrant who has contravened the HPA, its regulations or bylaws.

Roles and responsibilities specific to each panel are outlined below:
**Panel A**
The primary role of Panel A is to review complaints that, on their face, are clearly serious matters, and have the potential to lead to the issuance of a citation. These complaints may vary in nature, and may include matters of severely deficient clinical performance, matters of professional conduct, and boundary concerns. This panel is also responsible for reviewing and pursuing court orders for search and seizure asset out in section 29(1). Additionally, the panel is responsible for providing information to the public regarding the College’s complaint and disciplinary process, and upon the Board’s request, reporting any review, investigation, process, policy, or other matter to the complaint and disciplinary process of the College.

**Panel B**
The primary role of Panel B is to review complaints that relate to clinical performance that, if sustained, would normally be resolved remedially and would not constitute a serious matter as defined in the HPA. This panel will also review files that meet one of the five criteria for directing such matters to the Inquiry Committee: complexity; previous complaint of a similar nature; context of a particularly adverse outcome; public interest; or potential for a separate section 33(4) investigation.

**Panel C**
The primary role of Panel C is to review complaints that relate to professional conduct that, if sustained, would normally be resolved remedially and would not constitute a serious matter as defined in the HPA. This panel will also review files that meet one of the five criteria for directing such matters to the Inquiry Committee: complexity; previous complaint of a similar nature; context of a particularly adverse outcome; public interest; or potential for a separate section 33(4) investigation.

**Panel D**
The primary role of Panel D is to approve investigations of the Inquiry Committee that have been requested by the registrar, as required in section 32(2) and review dispositions made by the registrar under section 32(3). This panel may also approve investigations under section 33(4), when the complainant is unknown or wishes to remain anonymous.

**Panel E**
The primary role of Panel E is to review practice investigations which were directed by the Inquiry Committee under section 33(4)(d). This panel will take any action required based on their review of reports from College appointed inspectors and other information available to it.

**Meetings**
Panel A will meet as required, but no less than six times per year, approximately every six weeks.
Panel B meets six times per year, approximately every six weeks.
Panel C meets six times per year, approximately every six weeks.
Panel D meets 12 times per year, approximately every four weeks.
Panel E meets four times per year, approximately every twelve weeks.
A majority of the voting members of a panel constitutes a quorum.

**Reporting**

All panels of the Inquiry Committee report to the Board.

**Resources**

Panels of the Inquiry Committee are supported by the complaints and practice investigations department. Specific cases and tasks are delegated to the legal department as required.

College staff in attendance at each meeting will vary depending on the panel:

**Panel A**

- Registrar
- Deputy Registrar, Complaints and Practice Investigations
- Chief Legal Counsel
- Legal Counsel
- Paralegals

**Panel B**

- Medical Reviewer, Complaints and Practice Investigations
- Director, Complaints and Practice Investigations
- Legal Counsel
- Senior Administrative Assistant, Complaints and Practice Investigations
- Medical-Legal Editor, Complaints and Practice Investigations
- Clinical Advisor, Complaints and Practice Investigations
- Complaints Assistant, Complaints and Practice Investigations

**Panel C**

- Medical Reviewer, Complaints and Practice Investigations
- Director, Complaints and Practice Investigations
- Legal Counsel
- Senior Administrative Assistant, Complaints and Practice Investigations
- Medical-Legal Editor, Complaints and Practice Investigations
- Coordinator, Complaints and Practice Investigations
• Complaints Assistant, Complaints and Practice Investigations

Panel D
• Coordinator, Complaints and Practice Investigations
• Administrative Assistant, Complaints and Practice Investigations

Panel E
• Deputy Registrar, Complaints and Practice Investigations
• Director, Complaints and Practice Investigations
• Chief Legal Counsel (or Legal Counsel)
• Medical-Legal Editor, Complaints and Practice Investigations
• Coordinator, Complaints and Practice Investigations
• Administrative Assistant, Complaints and Practice Investigations

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Registration Committee

Purpose
To establish the conditions or requirements for eligibility for registration of a person with the College based on the review and alignment of the person’s knowledge, skills and abilities with the standards of academic achievement, competencies or other qualifications established under the Health Professions Act (HPA) and the College Bylaws made pursuant to the HPA and to grant eligibility for registration on that basis. To review a registrant’s eligibility for continued registration and licensure when related to registration and licensure requirements.

Governance
The Registration Committee is a statutory committee of the Board and reports to the Board.

Composition
The Board will appoint the members of the Registration Committee including the chair and vice-chair. At least six persons appointed by the Board, at least one-third of whom must be public representatives. The committee must include at least four registrants, two of whom must be elected board members.

Roles and responsibilities
The responsibilities of the Registration Committee are:

- to determine whether a person’s knowledge, skills and abilities are substantially equivalent to the standards of academic achievement, competencies or other qualifications established under Part 2 of the Bylaws and to grant registration on that basis
- to waive, when appropriate, the requirement for a registrant to provide a certificate of professional conduct upon the registrant’s return to BC after practising medicine or surgery outside of British Columbia, referenced in section 25.3 of the HPA, which enables registrants to provide a certificate of professional conduct at a frequency determined by the committee
- to review applicant or registrant issues related to:
  - evidence of identification, experience, good professional conduct, good character and currency in clinical practice
  - other jurisdictions’ restrictions imposed on their practice or other matters such as practice limits and conditions, complaint matters and suspension of hospital privileges
  - the ability to speak, read and write English
- practising medicine competently within the scope of their training and experience
- the provision of proof of professional liability coverage or protection
- the provision of a signed Criminal Record Check consent under the *Criminal Records Review Act*

- to set limits and conditions and time lines for the completion of continued registration requirements for persons eligible for registration in the provisional class
- to review any other registration issues (e.g. five-year end point summative assessment report) as identified by the committee

**Meetings**

The number of meetings will be determined by the committee, in consultation with the executive director, registration. A majority of voting members constitutes a quorum.

**Reporting**

The Registration Committee, after each meeting, will provide a written report to the Board.

**Resources**

The Registration Committee will be supported by the executive director responsible for the registration department, with administrative support from the registration department.

**Term limits**

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, the vice-president of the Board will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Quality Assurance Committee

**Purpose**
To administer the quality assurance programs of the College to promote high standards of practice among registrants in accordance with Part 9 of the College Bylaws.

**Governance**
The Quality Assurance Committee is a statutory committee, and reports directly to the Board.

**Composition**
The Quality Assurance Committee is established consisting of at least 12 persons appointed by the Board, at least one-third of whom must be public representatives. The committee must include at least two elected Board members and at least one appointed Board member.

The Quality Assurance Committee will meet in panels. Each panel must consist of at least three persons appointed by the Board and must include at least one elected board member, one registrant and one appointed board member and, if composed of more than three persons, at least one-third of its members must be public representatives. The chair of each panel is appointed by the Board.

A panel may exercise any power, duty or function of the Quality Assurance Committee.

The specific composition of each panel is assigned as follows:

**Physician Practice Enhancement Panel**
The panel consists of at least six persons, four who must be registrants with expertise in evaluation of physician performance and competence.

**Prescription Review Panel**
The panel consists of at least six persons, four who must be registrants with expertise in pain management/addiction/psychiatry.

**Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Patient Safety Incident Review Panel**
The panel consists of members of the NHMSFAP Committee with expertise in the investigation and review of adverse events.

**Roles and responsibilities**
Roles and responsibilities specific to each panel are outlined below:
Physician Practice Enhancement Panel
The responsibilities of the panel are to:

- establish, develop and administer an ongoing program of peer assessment of the practice of registrants
- assist registrants in maintaining proper standards of practice in the care of patients and the keeping of records
- appoint assessor(s) to conduct on-site assessment including the assessment of the premises where the registrant engages in the practice of medicine
- administer the collection of information from a registrant’s peers, coworkers, or patients for the purpose of obtaining feedback about the registrant's professional performance

Prescription Review Panel
The responsibilities of the Prescription Review Panel are to:

- Provide direction to the Prescription Review Program, including:
  i. identifying and reviewing concerns related to prescribing of drugs for which there is potential for misuse, abuse or diversion
  ii. establishing standards of practice for prescribers of controlled medications, encompassing opioids (including OAT), benzodiazepines, Z-drugs and stimulants
  iii. identifying registrants whose prescribing does not comply with current clinical standards and providing them with education and remediation
  iv. recommending to the Ministry of Health in partnership with the Controlled Prescription Program Advisory Committee, drugs that should require a duplicate prescription, and the information that should be provided by a registrant on a duplicate prescription
- Assessing and resolving all matters coming before it, including, but not limited to, controlled medication prescribing practices of registrants; where unable to resolve, refer the matter to the inquiry committee.

Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Patient Safety Incident Review Panel
The responsibility of the panel is to review adverse events as reported by sections 5-9(1)(a) and (b) of the Bylaws and as directed by the NHMSFAP Committee, and where necessary make recommendations or give direction to facilities.

Meetings
All panels of the Quality Assurance Committee will meet as required, but not less than four times a year. The committee will meet in camera and the committee’s activities, including all correspondence, and documentation will be maintained in confidence except as provided for sections 26.2 (2) or (3) of the Health Professions Act. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.
Resources to the panels of the Quality Assurance Committee will be supported by the designated deputy registrar responsible for the quality assurance programs with administrative support from the staff of the respective program.

**Term limits**

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Discipline Committee

Purpose
The Discipline Committee hears and determines matters set for a hearing by citation issued by the registrar.

Governance
The Discipline Committee is a statutory committee of the Board and reports to the Board.

Composition
The Discipline Committee will consist of physician, public and legal members, including a chair and vice-chair, all of whom will be appointed by the Board. No current board member will serve as a member of the Discipline Committee. The Discipline Committee may appoint panels and each panel must consist of two physicians, one public member and one legal member. The chair of the Discipline Committee will appoint the panel as well as the chair of each panel. A panel of the committee may exercise any power, duty or function of the committee.

Roles and responsibilities
The Discipline Committee must hear and determine matters set out in a citation issued by the registrar. Its actions are set out in sections 38, 39 and 39.1 of the Health Professions Act.

Meetings
The Discipline Committee meets if a hearing is held.

Reporting
The Discipline Committee panel, after each hearing, must provide a written order, which includes reasons for the order. The order must be provided to the Board, the respondent and the complainants within thirty days of the hearing.

Resources
The Discipline Committee will be supported by the legal department and the registrar.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.
The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Patient Relations, Professional Standards and Ethics Committee

**Purpose**

The purpose of the Patient Relations, Professional Standards and Ethics Committee is to administer a patient relations program to prevent professional misconduct of a sexual nature, and to serve as a resource to the Board in matters pertaining to standards of practice and standards of professional ethics in medical practice.

**Governance**

The Patient Relations, Professional Standards and Ethics Committee is a statutory committee of the Board and reports to the Board.

**Composition**

The Board will appoint the members of the Patient Relations, Professional Standards and Ethics Committee, including the chair and vice-chair. The committee will consist of at least three members and must include at least one appointed board member.

**Roles and responsibilities**

The responsibilities of the Patient Relations, Professional Standards and Ethics Committee are:

1. To establish a patient relations program to prevent professional misconduct of a sexual nature, including:
   - establishing guidelines for the conduct of registrants with patients
   - establishing and maintaining procedures regarding complaints of professional misconduct of a sexual nature
   - providing information to the public regarding the College's complaints and disciplinary processes

2. To reflect on and to critically examine relevant emerging issues and topics that create ethical dilemmas in medical practice, and specifically to:
   - act in an advisory capacity and serve as a resource to the Board in matters pertaining to ethics and professionalism in medical practice
   - review drafts, provide ethical expertise and opinions to the Board on new standards and guidelines as they are developed
   - identify opportunities for stakeholder engagement and input regarding ethics and professionalism as new standards and guidelines are developed
• present new ethical standards and guidelines to the Board for final approval
• review existing ethical standards and guidelines on a scheduled basis to ensure current relevance to the profession

Meetings
The Patient Relations, Professional Standards and Ethics Committee will meet at least four times per year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Reporting
The Patient Relations, Professional Standards and Ethics Committee, after each meeting, will provide a written report to the Board.

Resources
The Patient Relations, Professional Standards and Ethics Committee will be supported by the registrar, the chief legal counsel and the director of communications with administrative support from the staff of the registrar’s office.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Finance and Audit Committee

Purpose
The purpose of the Finance and Audit Committee is to assist the Board in fulfilling its oversight responsibilities of the College by reviewing and approving

- operational and significant capital budgets,
- interim and annual financial information,
- external and internal audit reports,
- systems of financial control which have been established by management, and
- by recommending the auditors and approving related fees.

Governance
The Finance and Audit Committee is a statutory committee of the Board and reports to the Board.

Composition
The Board will appoint the members of the Finance and Audit Committee, which will be comprised of no more than seven members including two non-board members with professional accounting designations and/or professional financial designation and the balance shall include at least three elected board members and two appointed board members, which must include the treasurer.

Roles and responsibilities
The Finance and Audit Committee is responsible:

- to review and recommend to the Board the annual College budget including the assumptions used, ensuring that significant risks have been identified and strategies have been identified to address these risks
- to present the annual budget the Board for approval
- to review interim operating statements prior to their receipt by the Board
- to review interim investment statements
- to review the year-end (February 28th) financial statements and recommend their approval to the Board, including:
  - discussions with management and the external auditor regarding significant financial recording and presentation issues
• ensuring the financial statements adequately disclose all major transactions and significant issues
• to recommend to the annual general assembly the appointment of the auditor
• to review and approve the College’s external legal expenses on a quarterly basis
• to provide an annual report to the Board
• to review and recommend the honoraria policy, on a bi-annual basis
• on a regular basis conduct RFPs for investments
• on a regular basis conduct RFPs for auditors

Meetings
The Finance and Audit Committee will meet as required, but no less than quarterly. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Reporting
The Finance and Audit Committee, after each meeting, will provide a written report to the Board.

Resources
The Finance and Audit Committee will be supported by the registrar, the chief operating officer and the director of finance with administrative support from the operations department.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominations Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Blood Borne Communicable Diseases Committee

Purpose
The purpose of the Blood Borne Communicable Diseases Committee is to establish guidelines for the practice of a registrant affected with a blood-borne communicable disease.

Governance
The Blood Borne Communicable Diseases Committee is a statutory committee of the Board and reports to the Quality Assurance Committee.

Composition
The Board will appoint the members of the Blood Borne Communicable Diseases Committee including the chair and vice-chair. The committee will consist of at least four registrants, including at least one board member, and must include a hepatologist, an infectious disease specialist, an internist or microbiologist, a member skilled in the management of HIV/AIDS, and the Provincial Health Officer or their designate.

Roles and responsibilities
To establish guidelines for the practice of an affected registrant to minimize or prevent risk of transmission of a blood-borne communicable disease from a registrant to a patient, including:

- to consider the specific blood borne communicable disease of an affected registrant and to review the serology of an affected registrant
- if necessary, to interview an affected registrant to discuss the nature and details of their medical practice
- to recommend guidelines and where necessary, restrictions to the affected registrant’s practice to minimize or prevent risk of transmission to patients
- to recommend restrictions, including restriction on exposure-prone procedures, to the affected registrant and their treating physician(s)
- to provide to the affected registrant undertakings for execution which document the committee’s recommendations and the affected registrant’s acceptance of and commitment to comply with those recommendations
- to notify the registrar in writing which recommendations have been provided to the affected registrant along with the relevant undertakings
- to review the status of an affected registrant subject to review on at least an annual basis
Meetings
The Blood Borne Communicable Diseases Committee will meet as required but no less than two times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Reporting
The Blood Borne Communicable Diseases Committee, after each meeting, will provide a written report to the Quality Assurance Committee.

Resources
The Blood Borne Communicable Diseases Committee will be supported by the deputy registrar responsible for the physician monitoring department with administrative support from the staff of the physician monitoring department.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominations Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

Purpose
To ensure the delivery of high quality and safe services in non-hospital facilities by approving standards, guidelines, policies and procedures for the operation of a non-hospital facility, granting accreditation, suspending or revoking accreditation, monitoring patient safety incidents and addressing matters of non-compliance.

Composition
The Board will appoint the members of the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee including the chair and vice-chair. The committee will consist of at least six members to include:

- anesthesiology
- specialties representative of NHMSFAP common practice
- family practice
- nursing (representative of the BC College of Nurses and Midwives)
- two public members
- person recommended by the health authorities or the province

One public member must be present at each meeting.

Roles and responsibilities
The responsibilities of the NHMSFAP Committee are:

- to establish and maintain accreditation standards, guidelines, policies and procedures for non-hospital facilities
- to review accreditation reports and make a determination for accreditation award: full, provisional, or revocation
- to discuss and review communications received from a facility or a third party which require committee input
- to establish and maintain standards for the approval of new facility applications and for determining which procedures may or may not be performed in a facility
- to establish credentialing standards for medical directors in granting of privileges to:
  - medical staff at a specified facility, and
  - an individual physician to perform specified procedures in a specified facility
• to establish and maintain standards for the appointment of a medical director at a facility
• to establish standards for the responsibilities of the medical directors of a facility and ensure compliance with those responsibilities
• to review and make a determination on variances in an application for:
  o approval of a new facility, and
  o approval of procedures which may or may not be performed at a facility
• to establish and maintain standards for suspending or revoking accreditation whereby immediate action is required
• to refer adverse events to the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Patient Safety Incident Review Panel for review
• to review and approve minutes of the committee meetings

Meetings
The NHMSFAP Committee will meet quarterly and at the request of the chair. A majority of voting members constitutes a quorum. In the absence of the chair, the vice-chair will chair the meeting.

Reporting
The NHMSFAP Committee, after each meeting, will provide a written report to the Board.

Resources
The NHMSFAP Committee will be supported by the deputy registrar responsible for the NHMSFAP Committee with administrative support from the staff and consultants.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominations Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Diagnostic Accreditation Program Committee

Purpose
To establish accreditation standards for the performance of diagnostic services, to assess diagnostic facilities for compliance to the standards, and to accredit diagnostic facilities in the province of British Columbia.

Governance
The Diagnostic Accreditation Program Committee is a statutory committee of the Board of College of Physicians and Surgeons of BC (the Board) and reports to the Board.

Composition
The Board will appoint members of the Diagnostic Accreditation Program Committee, including the chair and vice-chair. The committee consists of at least six persons, the majority of which must be registrants and must include at least one board member. The committee will consist of persons with knowledge of accreditation and quality assurance and will include at a minimum:

- pathologist (2);
- medical imaging specialist (2);
- respirologist (1)
- registrant who does not practice in a diagnostic facility (1);
- person recommended by the health authorities or the province (1).
- other persons with specific clinical expertise appointed as voting ad hoc members for the purpose of reviewing assessments, making accreditation decisions, and engaging in the work of the Committee as it relates to their area of expertise. This membership will complement the Committee membership to encompass all services accredited by the DAP. Refer to Appendix A for the list of services.

Ex officio non-voting members of the committee will include:

- an identified representative of the Ministry of Health

Roles and responsibilities
The responsibilities of the Diagnostic Accreditation Program Committee are:

- to determine if a diagnostic facility should be accredited to provide a diagnostic service
- to establish performance standards to ensure the delivery of high quality and safe diagnostic services and, upon request, to provide a copy of those standards;
- to evaluate a diagnostic service’s level of actual performance in achieving the performance standards;
- to monitor external proficiency testing programs;
- to promote high standards in diagnostic medicine;
- to keep records of receipts and expenditures in a manner approved by the Board;
- to establish criteria for the appointment of facility medical directors and alternates;
- to align DAP practices to meet international standards for accreditation bodies
- to confirm advisory committee membership as required

**Accountabilities**

1. Committee members and alternate committee members (collectively referred to as “members”) are required to vote on resolutions as requested. Voting may occur via email between meetings.
2. Members will participate in good committee practices, in alignment with accreditation requirements.

**Meetings**

The Diagnostic Accreditation Program Committee will meet as required but not less than four times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

For decisions that require the subject matter expertise (SME) of one or more committee members, quorum is achieved with the representation of the (SME) member(s) included in the quorum and a decision requires a majority of the total (members + alternate members) present.

**Reporting**

The Diagnostic Accreditation Program Committee, after each meeting, will provide a written report to the Board.

**Resources**

The Diagnostic Accreditation Program Committee will be supported by the deputy registrar responsible for the diagnostic accreditation program with administrative support from the staff of the diagnostic accreditation program.

Committee training and guidance documents for committee activities (e.g. voting by email) are provided.

**Term limits**

Members of the committee are to be appointed annually renewable for a total of maximum six years. The chair of the committee is to be appointed annually to a maximum continuous term of four years.
The term of appointment of alternate members is four years.
The Board has the discretion, at the recommendation of the Nominations Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.

**Appendix A: List of services accredited by the DAP**

<table>
<thead>
<tr>
<th>Accredited service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laboratory medicine</strong></td>
</tr>
<tr>
<td>- Sample collection</td>
</tr>
<tr>
<td>- Chemistry</td>
</tr>
<tr>
<td>- Microbiology</td>
</tr>
<tr>
<td>- Transfusion medicine</td>
</tr>
<tr>
<td>- Hematology</td>
</tr>
<tr>
<td>- Anatomic pathology</td>
</tr>
<tr>
<td>- Point-of-care testing</td>
</tr>
<tr>
<td>- Cytology</td>
</tr>
<tr>
<td>- Cytogenetics</td>
</tr>
<tr>
<td><strong>Laboratory sample collection sites (SCS)</strong></td>
</tr>
<tr>
<td>- Radiology</td>
</tr>
<tr>
<td>- Ultrasound</td>
</tr>
<tr>
<td>- Mammography</td>
</tr>
<tr>
<td>- Nuclear medicine</td>
</tr>
<tr>
<td>- Magnetic resonance imaging (MRI)</td>
</tr>
<tr>
<td>- Computed tomography (CT)</td>
</tr>
<tr>
<td>- Echocardiography</td>
</tr>
<tr>
<td>- Bone densitometry</td>
</tr>
<tr>
<td><strong>Pulmonary function</strong></td>
</tr>
<tr>
<td>- Spirometry</td>
</tr>
<tr>
<td>- Lung volume</td>
</tr>
<tr>
<td>- Diffusing capacity</td>
</tr>
<tr>
<td>- Respiratory muscle function</td>
</tr>
<tr>
<td>- Reactive airways</td>
</tr>
<tr>
<td>- Exercise testing</td>
</tr>
<tr>
<td>- Exercise induced asthma</td>
</tr>
<tr>
<td>- Pulse oximetry</td>
</tr>
<tr>
<td><strong>Neurodiagnostics</strong></td>
</tr>
<tr>
<td>- Electroencephalography (EEG)</td>
</tr>
<tr>
<td>- Electromyography (EMG)</td>
</tr>
<tr>
<td>- Nerve conductive studies (NCS) and evoked potentials (EP)</td>
</tr>
<tr>
<td><strong>Polysomnography</strong></td>
</tr>
<tr>
<td><strong>Home Sleep Apnea Testing</strong></td>
</tr>
</tbody>
</table>
Terms of Reference - Library Committee

**Purpose**
The purpose of the Library Committee is to provide vision and direction to the College regarding library services.

**Governance**
The Library Committee is a standing committee of the Board and reports to the Board.

**Composition**
The Board will appoint the members of the Library Committee including the chairperson. The committee will consist of at least six members. All members are College registrants or board members and the chairperson will be an elected board member. An alternate member may be appointed at the discretion of the Board.

**Roles and responsibilities**
To consider, monitor, oversee and make recommendations to the Board relating to College library service policies and procedures. More specifically, the Library Committee will:

- provide overall direction for establishing a short- and long-term library services strategy consistent with the College’s strategic plan and objectives
- establish overall goals and objectives regarding library services
- monitor and assess the College’s execution of its library services strategy;
- ensure registrants’ and College administration’s needs are regularly assessed to ensure the appropriateness of library services
- ensure that the financial resources of the library are well managed and that adequate funds are secured to implement the library’s strategic objectives

**Meetings**
The Library Committee will meet as required but no less than three times a year.

**Reporting**
The committee, after each meeting, will report to the Board.

**Resources**
The committee will be supported by the deputy registrar of complaints and practice investigations and the director of library services with administrative support from the assistant to the director of library services.
Term limits

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference - Human Resources Committee

Purpose
The purpose of the Human Resources Committee is to provide strategy and direction to the College regarding human resources – specifically regarding risk management, and the ongoing development of policies and procedures.

Governance
The Human Resources Committee is a standing committee of the Board and reports to the Board.

Composition
The Board will appoint the members of the Human Resources Committee including the chair and vice-chair. The committee will consist of no more than five members, including two appointed and three elected board members. The president/chair of the Board will be the chair of the committee. Where the chair is a registrant, the vice-chair must be a non-registrant, and vice-versa.

Roles and responsibilities
The Human Resources Committee is responsible:

- to consider, monitor, oversee and make recommendations to the Board relating to College human resource policy and procedure development, risk management, HR strategy, compensation philosophy, registrar and senior staff selection, and registrar assessment
- to provide overall direction to the College in establishing a human resources strategy
- to establish overall goals and objectives for the College regarding human resources
- to ensure significant risk management in the areas of dispute resolution, succession planning, workforce planning and compensation
- to monitor and assess the College’s execution of its human resource strategy

With respect to the registrar:

- to develop, along with the registrar, annual performance objectives consistent with the College’s strategic plan and submit objectives to the Board for approval
- to undertake an annual performance review of the registrar, the results of which will be shared with the Board
- to annually review and make recommendations regarding the registrar’s total compensation package (salary, benefits, bonus)
• to ensure a succession plan for the registrar position
• to develop a recruitment strategy for the registrar position, as needed, along with the chief operating officer and human resources director

With respect to senior management positions:
• to review periodically the methodology for performance assessment of senior management
• to review, as needed, a succession plan for senior management positions focusing on key risks and vulnerabilities
• to review and participate, as needed, with the registrar and chief operating officer to determine the appropriate organizational structure for senior management positions

With respect to all College staff:
• to review the employee manual periodically and make recommendations to the Board for any substantive changes
• to review with the registrar and chief operating officer, any human resource-related issues/cases that create legal and/or financial liabilities for the College
• to make recommendations to the Finance and Audit Committee for the annual salary and pay range adjustments for employees, including senior staff (as a group, not individual employees)
• to review and approve, periodically, the College’s compensation philosophy including benefits
• to review educational and mentoring initiatives involving all staff
• to provide oversight to ensure that human resource policies and practices comply with applicable laws, regulations and the value of diversity, equality and inclusion
• to review regularly, management reports on significant human resource issues, programs and trends

The Human Resources Committee:
• may refer matters to another committee of the Board for further consideration
• will ensure that adequate resources and support are in place to enable the Human Resources to fulfill its duties effectively and efficiently
• will fulfill such other duties as may be assigned to the Human Resources Committee by the Board

Meetings
The Human Resources Committee will meet as required but no less than three times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Reporting
The Human Resources Committee, after each meeting, will report to the Board.
Resources

The Human Resources Committee will be supported by the registrar, the chief operating officer, and the director of human resources with administrative support from the operations department.
Terms of Reference - Governance Committee

Purpose
The purpose of the Governance Committee is to:

a. review the overall governance of the College and to recommend changes when required, including the development of effective and transparent policies and procedures;

b. define and propose criteria for Board and committee members;

c. define, propose and revise the Board self-evaluation process, as necessary; and,

d. ensure that the Board fulfills its responsibilities through appropriate governance policies and training programs.

Governance
The Governance Committee is a standing committee of the Board and reports to the Board. The work of the Governance Committee will be informed by cultural safety and humility, diversity and inclusion, and will model anti-racist behaviour.

Composition
The Board appoints the members of the Governance Committee including the chair and vice-chair. The committee will consist of no more than five members, including the president/chair, immediate past president/chair, and must have no fewer than two appointed members. The past-president/chair of the Board will be the chair of the committee. The composition of the Governance Committee must reflect, as closely as possible, the full diversity of the composition matrix attached hereto.

Roles and responsibilities
The Governance Committee is responsible to:

• regularly review governance policies and procedures
• annually review the terms of reference and the roles and responsibilities, of all Board support committees
• annually recommend to the Board training and development based on annual assessment of the Board’s strengths and weaknesses
• develop and annually update a long-term plan for the composition of the Board
• establish and administer a process for assessing the effectiveness of the Board and its committees
• develop and revise competencies matrices
• perform exit interviews for board members

The Governance Committee:

• will review the completed committee evaluation forms prior to providing them to the Nominations Committee, with or without recommendations as to committee competencies and gap analysis
• may refer matters to another committee of the Board for further consideration
• will ensure that adequate resources and support are in place to enable the Governance Committee to fulfill its duties effectively and efficiently
• will fulfill such other duties as may be assigned to the Governance Committee by the Board
• the chair of the Governance Committee will provide mentoring and feedback to the current Board president/chair

Meetings
The Governance Committee will meet as required but no less than three times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Reporting
The Governance Committee will, after each meeting, report to the Board.

Resources
The Governance Committee will be supported by the registrar, the deputy registrar - legal, and with administrative support from the office of the registrar.
Terms of Reference - Nominations Committee

**Purpose**
The purpose of the Nominations Committee is to oversee the open call for, review applications of, and make recommendations to the Board regarding the membership and leadership of the College’s committees to ensure qualified and diverse perspectives.

**Governance**
The Nominations Committee is a standing committee of the Board. It is appointed in March of each year, and reports to Board in May of each year.

**Composition**
The Board will appoint the members of the Nominations Committee which will consist of not more than five current and former board members. It will include at least one third public members. All members must have broad knowledge and awareness of the College and the functions of the Board and its committees. The past-president/chair of the Board will be the chair of the committee. Where the chair is a registrant, the vice-chair must be a non-registrant, and vice-versa.

Current Board members seeking an appointment to the Executive Committee must not seek appointment to the Nominations Committee or must resign from the Nominations Committee once such intent has been formed.

**Roles and responsibilities**
The responsibilities of the Nominations Committee will include:

- identifying gaps in committee representation against the competencies matrix for the relevant committee
- evaluating the balance of skills, knowledge, experience and diversity on the Board or committee, and, in the light of this evaluation, preparing a description of the role and capabilities required for a particular appointment.
- identifying suitable candidates through
  - open call advertising to facilitate the search, through select sources
  - considering candidates from a wide range of backgrounds
  - considering candidates on merit and against the objective criteria identified in the competencies matrix and with due regard for the benefits of diversity on the Board and committees
- overseeing the open call process
• reviewing received expressions of interest against the competencies matrices, with a representative from the Human Resources department engaged to ensure fairness and transparency
• conducting individual review and ranking of applicants for selection purposes, using set criteria
• consulting with board members on a confidential basis to identify those members willing to stand for election as officers or executive committee members
• presenting a slate of candidates for the officers and the executive committee for the Board’s consideration at its May meeting
• consulting with board members on a confidential basis regarding prospective candidates for appointment to the standing committees of the College
• reviewing confidential assessments of committees and committee chairs for consideration as part of the appointment / reappointment process
• reviewing occasional committee vacancies or the requirement for additional members, as identified by a committee chair, based on a recommendation from both the committee chair and staff resource, and in alignment with gaps in competencies on review of the committee matrix, and recommending replacement or additional committee members to the Board for approval

Meetings
The Nominations Committee will meet as required.

Reporting
The Nominations Committee must deliver a report with its recommendations to Board annually at its May meeting.

Resources
The Nominations Committee will be supported by the deputy-registrar - legal, the director of human resources, and by administrative staff of the registrar’s office.
Board Evaluation

**Overall meeting satisfaction**

1. The meeting agenda topics were appropriate and aligned with the College’s strategic plan and the mandate of the Board.
   
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer

   **Comments**

2. I was satisfied with what the Board accomplished during today’s meeting.
   
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer

   **Comments**

3. The minutes effectively and accurately captured the key discussion points and decisions from the last meeting.
   
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer

   **Comments**
4. The background materials provided me with adequate information to prepare for the meeting and contribute to the discussions.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

5. The time allotted for each agenda item was sufficient to allow for meaningful discussion and decision-making.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

6. The decisions and action items resulting from the discussions were clear to me.

○ Yes
○ Somewhat
○ No
○ No answer

Comments
Members

7. When I speak, I feel listened to and that my comments are valued.
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer
   Comments

8. Board members treated each other with respect and courtesy.
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer
   Comments

9. I contributed meaningfully to Board decisions.
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer
   Comments

10. Having sufficiently reviewed all the background materials, I felt prepared for the meeting.
    ○ Yes
    ○ Somewhat
11. The chair facilitated the meeting effectively (i.e. started and finished on time, met objectives, etc.)

- Yes
- Somewhat
- No
- No answer

Comments

12. The chair gained consensus in a respectful and engaging manner.

- Yes
- Somewhat
- No
- No answer

Comments

13. The chair ensured that all members had an opportunity to voice their opinions during the meeting.

- Yes
- Somewhat
- No
- No answer
Board support staff

14. Board support staff responded to my requests accordingly in an efficient manner.
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer

Comments

15. I am satisfied with the quality of the materials for the Board meeting.
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer

Comments

16. Board support staff understand the issues relevant to the work of the Board.
   ○ Yes
   ○ Somewhat
   ○ No
   ○ No answer

Comments
17. I am pleased with the level of staff support that this Board receives.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

18. Pre-meeting materials are received in sufficient time to allow for adequate review and preparation.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

Overall comments

Things that I think this Board should start doing during meetings

Things that I think this Board should stop doing during meetings

Things that I think this Board should continue doing during meetings

Areas this Board could focus on in the future

General comments
Board Year-end Evaluation

**Strategic objectives**

1. The Board is adequately involved in the process of developing the strategic plan.
   - Yes
   - Somewhat
   - No
   - No answer
   
   **Comments**

2. The Board ensures that the College engages relevant stakeholders when considering strategic planning and advances in medical regulation.
   - Yes
   - Somewhat
   - No
   - No answer
   
   **Comments**

3. The current strategic plan provides a clear set of relevant and realistic goals and strategic directions to guide the College.
   - Yes
   - Somewhat
   - No
   - No answer
   
   **Comments**
4. The Board regularly monitors and evaluates progress towards strategic goals and directions.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

5. The Board effectively oversees the development of the annual budget and financial plans for the College.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

6. There is an effective process to inform the Board about significant risks and issues in a timely manner.

○ Yes
○ Somewhat
○ No
○ No answer

Comments
7. The Board ensures that the College communicates its performance and plans to key stakeholders in an effective and transparent fashion.

- Yes
- Somewhat
- No
- No answer

Comments

**Board conduct**

8. The Board acts in the best interest of the public at all times.

- Yes
- Somewhat
- No
- No answer

Comments

9. The Board understands and performs its governance role and allows management to handle operational issues.

- Yes
- Somewhat
- No
- No answer

Comments

10. Board meetings are well planned so that necessary business can be conducted.

- Yes
11. The Board balances its time well between considering future issues and dealing with current governance matters.

- Yes
- Somewhat
- No
- No answer

Comments

12. The Board allocates time and resources effectively between important issues and those of lesser importance.

- Yes
- Somewhat
- No
- No answer

Comments

13. The Board uses evaluation tools to identify opportunities to make modifications in its governance processes.

- Yes
- Somewhat
- No
- No answer
14. The Board uses in-camera sessions appropriately.
○ Yes
○ Somewhat
○ No
○ No answer

15. Board materials are distributed to board members in a timely manner giving them enough time to prepare for meetings.
○ Yes
○ Somewhat
○ No
○ No answer

16. Board materials are informative to enable board members to participate in discussions and make decisions.
○ Yes
○ Somewhat
○ No
○ No answer
Chair

17. The chair facilitates the meetings effectively (i.e. starts and finishes on time, meets objectives, etc.).

○ Yes
○ Somewhat
○ No
○ No answer

Comments

18. The chair gains consensus in a respectful and engaging manner.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

19. The chair ensures that all members have an opportunity to voice their opinions during the meeting.

○ Yes
○ Somewhat
○ No
○ No answer

Comments
20. The chair is skilled at managing different points of view and manages dissent well.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

21. The chair knows how to be direct with individual board members when their behaviour needs to change.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

22. The chair demonstrates good listening skills and summarizes discussion points well in order to facilitate decision-making.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

**Board member performance**

23. Board members actively participate in important board discussions.

○ Yes
24. Board members are open to and encourage different points of view.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

25. Board members are collaborative and effective in making decisions by consensus.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

26. Board members ask constructive questions and express their views in a respectful manner.

○ Yes
○ Somewhat
○ No
○ No answer
Comments

27. Board members respect the confidentiality of in-camera discussions.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

28. Board members have sufficient diversity of skills, experience and backgrounds for good governance.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

29. New board members receive adequate orientation to prepare them to contribute effectively.

○ Yes
○ Somewhat
○ No
○ No answer

Comments
30. Board members receive frequent continuing education and training.

○ Yes
○ Somewhat
○ No
○ No answer

Comments

**Overall comments**

31. What are two strengths of the Board?

32. What are two areas of improvement for the Board?

33. The 2019/20 Board Year-end Evaluation has been revised. Do you have any suggested questions or ideas for improving the evaluation?
Board Self-assessment

How do I perform as a board member?

1. I am familiar with the College’s Bylaws, governance practices and policies.
   ○ Agree
   ○ Neutral
   ○ Disagree

2. I read the minutes, reports and other materials in advance of our board meetings so that I can actively participate in discussion and decision-making.
   ○ Agree
   ○ Neutral
   ○ Disagree

3. I maintain confidentiality of board discussions as indicated.
   ○ Agree
   ○ Neutral
   ○ Disagree

4. When I have a different opinion than the majority, I raise it.
   ○ Agree
   ○ Neutral
   ○ Disagree

5. I stay informed about issues relevant to our mission and vision and bring information to the attention of the Board.
   ○ Agree
   ○ Neutral
   ○ Disagree
6. I support board decisions once they are made even if I do not agree with them.

- Agree
- Neutral
- Disagree

7. My performance as a board member would be enhanced if:


Board Skills Assessment Questionnaire

In an effort to increase its effectiveness and to identify areas for future director recruitment the Nominations Committee of the Board of Directors of the College of Physicians and Surgeons of British Columbia has developed a skills assessment questionnaire to give each board member an opportunity to: (a) articulate their current suite of skills, and (b) highlight their areas of greatest expertise.

This information will be compiled into a table and shared with the Board in aggregate form.

**Skills, practices and knowledge**

Please choose one response for each category below. Values of 1 indicate little to no experience while values of 5 indicate expertise in that category, which can be experienced based or a combination of experience and higher education.

Cultural safety and humility: Ongoing learning, appreciation and respect for unique perspectives, cultural contexts, power imbalances, and biases in deliberation and decision making; recognition of the role the College plays in fostering culturally safe, humble, respectful and quality health care through its cultural safety and humility commitments.

○ 1
○ 2
○ 3
○ 4
○ 5

Interpersonal communication skills: Ability to clearly articulate a perspective and to engage in respectful, productive and sometimes difficult discussions with the Board, staff and stakeholders. A commitment to work within and reinforce a culture of trust.

○ 1
○ 2
○ 3
○ 4
○ 5
Financial literacy: Reasonable understanding of financial and budgeting information; the confidence to ask questions to ensure financial stewardship of the College.

○ 1
○ 2
○ 3
○ 4
○ 5

Governance: Understanding of the role played by board members, and of good governance principles, fiduciary duties and the stewardship responsibilities of the Board.

○ 1
○ 2
○ 3
○ 4
○ 5

Health professions regulation: Understanding of the role of health profession regulators, the public protection mandate of the College, and the core work of the College.

○ 1
○ 2
○ 3
○ 4
○ 5

Organizational decision-making: Understanding of and appreciation for the development of policy and decision making in a large, complex system and how to ensure that decisions are based on objective principles and informed by evidence and best practice.

○ 1
○ 2
○ 3
○ 4
○ 5
Systems awareness: Recognition of the complex system in which the College works, the stakeholders within that system, and the impact of College decisions on this greater community.

○ 1
○ 2
○ 3
○ 4
○ 5

Technological competence: Ability to work electronically in order to uphold the security, privacy and efficiency of the College’s work.

○ 1
○ 2
○ 3
○ 4
○ 5

Indicate your top three skills:

☐ Cultural safety and humility
☐ Interpersonal communication skills
☐ Financial literacy
☐ Governance
☐ Health professions regulation
☐ Organizational decision-making
☐ Systems awareness
☐ Technological competence

Professional experience

Please choose one response for each category below. Values of 1 indicate little to no experience while values of 5 indicate expertise in that category, which can be experienced based or a combination of experience and higher education.
Board leadership: Experience in facilitating board and committee meetings, developing board culture and fostering board effectiveness.

○ 1
○ 2
○ 3
○ 4
○ 5

Business acumen: Business experience; an understanding of good management principles and what an organization needs to operate effectively, including the economic forces that need to be incorporated into decisions.

○ 1
○ 2
○ 3
○ 4
○ 5

Change leadership: Change management and transformation experience that supports the College’s ability to adapt, evolve and lead systemic change.

○ 1
○ 2
○ 3
○ 4
○ 5

Executive HR: Experience developing and working with a board to oversee executive performance management and succession planning.

○ 1
○ 2
○ 3
○ 4
○ 5
Financial oversight: Accounting or financial management experience and the ability to support non-financial board members in executing their financial oversight responsibilities.

○ 1
○ 2
○ 3
○ 4
○ 5

Governance expertise: Deep knowledge and experience as a board member; the ability to calmly weigh evidence, think critically, consider options and bring sound judgment to decision-making.

○ 1
○ 2
○ 3
○ 4
○ 5

Government relations: Deep understanding of how government works and how to impact change within all levels of government.

○ 1
○ 2
○ 3
○ 4
○ 5

Information technology and information management: Understanding of IT/IM systems, security and sector change.

○ 1
○ 2
○ 3
○ 4
○ 5
Innovation: Experience developing teams and environments that foster new thinking, new products and system disruption.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5

Legal expertise: Understanding of contracts, privacy, employment, labour, litigation management and administrative law.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5

Public relations: Extensive experience in strategic communications and stakeholder relations in order that the public understands the College’s mandate and witness its commitment to transparency and accountability.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5

Quality improvement: Experience and understanding of both quality assurance and the science of quality improvement in health care.

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
Risk management/oversight: Understanding of how to sustain an effective and meaningful risk management and risk oversight program that adapts to changing circumstances.

○ 1
○ 2
○ 3
○ 4
○ 5

Strategic planning: Experience leading a team to articulate a vision, identify strategic priorities and appropriately oversee organizational performance.

○ 1
○ 2
○ 3
○ 4
○ 5

Indicate your top three skills:

☐ Board leadership
☐ Business acumen
☐ Change leadership
☐ Executive HR
☐ Financial oversight
☐ Governance expertise
☐ Government relations
☐ Information technology and management
☐ Innovation
☐ Legal expertise
☐ Public relations
☐ Quality improvement
☐ Risk management/oversight
☐ Strategic planning

**Regional representation**

Which region of British Columbia do you reside in?

○ Lower Mainland
○ Vancouver Island
○ Northern British Columbia
○ Interior

Do you characterize your location as:

○ Urban
○ Rural

**Diversity**

Please indicate the following (optional): Do you identify as Indigenous?

○ Yes
○ No

Do you identify as a person of colour?

○ Yes
○ No

Do you have lived experience of disability?

○ Yes
○ No

What is your gender identity?

○ Male
○ Female
○ Non-binary
Do you identify as part of the 2SLGBTQI+ community?

○ Yes
○ No
Committee/Panel Evaluation

Committee/panel

Overall meeting satisfaction

1. The agenda was relevant and led to a productive meeting, aligned with the committee’s roles and responsibilities.
   - Yes
   - Somewhat
   - No
   - No answer
   Comments

2. I was satisfied with what the committee/panel accomplished during today's meeting.
   - Yes
   - Somewhat
   - No
   - No answer
   Comments

3. The minutes effectively and accurately captured the key discussion points and decisions from the last meeting.
   - Yes
   - Somewhat
   - No
   - No answer
4. The background materials provided me with adequate information to prepare for the meeting and contribute to the discussions.

- Yes
- Somewhat
- No
- No answer

Comments

5. The time allotted for each agenda item was sufficient to allow for meaningful discussion and decision-making.

- Yes
- Somewhat
- No
- No answer

Comments

6. The decisions and action items resulting from the discussions were clear to me.

- Yes
- Somewhat
- No
- No answer

Comments
Members

7. When I speak, I feel listened to and that my comments are valued.
- Yes
- Somewhat
- No
- No answer
Comments

8. Committee/panel members treated each other with respect and courtesy.
- Yes
- Somewhat
- No
- No answer
Comments

9. I contributed meaningfully to committee/panel decisions.
- Yes
- Somewhat
- No
- No answer
Comments

10. Having sufficiently reviewed all the background materials, I felt prepared for the meeting.
- Yes
- Somewhat
- No
11. Do you feel there are any missing competencies or expertise on the committee?

- Yes
- Somewhat
- No
- No answer

Comments

Chair

12. The chair facilitated the meeting effectively (i.e. started and finished on time, met objectives, etc.).

- Yes
- Somewhat
- No
- No answer

Comments

13. The chair gained consensus in a respectful and engaging manner.

- Yes
- Somewhat
- No
- No answer

Comments
14. The chair ensured that all members had an opportunity to voice their opinions during the meeting.

- Yes
- Somewhat
- No
- No answer

Comments

15. The chair ensured that the committee arrived at a decision in a fair, respectful and effective manner when consensus could not be reached after soliciting input from all members.

- Yes
- Somewhat
- No
- No answer

Comments

16. The chair ensured that the discussion stayed on point and focused and followed the agenda accordingly.

- Yes
- Somewhat
- No
- No answer

Comments
Committee/panel support staff

17. Committee/panel support staff responded to my requests accordingly in an efficient manner.

- Yes
- Somewhat
- No
- No answer

Comments

18. I am satisfied with the quality of the materials for the committee/panel meeting.

- Yes
- Somewhat
- No
- No answer

Comments

19. Committee/panel support staff understand the issues relevant to the work of the Board.

- Yes
- Somewhat
- No
- No answer

Comments

20. I am pleased with the level of staff support that this committee/panel receives.

- Yes
- Somewhat
21. Pre-meeting materials are received in sufficient time to allow for adequate review and preparation.

- Yes
- Somewhat
- No
- No answer

Comments

**Overall comments**

Things that I think this committee/panel should start doing during meetings

Things that I think this committee/panel should stop doing during meetings

Things that I think this committee/panel should continue doing during meetings

What do you need for ongoing education, training, and support to do your best

General comments
Inquiry Committee Panel Evaluation

Panel

**Overall meeting satisfaction**

1. The agenda was relevant and led to a productive meeting, aligned with the committee’s roles and responsibilities.
   - Yes
   - Somewhat
   - No
   - No answer
   
   Comments

2. I was satisfied with what the committee/panel accomplished during today's meeting.
   - Yes
   - Somewhat
   - No
   - No answer
   
   Comments

3. The minutes effectively and accurately captured the key discussion points and decisions from the last meeting.
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4. The background materials provided me with adequate information to prepare for the meeting and contribute to the discussions.

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○ Yes
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○ No answer
Comments

10. Having sufficiently reviewed all the background materials, I felt prepared for the meeting.

○ Yes
○ Somewhat
○ No
11. Do you feel there are any missing competencies or expertise on the committee?

- Yes
- Somewhat
- No
- No answer

Comments

**Chair**

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Comments

**Overall comments**

- Things that I think this committee/panel should start doing during meetings

- Things that I think this committee/panel should stop doing during meetings

- Things that I think this committee/panel should continue doing during meetings

- What do you need for ongoing education, training, and support to do your best

- General comments
2021-2024 Strategic Plan

Year 2
STRATEGIC PLAN
2021–2024
SERVING THE
PUBLIC BY REGULATING
PHYSICIANS AND SURGEONS
TRANSPARENT, OBJECTIVE,
IMPARTIAL, FAIR
REGISTRATION
AND LICENSING
COMPLAINTS
AND DISCIPLINE
QUALITY
ASSURANCE
ACCREDITATION
PROGRAMS
CONTINUOUS
QUALITY IMPROVEMENT
CULTURAL
SAFETY AND HUMILITY
REGULATORY
INNOVATION
ENGAGEMENT
Regulatory philosophies

The work of the College rests on these three regulatory philosophies:

1. Right-touch regulation
2. Just culture
3. Risk-based regulation
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

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
Mission statement

Serving the public by regulating physicians and surgeons
Continuous quality improvement

Goal:
The College assesses and continues to improve its regulatory and governance processes with clear, measurable outcomes.

Actions:
1. All board members and many committee members receive training in implicit bias, trauma-informed practice and administrative fairness.
2. A new open call process for committee members will ensure that selection is fair and transparent, where applicants are chosen based on their professional background, education and training, lived experience, and alignment with identified competencies.
Cultural safety and humility

Goal:
The College addresses Indigenous-specific systemic racism by embedding cultural safety and humility into its regulatory processes, daily operations, governance structures and standards expected of registrants.

Actions:
1. The Board will renew its commitment to cultural safety and humility at its annual retreat and report on the progress made to the First Nations Health Authority since signing the Declaration of Commitment in 2017.
2. Conduct a critical review of the complaints process to identify opportunities to make it safer and more accessible to Indigenous Peoples.
3. Create a new identity for the College, including a new graphic emblem (logo), which reflects our current-day values of accessibility and inclusivity.
Regulatory innovation

Goal:
The College is agile and able to change as necessary in response to external forces and future context. The College uses data to make informed strategic decisions about change in order to enhance its regulatory impact.

Actions:
1. Potentially unsafe prescribing practices will be assessed and addressed through a new provincial prescription review monitoring program, with funding committed this year from the Ministry of Health.
Engagement

Goal:
The College shares information and consults widely with the public, health partners and registrants on matters of mutual interest and importance.

Actions:
1. Engage with registrants, health partners, Ministry of Health and members of the public to ensure practice standards and guidelines are relevant, current and easy to operationalize.
2. Continue to take a lead role in supporting the BC Public Advisory Network to ensure this forum for obtaining public feedback on regulatory topics remains valuable and sustainable.
3. Transition the College’s existing in-person educational workshops to online modules to broaden reach to registrants across the province and provide enduring flexibility in course format and content.