COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

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APPROVED MINUTES

Board (Open)

May 30, 2025

9:00 a.m.
Videoconference / 7th Floor Boardroom, 669 Howe Street
Vancouver, BC

Attendance

Members present:

- Dr. B.A. Priestman (President)
- Ms. J.W.E. Dyson (Vice-President)
- Dr. C.S. Leger (Treasurer)
- Dr. R. Abrahams
- Ms. M.L. Casavant, KC
- Dr. A. Du Preez
- Dr. J.J. Kingsley
- Dr. S. McDonald
- Ms. H.A. Muller
- Ms. K.K. Raman
- Dr. K.L. Seland
- Dr. S. Tsuchiya
- Dr. J.T. Wale
- Mr. L. Yip

Staff present:

- Dr. P.D. Rowe (Registrar/CEO)
- Mr. G. Keirstead, KC (Deputy Registrar, Chief Legal Counsel)
- Dr. D. Puddester (Deputy Registrar)
- Dr. C.A. Hall (Deputy Registrar)
- Dr. D.A. Unger (Deputy Registrar)
- Mr. M. Epp (Chief Operating Officer)
- Ms. C. de Bruin (Executive Director, Registration)
- Ms. S. Prins (Director of Communications and Public Affairs)
- Ms. M. Knox (Director of Cultural Safety and Humility)

Regrets:

- Dr. M. Greenwood, PhD

Recorder of minutes:

- Ms. J. Sherle (Executive Office and Board Manager)

Summary of resolutions and actions discussed

Record of resolutions

Item #	Item	May 30, 2025	Resolution #
4.	Adoption of the agenda	**RESOLVED** that the agenda for the Board open regular meeting scheduled May 30, 2025, be adopted, as circulated.	**25-463**

Item #	Item	May 30, 2025	Resolution #
5.	Consent agenda	**RESOLVED** that the consent agenda for the Board closed meeting be approved, with the following items in the consent agenda, as attached: 5.1 Health Professions Review Board report – registration decisions and complaints dispositions 5.2 Inquiry Committee – Panel A report 5.3 Inquiry Committee – Panels B-E 5.4 Inquiry Committee – Panel B report 5.5 Inquiry Committee – Panel C report 5.6 Inquiry Committee – Panel D report 5.7 Inquiry Committee – Panel E report 5.8 Physician Practice Enhancement Panel report 5.9 Diagnostic Accreditation Program report 5.10 NHMSFAP Patient Safety Incident Review Panel report 5.11 Patient Relations, Professional Standards and Ethics Committee report 5.12 Prescription Review Panel report 5.13 Environmental and Sustainability Committee report 5.14 Registration Committee report	**25-464**
6.	Adoption of the minutes	**RESOLVED** that that the minutes of the Board open regular meeting held February 21, 2025, be adopted, as circulated.	**25-465**
10.1.2	Registration bylaw amendments	**RESOLVED** to rescind Resolution 25-92 which approved amendments to the Bylaws of the College of Physicians and Surgeons of British Columbia, namely deleting sections 2-25, 2-26 and 2-50 and adding new section 2-25.	**25-466**
10.1.2	Registration bylaw amendments	**RESOLVED** to rescind Resolution 25-94 which approved amendments to the Bylaws of the College of Physicians and	**25-467**

Item #	Item	May 30, 2025	Resolution #
		Surgeons of British Columbia, namely amending sections 1-7, 2-11, 2-12, 2-15, and Schedule A and deleting section 2-27.	
10.1.2	Registration bylaw amendments	**RESOLVED** to rescind Resolution 25-95 which approved amendments to the Bylaws of the College of Physicians and Surgeons of British Columbia, namely amending sections 2-11, 2-12, 2-15, 2-16, 2-17, 2-18, 2-33 and 2-39	**25-468**
10.1.2	Registration bylaw amendments	**RESOLVED** to rescind Resolution 25-169 which approved amendments to the Bylaws of the College of Physicians and Surgeons of British Columbia, namely adding new section 2-25.	**25-469**
10.1.2	Registration bylaw amendments	**RESOLVED** that the Board amend the Bylaws of the College of Physicians and Surgeons of British Columbia, in accordance with the authority established in section 19(1) of the Health Professions Act, RSBC 1996, c.183 (the "Act"), and subject to sections 19(3) and (6.2) of the Act, as follows: Section 1-7 of the Bylaws is amended as in the attached form. Section 2-11 of the Bylaws is amended as in the attached form. Section 2-12 of the Bylaws is amended as in the attached form. Section 2-15 of the Bylaws is amended as in the attached form. Section 2-16 of the Bylaws is amended as in the attached form. Section 2-17 of the Bylaws is amended as in the attached form. Section 2-18 of the Bylaws is amended as in the attached form. Section 2-25 of the Bylaws is deleted as in the attached form.	**25-470**

Item #	Item	May 30, 2025	Resolution #
		Section 2-26 of the Bylaws is deleted as in the attached form. New section 2-25 of the Bylaws is added as in the attached form. Section 2-27 of the Bylaws is deleted as in the attached form. Section 2-33 of the Bylaws is amended as in the attached form. Section 2-39 of the Bylaws is amended as in the attached form. Section 2-50 of the Bylaws is deleted as in the attached form. Schedule A of the Bylaws is amended as in the attached form.	
12.2	Associate Physician policies	**RESOLVED** that the following Associate Physician policies be approved for retirement and as amended: • Associate Physician – Use of Title (amended) • Associate Physician Class – Eligible Clinical Programs (amended) • Associate Physician – Registration and Licensure Requirements for Eligibility and Accountability (amended) • Associate Physician - Community Primary Care Class - Health Authority UPCC - Registration and Licensure Requirements for Eligibility and Accountability (retired) • Associate Physician - Surgical Assistant - Registration and Licensure Requirements for Eligibility and Accountability (retired)	**25-471**

Action items

RFA #	Item #	Item	Responsible	Action/comments
Board-O-25-05-30-001	10.1.2	Registration Bylaw amendments	Legal	Send to the Ministry of Health

1. Territorial acknowledgement

The College of Physicians and Surgeons of BC is located on the unceded and traditional territory of the Coast Salish peoples, including the territories of the hən̓q̓əmin̓əm̓ speaking peoples—the xʷməθkʷəy̓əm (Musqueam) and sel̓íl̓witulh (Tsleil-Waututh) Nations, and the Sḵwx̱wú7mesh-ulh Sníchim speaking peoples—the Sḵwx̱wú7mesh (Squamish) Nation.

We acknowledge the rights and title of BC First Nations whose territories span across the province. These territories recognize that laws, governance, and health systems tied to lands and waters have existed here since time immemorial.

2. Call to order and chair's remarks

A quorum being present, Ms. Jane Dyson, vice-president, called the meeting to order at 9:05 a.m. on Friday, May 30, 2025.

3. Declaration of conflict of interest

No board members declared a conflict of interest.

4. Adoption of the agenda

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 25-463

RESOLVED that the agenda for the Board open regular meeting scheduled May 30, 2025, be adopted, as circulated.

5. Consent agenda

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 25-464

RESOLVED that the consent agenda for the Board closed meeting be approved, with the following items in the consent agenda, as attached:

5.1 Health Professions Review Board report – registration decisions and complaints dispositions
5.2 Inquiry Committee – Panel A report
5.3 Inquiry Committee – Panels B-E
5.4 Inquiry Committee – Panel B report
5.5 Inquiry Committee – Panel C report
5.6 Inquiry Committee – Panel D report
5.7 Inquiry Committee – Panel E report
5.8 Physician Practice Enhancement Panel report

5.9 Diagnostic Accreditation Program report
5.10 NHMSFAP Patient Safety Incident Review Panel report
5.11 Patient Relations, Professional Standards and Ethics Committee report
5.12 Prescription Review Panel report
5.13 Environmental and Sustainability Committee report
5.14 Registration Committee report

6. Adoption of the minutes

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 25-465

RESOLVED that that the minutes of the Board open regular meeting held February 21, 2025, be adopted, as circulated.

7. Record of resolutions approved via facsimile/email

No resolutions

8. Report of the registrar

The registrar reported on the following:

Federation of State Medical Boards

The annual conference of the Federation of State Medical Boards (FSMB) occurred in Seattle on April 23 -26, 2025 with a theme of "Innovating Together," and approximately 600+ attendees. Keynote speakers included Timothy Caulfield, "Beyond the Noise: Fostering Critical Thinking in an Age of Information Overload," and Dr. Eric Topol, "A.I.'s Transformation of Medicine." Both presentations were insightful and energizing and contained ideas that Dr. Rowe will explore further within the context of CPSBC and its regulatory role. Dr. Rowe noted that perhaps the most inspiring presentation though was "Confidentiality, Safety, Collaboration, and Care: A Physician's Journey," during which Dr. Stephen Lloyd shared his journey struggling with Substance Abuse Disorder and the important roles of the regulator and the physician health program as he achieved recovery and a continuance of his medical career. Dr. Rowe advised that he was fortunate to engage in multiple conversations about physician competency assessment, sexual misconduct, and multijurisdictional licensure.

Federation of Medical Regulatory Authorities of Canada (FMRAC)

Monthly meetings of the registrars continue to occur with the annual meeting scheduled as an in-person event in Calgary in June. Through FMRAC Executive Director engagement is taking place with Health Canada as well as the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. Health Canada and the incoming federal government remain focused on physician mobility between provinces, and FMRAC remains engaged in the conversation. FMRAC has also been discussing strategic directions for the next five years, and have elected the Quebec registrar, Dr. Isabelle Tardif, as the next Chair of FMRAC.

Doctors of BC
Dr. Rowe attended the Board meeting of the Doctors of BC as an invited guest to discuss the HPOA and the bylaws. Although scheduled for 45 minutes, the group was highly engaged, and the resulting discussion lasted approximately two hours. There have been subsequent follow-up conversations which have been quite helpful.

The following resolutions were passed by the Board in the closed session of the meeting:

- **RESOLVED** that the Board accepts the 2024/2025 audited financial statements.

- **RESOLVED** that the report of the Nominations Committee for membership on College committees for the year July 1, 2025 to June 30, 2026, be accepted.

- **RESOLVED** that the following be appointed as the Officers and Executive Committee for the governance year July 1, 2025 to June 30, 2026:

President:	Dr. B.A. Priestman
Vice-President:	Ms. J.W.E. Dyson
Treasurer:	Dr. C.S. Leger
Members at large:	Dr. J.J. Kingsley
	Mr. L.R. Yip
	Dr. S. Tsuchiya

- **RESOLVED** that the Board amend the Bylaws of the College of Physicians and Surgeons of British Columbia, in accordance with the authority established in section 19(1) of the *Health Professions Act*, RSBC 1996, c.183 (the "Act"), and subject to sections 19(3) and (6.2) of the Act, as follows:

  Section 2-11 of the Bylaws is amended as in the attached form.
  Section 2-12 of the Bylaws is amended as in the attached form.
  Section 2-15 of the Bylaws is amended as in the attached form.
  Section 2-16 of the Bylaws is amended as in the attached form.
  Section 2-18 of the Bylaws is amended as in the attached form.
  Section 2-19 of the Bylaws is amended as in the attached form.
  Section 2-47 of the Bylaws is amended as in the attached form.
  Section 2-48 of the Bylaws is amended as in the attached form.

9. Report of the president

The president provided a report in the closed session of the meeting.

10. Unfinished business

10.1 Bylaw amendments:

- *Briefing Note re Registration Proposed Bylaws – Consultation Feedback from Ms. de Bruin, dated May 8, 2025, with attachment:*
  - *Consultation feedback for bylaws 26-30*

At its February 2025 meeting, the Board reviewed and approved amendments to the following CPSBC bylaws, a summary of which is provided below.

- **Re-entry to or change of focus or scope of practice – section 2-9**

  The current bylaws provide processes for:

  - A registrant who is not current for clinical practice within the scope of their certified training and recent experience to regain currency or change the focus or scope of their clinical practice and,
  - An applicant who has previously practised medicine in British Columbia or another jurisdiction and who has been absent from practice for a period of time to regain currency or change the focus or scope of their clinical practice.

  Currently, in addition to meeting other requirements, such registrants or applicants are required to undergo a review and assessment of their skill, knowledge and competency and provide reports upon completion of such review and assessment.

  CPSBC is proposing amendments to the bylaws to align with current processes which do not include a review of skill, knowledge and competency. Under the proposed amendments, a registrant or applicant would be required to submit a proposed retraining plan, satisfactory to CPSBC to regain currency in practice.

  Where a registrant or applicant wishes to change their scope of practice to an area in which they have not previously practiced, the registrant or applicant would continue to be required to meet the postgraduate training requirements in the area in which they wish to practise as well as submit a retraining plan and complete such retraining, satisfactory to CPSBC.

- **Educational – postgraduate (fellow) – section 2-31**

  The current bylaws provide that a physician may be granted registration in the educational - postgraduate (fellow) class for the purposes of pursuing further clinical or research training in their specialty. Currently, registration in this class is for a limited duration, not to exceed three years. To account for postgraduate training programs which are four years in duration, the proposed amendments provide for a period of four years to enable physicians to fulfill their postgraduate training program.

- **Associate physician (AP) – sections 2-25, 2-26, 2-50 and new section 2-25**

  The current bylaws provide a pathway for international medical graduates, with medical training acceptable to CPSBC and who are not eligible for a full or provisional license in BC, to provide services as an associate physician while under the direction and supervision of an attending physician. Currently, there are three associate physician classes: associate physician – acute care, associate physician – community primary care, and associate physician – surgical assistant.

  Under the proposed amendments, the three classes are combined into one class to streamline the bylaws and address the issues noted below. The proposed amendments will continue to require associate physicians to practise under the direction and supervision of an attending physician and have sponsorship, in addition to the following proposed changes:

  - Establishing a consistent one-year accredited training requirement in connection with the role of the associate physician,

- An exemption from the requirement to meet the currency requirements under the bylaws subject to completing a period of retraining with their sponsorship, and
- The requirement to comply with the continuing professional development requirements of the Associate Physician Program.

- **USA certified – sections 2-11, 2-12, 2-15, 2-27, 1-7, Schedule A**

  Under the current bylaws, US-trained specialists who are not eligible for full or provisional licensure in BC are eligible for licensure under the USA certified class without having to undergo further assessment or additional training subject to meeting the following requirements:

  1. Completed postgraduate training in a training program accredited by the Accreditation Council for Graduate Medical Education, and;
  2. Certification with the American Board of Medical Specialties in pediatrics, internal medicine, emergency medicine, or psychiatry.

  In order to both reduce barriers for US-trained physicians wishing to practise in BC and address the physician shortage in BC, the proposed bylaw amendment would allow US-trained family or specialist physicians to be eligible for the full – family class or full – specialty class of registration if, in addition to completing the postgraduate training referenced above, they hold certification with the American Board of Family Medicine, the American Osteopathic Board of Family Physicians, or the American Board of Medical Specialties. Granting full licensure to US-trained and board-certified physicians without the need for further assessment, examination or training, has already been adopted by other jurisdictions including Ontario, Nova Scotia and New Brunswick.

- **Changes to the LMCC requirement – sections 2-11, 2-12, 2-15 to 2-18, 2-33, 2-39 and new section 2-25**

  The Licentiate of the Medical Council of Canada (LMCC) is granted by the Medical Council of Canada (MCC) and is a registration requirement of CPSBC. The Medical Council of Canada Qualifying Examination (MCCQE) was previously conducted in two parts. The MCCQE Part I assesses the critical medical knowledge and clinical decision-making ability of a candidate at a level expected of a medical student who is completing their medical degree in Canada and entering postgraduate education in Canada. The MCCQE Part II was an Objective Structured Clinical Examination. In June 2021, the MCC ceased administering the MCCQE Part II and amended its requirement for obtaining the LMCC. Currently, a candidate must pass the MCCQE Part I and meet the eligibility requirements to obtain the LMCC.

  The current bylaws require an applicant for independent practice in the full and provisional classes to have obtained the LMCC (or alternatively, completed acceptable licensing examinations in the USA) prior to being granted registration and licensure. The bylaws also require an applicant to the assessment, associate physician, and clinical observership classes to obtain either the LMCC or MCCQE Part I.

  The proposed bylaw amendments provide that international medical graduates (IMGs) applying for registration and licensure in the full and provisional classes will not

be required to hold the LMCC. As the MCCQE Part I assesses the medical knowledge and clinical decision-making abilities expected of a medical student completing their medical degree, it is not an appropriate requirement of IMG physicians who are generally mid-career and have completed their medical degrees and residency some time ago.

Further, the proposed amendments will provide that physicians applying for registration and licensure in the assessment, associate physician, and clinical observership classes will not be required to hold the LMCC. The assessment class is a pathway to licensure for IMGs who have already completed their residency and practised independently abroad. The assessment class permits these physicians, if selected by the Practice Ready Assessment (PRA) – British Columbia program, to participate in a 12-week clinical field assessment. During this assessment, physicians practise under the supervision of trained physician assessors to demonstrate their clinical skills and readiness for independent medical practice. The associate physician class is a restricted form of license for physicians who have acceptable medical training but, are not eligible for registration in the provisional or full classes. Associate physicians are required to practise under supervision in accredited team-based care. The clinical observership class provides an educational experience for applicants to familiarize themselves with the clinical and ethical requirements of the Canadian medical system. Clinical observers are not authorized to practice independently and must be supervised by a registrant of one of the full classes of registration who is responsible for all clinical contact the clinical observer may have with patients.

The elimination of the LMCC requirement will remove barriers for internationally trained physicians wishing to practise in BC as well as help address the physician shortage in BC. Other jurisdictions have adopted a similar approach to address these same issues. The College of Physicians and Surgeons of New Brunswick does not require a physician to have obtained the LMCC for a regular licence while the College of Physicians and Surgeons of Manitoba eliminated the MCCQE Part I requirement for international medical graduates prior to applying for provisional registration.

Canadian medical graduates will still be required to obtain the LMCC prior to registration and licensure in the full or provisional classes.

The Board was provided with a copy of all the feedback from the bylaws consultation which closed on May 7, 2025. The following themes were identified from the consultation feedback:

- **Re-entry to or change in focus or scope of practice**
  - Support for proposed change.

- **Educational – postgraduate (fellow)**
  - Support for proposed change.

- **Associate physician (AP)**
  - There is concern about the variability in skill sets among surgeons and a need for assessments and potential training to bridge the gap.

1. There is significant support for the changes to the bylaws. Proposed bylaws reflect a desire for more inclusive and practical approaches to workforce integration.
- Advocacy for career progression pathways to ensure that skilled healthcare professionals, particularly APs, remain in the province by offering defined career progression routes. Without these pathways, there is concern that APs will seek opportunities elsewhere, exacerbating physician shortages.
- Recognition of APs' role.

2. Acknowledgement of the valuable role that APs play in addressing physician shortages and supporting healthcare teams calls for a more structured and sustainable framework for their career progression.

- **USA certified**
  - There is strong support for allowing US-trained, board-certified physicians to be licensed fully in BC without additional scrutiny, reflecting a desire for easier integration of qualified professionals into the healthcare system.
  - This proposed change reduces barriers to medical practice. This aligns with improving healthcare access and addressing physician shortages.
  - Concerns about training and patient safety. Some individuals raise concerns about the adequacy of US training compared to Canadian training, questioning how reduced training might affect patient safety.
  - Recognition that this proposed change aligns with other Canadian jurisdictions including Ontario, Manitoba, and Nova Scotia, which have already made similar changes.
  - There is recognition that the financial strain and career dissatisfaction caused by unnecessary additional training requirements and restrictions on billing (e.g., outpatient care) can discourage US-trained physicians from practicing in BC. A more streamlined licensing process is seen as a solution to these barriers.
  - Concerns about training duration. Some concerns are raised about the differences in training length between US and Canadian graduates (e.g., fewer years of residency in the US). A major theme of concern revolves around the perceived differences in training between the US and Canadian medical systems, particularly in certain specialties like anesthesiology, pediatrics, as well as dermatology.
  - Inclusion of osteopathic physicians. A specific request is made for the inclusion of osteopathic physicians (D.O.s), particularly those trained in accredited American Osteopathic Association (AOA) facilities, in the proposed amendments. There is a call to recognize their training for full licensure in BC.
  - There is a suggestion that the licensing changes should be accompanied by adjusted billing codes to ensure fairness between US-trained and Canadian-trained physicians, particularly regarding compensation for different levels of training.
  - Concern about the lack of a formal evaluation of US-trained physicians, particularly in fields like anesthesiology and pediatrics, where differences in training duration and content could affect competency. They suggest that a rigorous evaluation by the Royal College would ensure that US-trained physicians meet Canadian standards, especially for high-acuity settings. The Royal College's evaluation process is seen as an important safeguard to ensure that physicians practicing in BC are fully competent. Some respondents are concerned that bypassing this process could lead to lower standards of care, particularly in high-stakes specialties like

Anesthesiology. They argue that maintaining the current system of evaluation is necessary for patient safety.
- Concern that allowing USA trained pediatricians to practice in BC without additional training may disrupt the referral system by shifting simple cases away from specialists, overburden tertiary care centers due to more frequent referrals by primary care training pediatricians and create gaps in care quality if practice expectations are not aligned.
- There may be legal and ethical training gaps for US trained physicians such as a lack of familiarity with Canadian laws and policies (i.e. the *Infant Act*, Jordan's Principle and mandatory reporting), training in Indigenous health, social determinants of health and equity based care which may pose risks to patient safety and regulatory compliance.
- A suggestion that there should be retraining, mentorship and transitional programs to bridge differences between Canadian and US trained physicians.
- Propose a separate category of licensure for U.S.-trained primary care pediatricians (e.g., focused practice designation). Suggests these practitioners could serve in primary care roles, especially where shortages are acute.
- Support to licensing US physicians to hospitals with staffing shortages or requiring return of service agreements.
- Issue raised about the overlapping or non-aligned subspecialty designations between the American Board and Royal College, and questions how BC will address these discrepancies in registration and recognition.
- Concern that not enabling physicians who hold non-ACGME or AOA training with American Board certification for eligibility in the full class is discriminatory.
- Concern regarding fairness – if we grant this to USA trained physicians, what about physicians from the UK, Australia, New Zealand, and Ireland?

- **LMCC requirement**
  - Concerns about patient safety and lowering credentialling standards. The LMCC ensures that all physicians possess the basic medical knowledge necessary to practice in Canada, and removing this requirement may lower standards by allowing potentially underqualified physicians to practice without proper screening.
  - There is a recurring theme of perceived inequity in the licensing process, particularly in how Canadian-trained physicians are still required to complete the LMCC, while IMGs would be exempted. Some respondents feel this creates an unfair distinction between Canadian and internationally trained doctors, as Canadian graduates are required to meet certain standards that IMGs are not.
  - Removing the LMCC requirement is a step towards regulatory modernization and greater inclusivity in the licensing process, which would help attract more internationally trained physicians to BC. This is seen as a solution to the workforce shortages while maintaining flexibility and fairness in the system.
  - Feedback that the LMCC is redundant for many IMGs, especially those with significant clinical experience, and that direct assessments and supervised practice would be more effective ways to evaluate their competence. Proponents of removing the LMCC argue that the examination is costly and outdated, and that competency can be assessed through other means that are more aligned with current practice standards.

- Some respondents worry that once the LMCC requirement is removed, it would be difficult to reverse this decision if it leads to negative outcomes, such as lower standards or safety concerns. This underscores a concern about the long-term consequences of regulatory changes that may not be easy to undo once implemented.

1. Filed with Ministry of Health

1. Re-entry to practice or change in focus or scope of practice

- *Ministry of Health request to file bylaw amendments re Section 2-9: Re-entry to or change in focus or scope of practice, from Ms. Jamal, dated May 8, 2025, with enclosures:*
  - *Feedback for bylaw26*
  - *Resolution 25-91 re amending Section 2-9*
  - *Redlined version of Section 2-9*
  - *Clean version of Section 2-9*
- *Ministry of Health final filing package re Re-entry to or change in focus or scope of practice, dated May 22, 2025*

Notice of the proposed amendments to section 2-9 of the Bylaws to align with current processes was given in accordance with section 19(6.2) of the *Health Professions Act* from March 7, 2025 to May 7, 2025. Where a registrant or applicant (excluding an applicant to the assessment class) is not current in practice, they are required to submit a proposed retraining plan. If the proposal is acceptable and completed satisfactory to CPSBC, the physician is deemed to have regained their currency in practice. Where a registrant or applicant (excluding an applicant to the assessment class) wishes to change their scope of practice to an area in which they have not previously practiced, the registrant or applicant will still be required to meet the postgraduate training requirements in that specific area of practice and will be required to submit a retraining plan and complete the same, satisfactory to CPSBC. Based on the consultation, no additional amendments were recommended.

On May 22, 2025, the Ministry of Health confirmed that the amendments to section 2-9 of the Bylaws were filed and are effective July 7, 2025.

2. Educational – postgraduate (fellow) class

- *Ministry of Health request to file bylaw amendments re Section 2-31: Educational – postgraduate (fellow) class, from Ms. Jamal, dated May 8, 2025, with enclosures:*
  - *Feedback for bylaw28*
  - *Resolution 25-93 re amending Section 2-31*
  - *Redlined version of Section 2-31*
  - *Clean version of Section 2-31*
- *Ministry of Health final filing package re Education postgraduate (fellow) class, dated May 22, 2025*

Notice of the proposed amendments to section 2-31 of the Bylaws was given in accordance with section 19(6.2) of the *Health Professions Act* from March 7, 2025 to May 7, 2025. The

maximum period of licensure allowed in the educational – postgraduate (fellow) class is three years, and the amendment changes it to four years to allow physicians to complete fellowship training that is four years in length. Based on the consultation, no additional amendments were recommended.

On May 22, 2025, the Ministry of Health confirmed that the amendments to section 2-31 of the Bylaws were filed and will be effective July 7, 2025.

2. Registration bylaw amendments
- **Amendments to Full classes to include eligibility for US accredited training and American Board-certified physicians**
- **LMCC requirement for IMG physicians**
- **Associate Physician combined class**

- *Briefing Note re Proposed amendments to registration bylaws from Ms. de Bruin, dated May 29, 2025, with attachments:*
  - *Redlined versions of the proposed bylaw amendments*
  - *Clean versions of the proposed bylaw amendments*
  - *Proposed board resolutions*

At its February 2025 meeting, the Board approved proposed amendments to the bylaws specifically related to registration.

1. Recognition of US-trained family or specialist physicians

The Board approved proposed amendments to sections 1-7, 2-11, 2-12 and 2-15, 2-27 and Schedule A of the Bylaws. In an effort to reduce barriers to licensure and as there is no evidence of increased risk to patient safety for practising US-trained and certified physicians than Canadian-trained and certified physicians, it was proposed that the bylaws be amended to provide eligibility to the full class of registration for those physicians who have completed postgraduate training in a training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and achieved certification with the American Board of Family Medicine, the American Board of Medical Specialties, or the American Osteopathic Board of Family Physicians, satisfactory to the Registration Committee.

2. Changes to the LMCC requirement for international medical graduates

The Board approved proposed amendments to sections 2-11, 2-12, 2-15 to 2-18, 2-33, 2-39 that eliminate the LMCC requirement to remove barriers for internationally trained physicians wishing to practise in BC as well as help address the physician shortage in BC.

The Board also approved amendments to the associate physician classes, combining the three classes (associate physician – acute care, associate physician – community primary care, and associate physician – surgical assistant) into one class (new section 2-25). Physicians applying in the associate physician class will not be required to hold the LMCC.

Of note, Canadian medical graduates will still be required to obtain the LMCC prior to registration and licensure in the full or provisional classes.

Current Status

1. **Recognition of US-trained family or specialist physicians**

   Feedback from consultation included feedback that there are two pathways to certification with the American Osteopathic Board of Family Physicians (AOBFP) through ACGME or American Osteopathic Association accredited training and the proposed bylaws did not recognize this. The further proposed amendments to section 2-11 recognize these two pathways to certification by the AOBFP.

2. **Changes to the LMCC requirement for international medical graduates**

   The proposed amendments erroneously eliminated the pre-registration requirement for a provisional applicant who has completed accredited postgraduate training in Canada to have obtained the LMCC. Further proposed amendments to sections 2-15, 2-16 and 2-17 rectify this oversight.

Dr. Rowe and Corinne de Bruin responded to questions from the Board.

Dr. Rowe informed the Board that he has had the opportunity for a significant number of broad-ranging conversations with specialist groups. He noted that some groups were concerned about payment schemes, the fee guide, and the current structure of payment through the Medical Services Commission. He noted that those questions and concerns have been directed back to the Doctors of BC (DOBC) as part of their responsibility to negotiate the Physician Master Agreement. CPSBC continues to try to be a collaborative partner in this space. As an example, DOBC Tariff Committee has requested CPSBC to attend for further conversation.

Other feedback received when speaking to several groups included how US trained physicians fit into the Canadian system. It was noted that there are two or three specialties that were particularly notable. Pediatrics and internal medicine, in particular, noted that the base level of training in the US in those specialties is shorter than the Canadian training program and reflects a different role within the healthcare system. As an example, if newly pregnant in the US you might go directly to an obstetrician for the care of your pregnancy whereas in the Canadian system a patient would go to a family physician for that. Another example is a pediatrician in the US would conceivably do both, seeing children with illnesses that are relatively minor and more complex in the office setting, where in Canada a family physician would be managing the minor illnesses only. During conversations with groups there was agreement that the requirement that CPSBC has for all physicians matches their experience on a day-to-day basis. To determine scope of practice, there is the need to speak to the physician, understand what their practice is and their training, and then determine what they will be allowed to practice. To be licensed with CPSBC, a physician has to identify their scope. In the hospital setting, there is a privileging element. It was noted that the privileging dictionaries ask the same questions about scope which is then reviewed by the Credentials Committee for approval, amendment or denial of physician privileges. Dr. Rowe advised the Board that in most of his conversations it ended with agreement that if a physician is required to practice within their scope and competencies, then the public risk is contained whether it be US or Canadian trained.

The Board was advised that work is already happening to support new physicians from other jurisdictions in communities and hospital settings. Currently for physicians who are eligible for the provisional class, one of the requirements is that they complete the BC Physician Integration Program which is made up of several online components and a one-day virtual

attendance which is offered twice a year. PRA candidates must go through most of that as well. CPSBC will continue to have these conversations due to the importance and value of that. It was noted that the cultural safety piece is part of that broader conversation of what the requirements are going to be for all physicians, whether trained in the US, Canadian or elsewhere. This is a need across the system. The BC health regulators felt that having that as an upfront requirement prior to receiving a license was not a value as it was a barrier and would significantly impede recruitment efforts. Thus, there is the need to integrate all physicians into cultural safety and humility, and discussions continue about mandatory requirements for practicing physicians.

Recognition of US-trained family or specialist physicians

Following discussion, the Board expressed its support for the proposed amendments that provide eligibility for the full class for family and specialty physicians who have completed postgraduate training in a training program accredited by the

a. ACGME and achieved certification with the American Board of Family Medicine, the American Board of Medical Specialties or

b. the ACGME or the American Osteopathic Association and achieved certification with the American Osteopathic Board of Family Physicians American Osteopathic Board of Family Physicians

Changes to the LMCC requirement for international medical graduates

Following discussion, the Board expressed its support for the proposed amendments that note that Canadian medical graduates will still be required to obtain the LMCC prior to registration and licensure in the provisional classes.

The Board was advised that the proposed amendments will be provided to the Ministry of Health. With ministry approval, the proposed amendments will be filed or subject to a period of consultation. The ministry will indicate which and when these amendments will come into effect.

Dr. Rowe expressed his appreciation for the staff in all their hard work in drafting these bylaws. CPSBC will engage further with the health authorities, ministry, and current registrants to protect patients.

The following resolutions were MOVED, SECONDED and CARRIED:

RESOLUTION 25-466
RESOLVED to rescind Resolution 25-92 which approved amendments to the Bylaws of the College of Physicians and Surgeons of British Columbia, namely deleting sections 2-25, 2-26 and 2-50 and adding new section 2-25.

RESOLUTION 25-467

RESOLVED to rescind Resolution 25-94 which approved amendments to the Bylaws of the College of Physicians and Surgeons of British Columbia, namely amending sections 1-7, 2-11, 2-12, 2-15, and Schedule A and deleting section 2-27.

RESOLUTION 25-468
RESOLVED to rescind Resolution 25-95 which approved amendments to the Bylaws of the College of Physicians and Surgeons of British Columbia, namely amending sections 2-11, 2-12, 2-15, 2-16, 2-17, 2-18, 2-33 and 2-39

RESOLUTION 25-469
RESOLVED to rescind Resolution 25-169 which approved amendments to the Bylaws of the College of Physicians and Surgeons of British Columbia, namely adding new section 2-25.

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 25-470

RESOLVED that the Board amend the Bylaws of the College of Physicians and Surgeons of British Columbia, in accordance with the authority established in section 19(1) of the *Health Professions Act*, RSBC 1996, c.183 (the "Act"), and subject to sections 19(3) and (6.2) of the Act, as follows:

Section 1-7 of the Bylaws is amended as in the attached form.

Section 2-11 of the Bylaws is amended as in the attached form.

Section 2-12 of the Bylaws is amended as in the attached form.

Section 2-15 of the Bylaws is amended as in the attached form.

Section 2-16 of the Bylaws is amended as in the attached form.

Section 2-17 of the Bylaws is amended as in the attached form.

Section 2-18 of the Bylaws is amended as in the attached form.

Section 2-25 of the Bylaws is deleted as in the attached form.

Section 2-26 of the Bylaws is deleted as in the attached form.

New section 2-25 of the Bylaws is added as in the attached form.

Section 2-27 of the Bylaws is deleted as in the attached form.

Section 2-33 of the Bylaws is amended as in the attached form.

Section 2-39 of the Bylaws is amended as in the attached form.

Section 2-50 of the Bylaws is deleted as in the attached form.

Schedule A of the Bylaws is amended as in the attached form.

Request for Action: RFA # Board-O-25-05-30-001

Send to the Ministry of Health

10.2 Treating Incarcerated Patients in Isolation practice standard

- *Treating Incarcerated Patients in Isolation practice standard, dated April 14, 2025*
- *News Release re CPSBC publishes a new practice standard for physicians who provide care to incarcerated patients, dated April 14, 2025*

In February 2025, the Board approved *The Treating Incarcerated Patients in Isolation* practice standard, which sets expectations for registrants working in correctional settings to minimize the health impacts associated with solitary confinement. The practice standard has been published on the website.

CPSBC worked in close collaboration with Prisoners' Legal Services and engaged with several registrants who work in federal and provincial corrections through one-on-one interviews and a facilitated discussion group to develop the practice standards. CPSBC was also guided by an Indigenous lawyer, reflecting a commitment to meaningful engagement, culturally safe care, and advancing reconciliation through the development of standards.

This practice standard is the first in Canada of its kind and CPSBC has a lot of interest from other jurisdictions. There are many advocates who are wanting to push this to further application and other medical regulatory authorities, and CPSBC has committed to assisting them with that work. This practice standard follows a group of Court of Appeal decisions in various provinces in Canada supporting this approach, as well as legislative reform in other jurisdictions.

This standard also reflects CPSBC's commitment to addressing Indigenous-specific racism in health care. Indigenous Peoples are significantly overrepresented in Canada's correctional system due to historical and systemic injustices. Once incarcerated, they are more likely to experience isolation and its associated harm, compounding the effects of colonialism and discrimination. This standard acknowledges these inequities and underscores the need for culturally safe, trauma-informed care that mitigates further harm, supporting the health and dignity of Indigenous patients within correctional facilities.

The Board agreed that this practice standard will have a great benefit for a vulnerable group of people and thanked the staff for bringing this to light.

Dr. Rowe reassured the Board that CPSBC staff are hard at work engaging with groups of physicians representing those physicians who provide care in this space trying to help them understand what this practice standard means in terms of their day-to-day practice. CPSBC's commitment is always the same, which is to be clear, transparent and supportive so that practice standards can be effectively operationalized to allow physicians to do the good work that they do in challenging environments.

11. Committee reports

No reports.

12. New business

12.1 2026 Board meeting dates

- *2026 Board suggested meeting dates*

The following Board meeting dates were confirmed for 2026:

February 19 & 20
May 21 & 22
September 24 & 25 (virtual)
November 19 & 20

12.2 Associate Physician policies

- *Briefing Note re Associate Physician policies from Ms. de Bruin, dated April 17, 2025, with attachments:*
  - *Associate Physician – Use of Title (redlined)*
  - *Associate Physician – Use of Title (clean)*
  - *Associate Physician Class – Eligible Clinical Programs (redlined)*
  - *Associate Physician Class - Eligible Clinical Programs (clean)*
  - *Associate Physician – Registration and Licensure Requirements for Eligibility and Accountability (redlined)*
  - *Associate Physician - Registration and Licensure Requirements for Eligibility and Accountability (clean)*
  - *Associate Physician – Community Primary Care Class – Health Authority UPCC – Registration and Licensure Requirements for Eligibility and Accountability*
  - *Associate Physician – Surgical Assistant - Registration and Licensure Requirements for Eligibility and Accountability*

At the May 2020 meeting, the Board requested that it be able to review the proposed policies for the Associate Physician class. The policy Associate Physician – Registration and Licensure Requirements for Eligibility and Accountability was approved by the Board effective September 24, 2020.

CPSBC registered and licensed its first physician in the associate physician class on November 30, 2022.

On January 13, 2023, new CPSBC bylaws came into effect that renamed the associate physician class to the associate physician – acute care class and created a new associate physician – community primary care class. There are currently 23 registrants in the associate physician – acute care class.

On October 1, 2024, new CPSBC bylaws came into effect that created a new associate physician – surgical assistant class.

Current proposed bylaw amendments would combine the associate physician – acute care, associate physician – community primary care, and associate physician – surgical assistant classes.

A policy outlining the registration and licensure requirements for eligibility and accountability for registrants in the associate physician – surgical assistant class and the related programs has been drafted.

The following policy revisions are provided for review and approval:

- Associate Physician Class – Eligible Clinical Programs
- Associate Physician Class – Use of Title
- Associate Physician – Registration and Licensure Requirements for Eligibility and Accountability

The following policies are provided for review and retirement:

- Associate Physician - Community Primary Care Class - Health Authority UPCC - Registration and Licensure Requirements for Eligibility and Accountability
- Associate Physician - Surgical Assistant - Registration and Licensure Requirements for Eligibility and Accountability

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 25-471
RESOLVED that the following Associate Physician policies be approved for retirement and as amended:

- Associate Physician – Use of Title *(amended)*
- Associate Physician Class – Eligible Clinical Programs *(amended)*
- Associate Physician – Registration and Licensure Requirements for Eligibility and Accountability *(amended)*
- Associate Physician - Community Primary Care Class - Health Authority UPCC - Registration and Licensure Requirements for Eligibility and Accountability *(retired)*
- Associate Physician - Surgical Assistant - Registration and Licensure Requirements for Eligibility and Accountability *(retired)*

13. Information items

13.1 Media summary report relevant to CPSBC

- *Media summary report relevant to CPSBC, dated February 5, 2025 to May 7, 2025*

Received for information.

13.2 The Medical Post article "*College budgets continue to balloon*"

- *The Medical Post article "College budgets continue to balloon" by Colin Leslie, dated April 2025*

Received for information.

13.3 CMAJ article "*The effects of a provincial opioid prescribing standard on prescribing for pain in adults: an interrupted time-series analysis*"

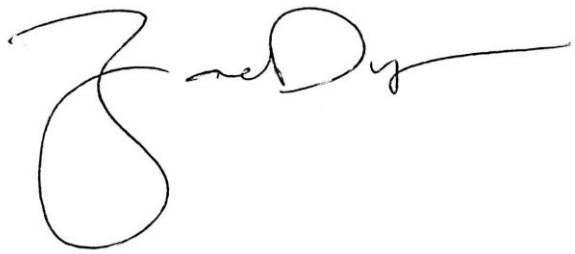
- *CMAJ article "The effects of a provincial opioid prescribing standard on prescribing for pain in adults: an interrupted time-series analysis", dated May 12, 2025*

Received for information.

14. Next meeting

The next open regular meeting of the Board of the College of Physicians and Surgeons of British Columbia is scheduled for September 25 & 26, 2025.

The open regular meeting of the Board of the College of Physicians and Surgeons of British Columbia held May 30, 2025 concluded at 10:05 a.m.



J.W.E. Dyson
Vice-Chair and Vice-President

JWED/js

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REPORT TO BOARD

Health Professions Review Board (HPRB) Matters
March 1, 2024 – February 28, 2025

The Health Professions Review Board has the jurisdiction to review decisions of the Inquiry Committee and decisions of the Registration Committee, on application of the complainant or applicant.

Inquiry Committee (IC) Matters

Under the *Health Professions Act* (the "*HPA*"), complainants have the right to request:

1) a review of a final disposition of the Inquiry Committee; or,
2) a review of a delay in the completion of the investigation.

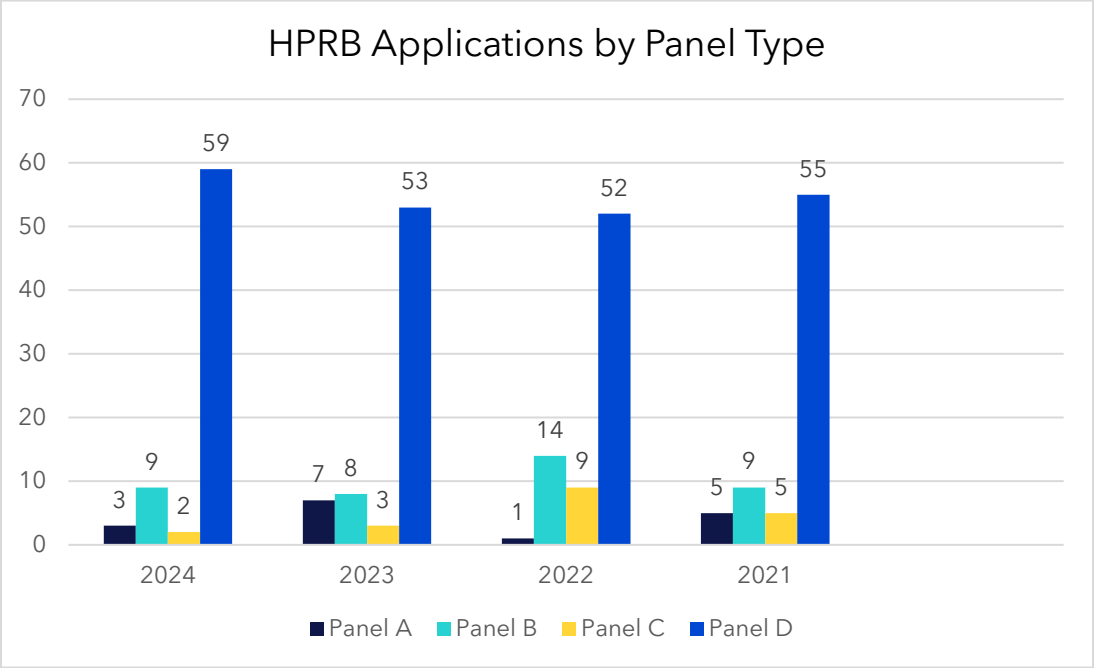
HPRB applications made to date during the 2024 Fiscal Year:

Between March 1, 2024, and February 28, 2025, we received **85** applications for review.

March 1, 2024 – February 28, 2025	
HPRB Applications re: IC Dispositions	73
Panel A - Conduct	1
Panel A - Boundary	2
Panel B - Clinical	9
Panel C - Conduct	2
Panel D - Clinical	39
Panel D - Conduct	20
HPRB Applications re: Delayed Investigations*	12
Total	85

*NB: the HPA timelines for completion of investigations were suspended in 2020 and resumed on September 23, 2024.

± NB. This figure may include decisions relating to applications for review filed before the fiscal year.



HPRB Decisions Issued to date during the 2024 Fiscal Year:

From March 1, 2024, to February 28, 2025, the HPRB issued **12 interim** decisions and **89 final** decisions in respect of the College relating to Inquiry Committee matters:

HPRB Decisions	
Inquiry Committee: Interim Decisions	
○ 6 applications to withhold information pursuant to s. 42 of the *Administrative Tribunals Act* (*ATA*) granted (College made applications to withhold information from complainant and/or registrant) ○ 1 application to withhold information pursuant to s. 42 of the *ATA* denied ○ 1 application denied (complainant made application for disclosure of privileged documents) ○ 3 interim decisions combining matters ○ 1 extension of time application granted (application submitted after the 30-day statutory deadline)	12±

± NB. This figure may include decisions relating to applications for review filed before the fiscal year.

Inquiry Committee: Final Decisions	
HPRB confirmed Inquiry Committee disposition: "Stage 1" hearing (Review of record and submissions from complainant) ▪ 39 = Panel D ▪ 1 = Panel C ▪ 4 = Panel B ▪ 1 = Panel A "Stage 2" hearing (Review of record and submissions from complainant, College and registrant[s]) ▪ 1 = Panel D ▪ 1 = Panel C ▪ 4 = Panel B ▪ 1 = Panel A	52±
HPRB matters sent back to Inquiry Committee for reconsideration: ▪ 2 = Panel D ▪ 4 = Panel B	6
HPRB matters dismissed or withdrawn	15
HPRB Applications for an extension of time denied	6
HPRB Orders directing investigation be completed by deadline (Delayed Investigations)	10

IC Statistical Information by Year				
	2024 Fiscal Year	2023 Fiscal Year	2022 Fiscal Year	2021 Fiscal Year
Total number of reviewable IC matters: Final IC dispositions and delay notifications	1,185	1,062	1,105	777
Number of applications filed with HPRB	85	71	76	74
Review rate	7.2%	6.7%	6.9%	9.5%
Number of reviews returned (for further investigation or new decision)	6±	5±	6±	4±
Rate of return for new decision (from number of applications filed with HPRB)	7.1%	7.1%	7.9%	5.4%
Rate of return for new decision (from number of reviewable IC matters)	0.5%	0.5%	0.5%	0.5%

± NB. This figure may include decisions relating to applications for review filed before the fiscal year.

Registration Committee (RC) Matters

Applicants can apply for a review of a Registration Committee decision; the HPRB will review:

a) The procedural fairness afforded to the applicant; and
b) The reasonableness of the decision.

HPRB applications made to date during the 2024 Fiscal Year:

Between March 1, 2024, and February 28, 2025, we received **4** applications for review of a decision made by the Registration Committee.

HPRB Decisions Issued to date during the 2024 Fiscal Year:

From March 1, 2024, to February 28, 2025, the HPRB issued **5 final decisions** in respect of the College relating to Registration Committee matters:

HPRB Decisions	
Registration Committee: Final Decisions	
HPRB confirmed Registration Committee decision: "Stage 2" hearing (Review of record and submissions from College and registrant)	3±
HPRB matter dismissed or withdrawn	1±
HPRB Application for an extension of time denied	1±

RC Statistical Information by Year				
	2024 Fiscal Year	2023 Fiscal Year	2022 Fiscal Year	2021 Fiscal Year
Total number of reviewable RC decisions CPSBC issued	466	475	360	640
Number of applications filed with HPRB	4	8	3	6
Review rate	0.9%	1.7%	0.8%	0.9%
Matters sent back for reconsideration	0	0	0	5±
Rate of return for new decision	0%	0%	0%	83%±
Rate of return compared to number of RC decisions issued	0%	0%	0%	0.7%

Michelle Stimac
Legal Counsel

± NB. This figure may include decisions relating to applications for review filed before the fiscal year.

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COMMITTEE REPORT TO BOARD

Inquiry Committee – Panel A

November 29, 2024; January 13, 2025; February 28, 2025; May 2, 2025

Attendance

Chair

- Dr. B.A. Priestman: November 29, 2024, January 13, 2025, February 28, 2025
- Dr. M. Carter: May 2, 2025

Members present

- Ms. L. Shore: November 29, 2024
- Ms. L. Charvat: November 29, 2024, February 28, 2025
- Dr. M. Carter: November 29, 2024, January 13, 2025, February 28, 2025
- Ms. M. Casavant: January 13, 2025, February 28, 2025, May 2, 2025
- Ms. J. Dyson: January 13, 2025, February 28, 2025, May 2, 2025
- Dr. K. Bennet: May 2, 2025

Overview/summary

60 files naming 45 registrants:

Files included:

- 30 unfinished business: 5 with direction to conclude remedially, 8 citations issued, 11 citation rescinded, 1 removed from abeyance, 1 concluded without criticism, 3 with direction for further investigations, 1 consent agreement revised
- 11 new legal/clinical/conduct/own motion: 7 with direction to conclude remedially, 2 placed in abeyance, 2 concluded without criticism
- 19 new boundary: 10 with direction to conclude remedially, 5 concluded without criticism, 2 direction for further investigation, 1 citation issued, 1 placed into abeyance

Respectfully submitted,
Graeme Keirstead, K.C.
on behalf of Dr. B.A. Priestman, Chair

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

COMPLAINTS AND PRACTICE INVESTIGATIONS

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REPORT TO THE BOARD

Inquiry Committees – Panels B through E

Since our last report was provided to the Board, the Inquiry Committee has concluded 310 files in a three-month period (February 1, 2025, to April 30, 2025). During the period, the Registrar's Stream (Panel D) processed 69% of the complaints investigated by the Inquiry Committee.

In this period, the following trends were observed relating to the department's 'timeliness' objective:

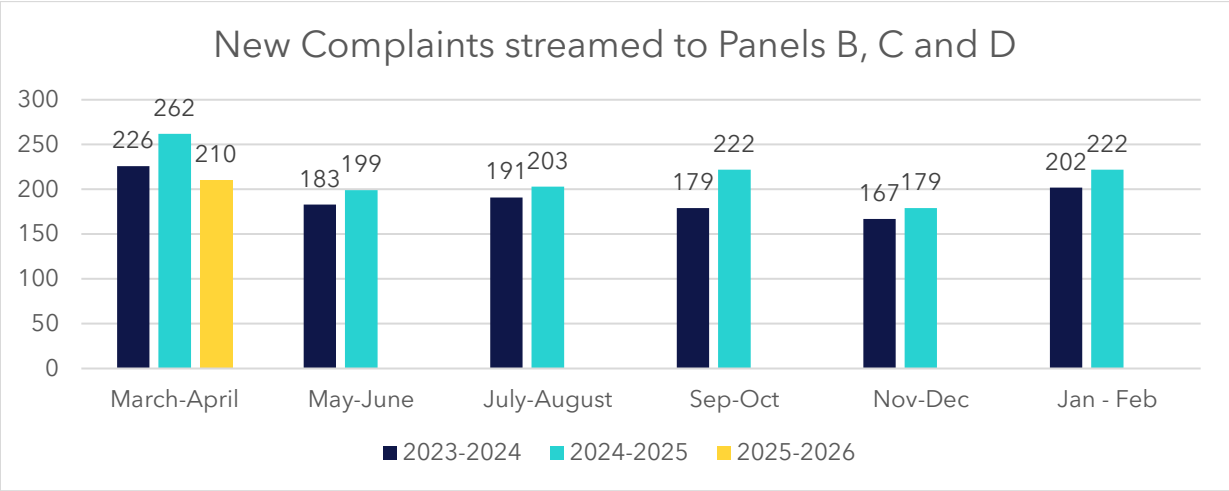
Investigation Stream	Investigations Concluded	Median Days of Investigation	Percentage concluded within 255 days
Registrar (Panel D)	213	254	54%
Inquiry Committee (Panel B &C)	69	446	4%
Inquiry Committee (Panel E)*	28	N/A	N/A
Total	**310**	**284**	**42%**

*Note: Practice Investigation files often take time to coordinate. Some remain open to allow the registrant to remediate prior to inspection (or re-inspection). For these reasons, they are not considered when calculating the KPI.

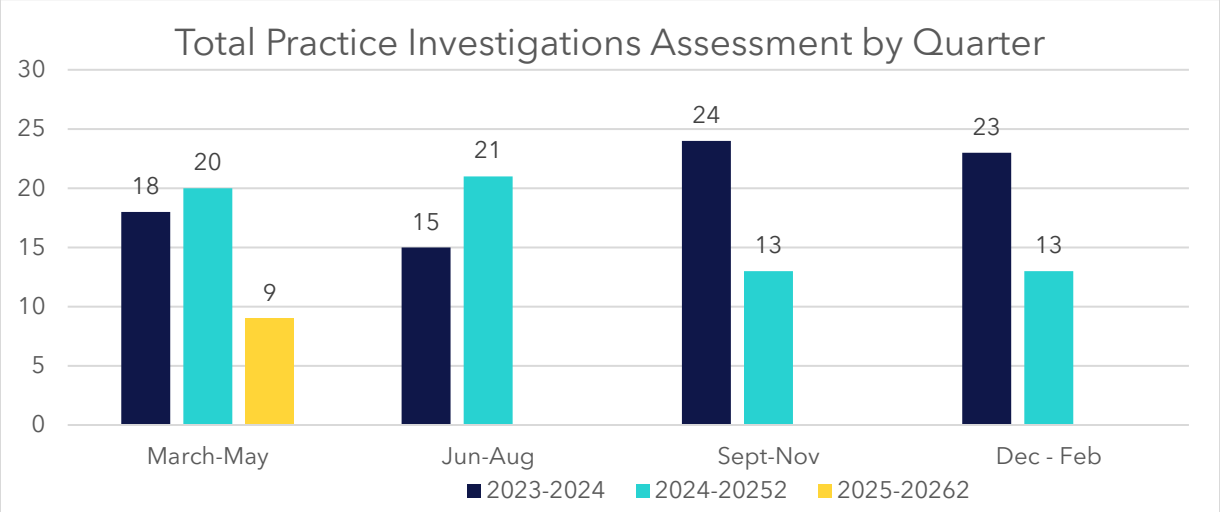
During this reporting period the Inquiry Committee **concluded 42% of files** within 255 days. We have again experienced a decrease in this metric since our last reporting period, largely due to the complexity of files reviewed by the Inquiry Committee. These more serious matters, which often involve expert opinions or complex care concerns involving multiple registrants or allegations of discrimination, can result in longer investigations. The department's goal is to complete over 50% of its investigations within 255 days and matters triaged to the Registrar (Panel D) consistently meet this objective.

The department continues to track and closely monitor the number of new complaints received each month. During the last fiscal year (March 1 to February 28), the team experienced a 12% increase in new complaints over the previous year (1287 compared to 1145). However, the team has experienced a **notable decrease (24%) in new complaints**

over the first two months of this fiscal year (210 compared to 262). We will continue to monitor these metrics to determine if this recent experience is an exception or a new trend.



The department's practice investigation team coordinates both on-site and off-site assessments as directed by Panel E of the Inquiry Committee. The team has set a goal of completing a minimum of four assessments per month and has consistently met or exceeded this target. **The team is on track to exceed this objective in the first quarter of the new fiscal year**. However, the demand for assessments has decreased with a decline in new practice investigation referrals and improved efficiency in closing matters at the Inquiry Committee (Panel E).



Derek Martinig
Director
Complaints and Practice Investigations

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REPORT TO BOARD

Inquiry Committee – Panel B

February 27, 2025

Attendance

Chair

- Dr. Jason Wale

Members present

- Dr. George Chang
- Dr. Devin Spooner
- Dr. Elizabeth Taylor*
- Dr. Michael Wilkins-Ho
- Dr. Victor Chow* (alternate)
- Ms. Michelle Casavant
- Mr. Michael Joko (alternate)
- Ms. JoAnne Fernando (alternate)
- Ms. Alison Paine (alternate)
- Ms. Katie Skelton* (alternate)
- Dr. Joanne Collins* (observer only)
- Ms. Mary O'Callaghan* (alternate - observer only)

* Indicates part time attendance

Regrets

- Dr. John Soles
- Dr. Jeff Kerrie
- Dr. Doran Ksienski
- Mr. Tarj Mann
- Ms. Lainie Shore
- Ms. Targol Salehi
- Ms. Lorraine Argatoff

Overview/summary

- 11 files naming 15 registrants; all concluded
- 9 of the 11 files were concluded with criticism
- The Inquiry Committee reviewed 2 requests for reconsideration of previous dispositions:
    - The Inquiry Committee reviewed the request of the subject physician to rescind their previous criticism. While a portion of the Committee's criticism was rescinded, the committee upheld several of their previous criticisms. A revised reprimand was directed under section 36(1)(c) and a practice investigation under section 33(4) was upheld.
    - The Inquiry Committee reviewed the request of the subject physician and upheld their previous criticism under section 33(6)(b).
- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 2 for specified education. These are the courses that were directed:
        - 1 for a refresher course in the Mental Health Act
        - 1 for the San'yas Indigenous Cultural Safety Anti-Racism Mental Health program
        - 1 for the San'yas Bystander to Ally: Allyship in Action program
        - 1 for education in effective team interactions
        - 1 for education in the safe prescribing of opioids and sedatives
        - 1 for education in the care of the elderly
        - 1 for the College's *Medical Record Keeping* course
    - 1 reprimand
        - inadequate assessment leading to a missed finding of a cancerous lesion
- *HPA*, *section 33(4)* practice investigations: 1
- 4 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Dr. Jason Wale, Chair

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

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REPORT TO BOARD

Inquiry Committee – Panel B

March 24, 2025

Attendance

Chair

- Dr. Jeff Kerrie

Members present

- Dr. George Chang
- Dr. Doran Ksienski
- Dr. John Soles
- Dr. Joanne Collins
- Mr. Michael Kimbi Joko (Alternate)
- Ms. Lainie Shore (Vice Chair)
- Ms. Mary O'Callaghan (Alternate)
- Dr. Mark Ewanchuk (Observed from 1:00pm-2:00p.m.)

Regrets

- Ms. Lorraine Argatoff
- Ms. Michelle Casavant
- Ms. Targol Salehi
- Mr. Tarj Mann

Overview/summary

- 13 files naming 14 registrants; 12 concluded, 1 ongoing
- 6 of 12 files concluded with criticism
- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 5 for specified education. These are the courses that were directed:
        - 1 for education safe prescribing of stimulant medication
        - 1 for education in toxidromes
        - 1 for airway management (must cover both adult and pediatric population)
        - 1 for education in rectal cancer review (self-directed)
        - 1 for education in Pediatric Early Warning System (PEWS) scores
        - 1 for education in and communication with patients & families
        - 1 for education in safe medication delivery
    - 2 written commitments:
        - 1 to abide by the College standard *Medical Records Documentation*
        - 1 to abide by College standard *Medical Records Documentation* and practice guidelines for stimulant prescribing
- *HPA*, *section 33(4)* practice investigations: 1
- 5 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Dr. Jeff Kerrie, Chair

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REPORT TO BOARD

Inquiry Committee – Panel B

April 24, 2025

Attendance

Chair

- Dr. Leo Wong

Members present

- Dr. Mark Ewanchuk*
- Dr. Doran Ksienski*
- Dr. George Chang
- Dr. Beth Taylor
- Dr. Michael Wilkins-Ho
- Dr. Joanne Collins
- Dr. Mandy Manak
- Mr. Tarj Mann
- Ms. Michelle Casavant
- Ms. Lainie Shore
- Ms. Katie Skelton

Regrets

- Dr. Jeff Kerrie
- Dr. Katie Beamish
- Dr. John Soles
- Dr. Devin Spooner
- Ms. Lorraine Argatoff
- Ms. Targol Salehi

Observers

- Dr. William Gourlay*
- Dr. Saleem Razack*

* Indicates part time attendance

Overview/summary

- 10 files naming 16 registrants; all concluded
- 8 of 10 files concluded with criticism
- The Inquiry Committee reviewed a request for reconsideration of a previous disposition. The Committee upheld their previous criticism under section 36.1(b).
- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 4 for specified education. The activities directed are:
        - 1 for education in calculating and interpreting PEWS scores
        - 1 for education in the management of acutely ill pediatric patients
        - 1 for education in team-based communications
        - 1 for education in the management of results
        - 1 for education in the management of upper and lower respiratory tract infections (all age groups)
        - 2 for the College's half-day Medical Record Keeping course
- *HPA*, *section 33(4)* practice investigations: 1
- 3 concluding interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Dr. Leo Wong, Chair

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REPORT TO BOARD

Inquiry Committee – Panel B

May 22, 2025

Attendance

Chair

- Dr. Jeff Kerrie

Members present

- Mr. Tarj Mann (Vice-Chair)
- Ms. Michelle Casavant
- Ms. Lainie Shore
- Mr. Michael Joko
- Dr. George Chang
- Dr. John Soles
- Dr. Joanne Collins
- Dr. Beth Taylor
- Dr. Katie Beamish
- Dr. Doran Ksienski *
- Dr. William Gourlay *

* Indicates part time attendance

Regrets

- Ms. Targol Salehi
- Ms. Lorraine Argatoff
- Dr. Michael Wilkins-Ho
- Dr. Devin Spooner

Overview/summary

- 10 files naming 14 registrants; all concluded
- 5 of 10 files concluded with criticism
- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 2 for specified education: The activities directed are:
        - 1 for education in medical record keeping
        - 1 for education in managing lower limb injuries with a focus on imaging and physical examinations
        - 1 for education in the management and assessment of abdominal pain in the elderly
- 2 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Dr. J. Kerrie, Chair

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REPORT TO BOARD

Inquiry Committee – Panel C

February 12, 2025

Attendance

Chair

- Ms. Janene Erickson (Co-Chair)
- Mr. Marlon Thompson (Co-Chair)

Members present

- Ms. Kim Brooks
- Dr. Hachim Alolabi*
- Dr. Kate Bennett
- Ms. Lainie Shore (Alternate)
- Dr. Elizabeth Taylor (Alternate)
- Dr. George Chang (Alternate)

  * indicates part-time attendance

Regrets

- Dr. Jeffrey Harris

Overview/summary

- 8 files naming 9 physicians; all concluded
- 2 of 9 physicians concluded with criticism
- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 2 for specified education:
        - 2 for education in communication

    - 1 for education in cultural safety and humility
    - 1 for education in trauma informed care
- 1 interview

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Janene Erickson and Marlon Thompson, Co-Chairs

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REPORT TO BOARD

Inquiry Committee – Panel C

February 19, 2025

Attendance

Chair

- Ms. P. McDonald

Members present

- Mr. M. Thompson
- Dr. R. McCallum
- Dr. K. Bennett
- Dr. J. Harris
- Dr. N. Severin

  Dr. M. Patel * (Alternate)
- Dr. D. Spooner * (Alternate)
- Dr. A. Eneh* (Alternate)
- Dr. M. Wilkins-Ho * (Alternate)
- Dr. Z. Ladha * (Alternate)
- Ms. Katie Skelton * (Alternate – observing only)

  * indicates part-time attendance

Regrets

- Ms. K. Brooks
- Dr. H. Alolabi

Overview/summary

- 14 files naming 15 registrants; 13 concluded, 1 ongoing
- 9 of 14 files concluded with criticism
- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 5 for specified education:
        - 1 for education in unconscious bias
        - 1 for education in trauma informed care (sexual trauma and gender-based violence)
        - 1 for education in diagnostic reasoning
        - 1 for education in medical record keeping
        - 1 for education in documentation
    - 1 file reconsidered by the panel at subject's request and consent for an unpublished reprimand accepted in place of a published reprimand

- 6 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Ms. Pamela McDonald, Chair

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REPORT TO BOARD

Inquiry Committee – Panel C

March 19, 2025

Attendance

Chair

- Ms. Pamela McDonald

Members present

- Dr. Kate Bennett (Vice-Chair)
- Dr. Jeffrey Harris
- Mr. Marlon Thompson
- Ms. Alison Paine (Alternate)
- Dr. Victor Chow (Alternate)
- Dr. Salina Teja (Alternate)*
- Dr. Zuhair Ladha (Alternate)*
- Dr. Simon Rogers (Participant for file 8.3, otherwise observed from 9:00-12:00 p.m.)
- Dr. Alicia Pawluk (Observed from 1:00-4:00 p.m.)

  * presented one file only

Regrets

- Dr. Hachim Alolabi
- Dr. Naomi Severin
- Ms. Kim Brooks

Overview/summary

- 10 files naming 13 registrants; 9 concluded, 1 ongoing
- 5 of 9 files concluded with criticism

- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 1 for specified education:
        - for the College's *Medical Record Keeping for Family Physicians* course
- 2 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Pamela McDonald, Chair

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REPORT TO BOARD

Inquiry Committee – Panel C

April 9, 2025

Attendance

Chair

- Ms. P. McDonald

Members present

- Ms. A. Paine (Alternate)
- Mr. M. Thompson
- Ms. K. Brooks
- Dr. K. Bennett (Vice-Chair)
- Dr. J. Harris
- Dr. N. Severin
- Dr. S. Rogers
- Dr. A. Pawluk
- Dr. H. Alolabi *
- Dr. Michael Wilkins-Ho (Panel B) *

* indicates part-time attendance

Overview/summary

- 12 files naming 13 physicians; 12 concluded
- 6 of 12 files concluded with criticism
- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 4 for specified education:
        - 1 for education in effective team communication/ office management
        - 1 for education in office/time management
        - 1 for education in practice management

        - 1 file reconsidered by the panel at subject's request, the Committee accepted the registrants proposal for education, in lieu of undertakings

    - 1 file reconsidered by the panel at subject's request, formal undertaking was upheld:
        - to follow the expectations outlined in the College's practice standard *Physical Examinations and Procedure*

    - 1 file reconsidered by the panel at subject's request, consent for an unpublished reprimand accepted in place of a published reprimand
        - for failure to adhere to the College's practice standard *Physical Examinations and Procedures*

    - 1 Written commitment
        - meet College standards on *Medical Record Keeping*, and meet expectations of communication as per the CMA *Code of Ethics and Professionalism*

- *HPA*, *section 33(4)* practice investigations: 2
- 2 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Ms. Pamlea McDonald, Chair

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REPORT TO BOARD

Inquiry Committee – Panel C

May 14, 2025

Attendance

Chair

- Mr. M. Thompson

Members present

- Ms. M. O'Callaghan
- Ms. A. Paine
- Dr. N. Severin (Vice-chair)
- Dr. S. Rogers
- Dr. A. Pawluk
- Dr. M. Bagdan (Alternate) *
- Dr. S. Teja (Alternate) *
- Dr. L. Adams (Alternate) *

Regrets

- Dr. J. Harris
- Dr. K. Bennett
- Ms. K. Brooks
- Ms. P. McDonald

Overview/summary

- 12 files naming 12 physicians, 11 concluded, 1 ongoing
- 9 of 11 files concluded with criticism

- Direction to seek consent to remedial disposition, *Health Professions Act*, *section 36(1)*:
    - 2 for specified education:
        - 1 for education in CMPA's Clinical Communication Program (or equivalent with a significant coaching and mentoring component) and trauma-informed practice
        - 1 for education in Polycystic Ovarian Syndrome (PCOS) management including hirusutism; and patient centered care including the management of non-verbal patient queues
    - 2 formal undertakings:
        - not to repeat the conduct and to ensure advertising is compliant with the CPSBC practice standard - *Advertising and Communicating with the Public*
        - not to repeat conduct and to ensure advertising is compliant with the CPSBC practice standard – *Advertising and Communicating with the Public*
    - 1 reprimand
        - for failing to comply with the CPSBC practice standard – *Medical Records Management*
- 6 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Mr. M. Thompson, Chair

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REPORT TO BOARD

Inquiry Committee Panel D

January 30, 2025

Attendance

Chair

- Dr. Luay Dindo

Members present

- Ms. Christine Evans, Vice-Chair, Public Representative
- Dr. Leo Wong
- Dr. Ryan McCallum*

*indicates part-time attendance

Overview/summary

- 61 files naming 78 physicians
    - 61 files concluded under s. 32(3)(c)
- 15 of 78 physicians concluded with criticism
- Additional steps as directed by the Inquiry Committee
    - 3 concluding interviews
    - 1 direction to seek consent to education
        - Professionalism/boundaries
- Passed 3 resolutions to initiate an investigation as per section 33(4) of the *Health Professions Act*
- Reconsidered 1 file
    - Previous disposition was rescinded, and new proposed disposition approved

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of,
Dr. Luay Dindo, Committee Chair

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REPORT TO BOARD

Ad-hoc Inquiry Committee Panel D

January 30, 2025

Attendance

Chair

- Ms. Christine Evans, Committee Acting Chair, Public Representative

Members present

- Dr. Leo Wong
- Dr. Ryan McCallum

Overview/summary

- 5 files naming 5 physicians
  - 5 files concluded under s. 32(3)(c)
- 1 of 5 physicians concluded with criticism

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of,
Ms. Christine Evans, Committee Acting Chair

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REPORT TO BOARD

Inquiry Committee Panel D

March 20, 2025

Attendance

Chair

- Dr. Luay Dindo

Members present

- Ms. Christine Evans, Vice-Chair, Public Representative
- Dr. Leo Wong

Overview/summary

- 56 files naming 50 registrants
  - 2 files concluded under s. 32(3)(a)
  - 2 files concluded under s. 32(3)(b)
  - 52 files concluded under s. 32(3)(c)
- 13 of 60 registrants concluded with criticism
- Additional steps as directed by the Inquiry Committee
  - 1 concluding interview
  - 1 direction to seek consent to education
    - Prescriber's course, and Virtual Care course
- Passed 7 resolutions to initiate an investigation as per section 33(4) of the *Health Professions Act*
- Passed 1 resolution to hold a file in abeyance until a registrant returns to practice
- Reconsidered 1 file
  - Previous disposition was rescinded, and new proposed disposition approved

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of,
Dr. Luay Dindo, Committee Chair

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REPORT TO BOARD

Inquiry Committee Panel D

May 21, 2025

Attendance

Chair

- Dr. Luay Dindo

Members present

- Ms. Christine Evans, Vice-Chair, Public Representative
- Dr. Leo Wong

Overview/summary

- 79 files naming 89 registrants
    - 3 files concluded under s. 32(3)(b)
    - 76 files concluded under s. 32(3)(c)
- 20 of 89 registrants concluded with criticism
- Additional steps as directed by the Inquiry Committee
    - 9 directions to seek consent to education
        - College practice standards:
            - Safe prescribing of opioids and sedatives
            - Medical record keeping 101
            - Consent to treatment
            - Ending the physician-patient relationship (2)
        - Other education themes:
            - Colon cancer care
            - Mental health care
            - Effective communication in patient care
            - Patient information privacy
- Passed 3 resolutions to initiate an investigation as per section 33(4) of the *Health Professions Act*

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of,
Dr. Luay Dindo, Committee Chair

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REPORT TO BOARD

Inquiry Committee – Panel E

March 10, 2025

Attendance

Chair

- Dr. Shauna Tsuchiya

Members present

- Dr. Verena Langheimer
- Ms. June Barens
- Ms. Thelma O'Grady

Overview/summary

25 files were reviewed: 21 closed:

- 12 files were closed with no further action under s. 33(6)(a)
- 3 files to conclude with an interview under s. 33(6)(a)
- 6 files to conclude based on resignation from the College under s. 36(1)(d)

Of the 4 files not concluded, next steps included:

- 2 files request that the registrant undertake further education, prior to reassessment.
    - 2 for Medical Recording Keeping
    - 2 for Prescribing
    - 1 for St. Paul's Hospital Primary Care Conference or similar to address issues identified with clinical care
- 1 file will proceed with an investigative interview
- 1 file will proceed with an Interim voluntary UT to limit practice volume
- 3 files proceed to off-site practice investigation. On one of these files, Registrar staff can conclude if satisfactory
- 1 file proceeds with on-site practice investigation.

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:
Dr. Shauna Tsuchiya, Chair

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REPORT TO BOARD

Physician Practice Enhancement Panel (Open)

February 25, 2025

Attendance

Chair

- Dr. J. Kingsley

Members present

- Mr. T. Mann, Vice-chair (public rep)
- Ms. J. Berry (public rep)
- Dr. K. Eva (PhD) (public rep)
- Dr. D. Holowenko
- Dr. B.O. Kassen
- Mr. S. Kuiack (public representative)
- Dr. L. Mackenzie
- Dr. D. McLachlan
- Dr. H. Postowski (DPM)
- Ms. A. Wainwright (RN) (public representative)

Staff present

- Dr. C. Hall, deputy registrar
- Ms. N. Castro, director, PPEP
- Dr. E. Knell, medical advisor, PPEP
- Dr. I. Yan, medical advisor, PPEP
- Ms. M. Hendrix, administrative coordinator, PPEP

Regrets

- Dr. S. Booth
- Dr. F. Chan, DPM
- Dr. D. Haslam

Regrets

none

Presenters/others

- Dr. E. Knell, medical advisor, PPEP
- Dr. I. Yan, medical advisor, PPEP

Recorder of minutes

- Ms. M. Hendrix, administrative coordinator, PPEP

Overview/summary

The Panel reviewed the following **new business arising** since its last meeting:

- New Assessment Reviews: 7
- Assessment Follow-up: 3
- Office assessments – review of systemic concerns: 0
- Chart submission review reports:
  - Reports for discussion and action: 2
  - Reports with further action directed:1
  - Reports with no further action required:1
- Outcome letters sent:
  - FY 2021-2022 = 1
  - FY 2022-2023 = 12
  - FY 2023-2024 = 91
  - FY 2024-2025 = 8
- Medical advisor calls made: 7
- Referrals made to the Prescription Review Program (PRP): 7
- Resolutions passed to refer registrants to the Inquiry Committee due to practice concerns: 2

The Panel was provided with an update on the status of **assessments initiated between:**

March 1, 2024 and February 28, 2025 as follows:

- 400 assessments in total were initiated (does not include Self-directed Assessments initiation goal of 100)
- 7 registrants were sent their outcome letter + PPEP report in total, to date
- *6 registrants were sent their outcome letter + PPEP report since the last Panel meeting*
- 2 assessments are partially completed
- 8 assessments were cancelled
- 6 are in the process of being sent their outcome letter
- 377 assessments are in progress (awaiting outstanding components)

March 1, 2023 and February 29, 2024 as follows:

- 500 assessments in total were initiated (does not include PPEP-lite initiation goal of 100)
- 257 registrants have been sent their outcome letter + PPEP report in total, to date
- *56 registrants were sent their outcome letter + PPEP report since the last Panel meeting*
- 10 assessments are partially completed
- 14 assessments were cancelled
- 15 are in the process of being sent their outcome letter
- 204 assessments are in progress (awaiting outstanding components)

March 1, 2022 and February 28, 2023 as follows:

- 500 assessments have been initiated, to date (Goal = 500)
- 376 registrants have been sent their outcome letter + PPEP report in total, to date
- *5 registrants were sent their outcome letter + PPEP report since last Panel meeting*
- 97 assessments are partially completed
- 8 assessments were cancelled
- 1 is in the process of being sent their outcome letter

- 18 assessments are in progress (awaiting outstanding components)

The Panel was provided with an update on the status of **office assessments initiated between:**

March 1, 2024 and February 28, 2025 as follows (old process):
- 143 office assessments in total were initiated
- 107 office assessments have been completed, to date and sent their outcome letter
- *28 have been sent an outcome letter since last meeting*
- 0 office assessments are awaiting assessment
- 10 office assessments were cancelled
- 9 office assessments are in follow-up stage
- 1 assessments are partially completed (awaiting outstanding components re AHC)

March 1, 2024 and February 28, 2025 as follows (new process):
- 85 office assessment questionnaires (OAQs) in total were initiated
- 44 OAQs sent
- 15 OAQs received, to date
- 26 have been sent an office assessment (OA) report
- *26 have been sent an OA since last meeting*

March 1, 2023 and February 29, 2024 as follows (new case types only):
- 203 office assessments in total were initiated
- 172 office assessments have been completed, to date and sent their outcome letter
- *0 have been sent an outcome letter since last meeting*
- 1 office assessments is awaiting assessment
- 19 office assessment were cancelled
- 4 office assessments are in follow-up stage
- 7 assessments are partially completed (awaiting outstanding components re AHC)

March 1, 2022 and February 28, 2023 as follows (new case types only):
- 140 office assessments in total were initiated
- 127 office assessments have been completed, to date and sent their outcome letter
- *0 have been sent outcome letter since last meeting*
- 0 office assessments are awaiting assessment
- 9 office assessments were cancelled
- 0 office assessments are in follow-up stage
- 3 assessments are partially completed (awaiting outstanding components re AHC)

Medical Devices Reprocessing (MDR)

The Panel was provided with an update on the status of the Physician Office MDR Assessment initiative from **November 21, 2024 to January 17, 2025 as follows:**
- Pre-assessment questionnaires (PAQs) sent to registrants, to date: 334
- Cases initiated (eligible to be assessed): 56
- Phone assessments completed: 0
- Of the goal of 225 on-site/remote assessments:
  - Number completed: 154
  - Number booked: 19 (remote assessment scheduled, awaiting completion)

    - To be initiated: 52

- Outcome summary for the 155 cases completed and closed:
    - Continue with reusable: 143
    - Switched to disposable: 8
    - Off-site reprocessing: 4
    - Stopped procedures: 0

Respectfully submitted,

Dr. J. Kingsley, Chair

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REPORT TO BOARD

Diagnostic Accreditation Program Committee (Open)

March 19, 2025

Attendance

Chair

- Dr. W. Yap*

Members

- Dr. Heather Clark*
- Tim Rode*
- Lisette Vienneau*
- Dr. Karen Seland*
- Mariana Diacu

Regrets

- Dr. Romina Reyes*
- Dr. B.A. Bradshaw *
- Dr. Brenda Farnquist*

College Staff

- Dr. Christine Hall, Deputy Registrar, Accreditation Programs and Quality Assurance
- Sara Camano, Director, Accreditation Programs
- Colin Carey, Manager, Laboratory Medicine, Accreditation Programs
- Sharan Manship, Manager, Diagnostic Services, Accreditation Programs
- Jamie Davidson, Accreditation Assessment Officer
- Jennifer Francoeur, Accreditation Coordinator, Accreditation Programs

Overview/summary

The following summarizes the briefing notes submitted to the DAP Committee, including but not limited to full accreditation, provisional accreditation, and nonconformance extensions, during the period November 8, 2024 to February 25, 2025 for which quorum was achieved. All were ratified by the DAP Committee.

Category	Sub-Category	Number
Laboratory Medicine	Medical Laboratories	46
	Specimen Collection Sites	24
Diagnostic Services	Diagnostic Imaging	24
	Diagnostic Echocardiography and echocardiography	0
	Neurodiagnostics	4
	Pulmonary Function	16
	Polysomnography	4
	Home Sleep Apnea Testing	18
Other	Non-Facility-Specific Briefing Notes (e.g. standards and management/operations)	4

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REPORT TO BOARD

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM (NHMSFAP) PATIENT SAFETY INCIDENT REVIEW PANEL (OPEN)

February 26, 2025

Attendance

Panel Chair

- Dr. Roanne L. Preston*

Members present

- Dr. Ronald R. Abrahams (Vice Chair)*
- June M. Barens*
- Balwinder Chokaria*
- Dr. Cedric Ho*
- Dr. Peter A. Lennox*
- Dr. Kenneth Seethram*
- Dr. K. Briar Sexton*
- Kenneth Stewart*
- Dr. Elizabeth Thompson*
- Lionel Yip*

Staff present

- Dr. Christine Hall, deputy registrar, AP and Quality Assurance
- Sara Camano, director, AP
- Krista Fairweather, QI lead, NHMSFAP
- Jennifer Levett, manager, accreditations, NHMSFAP
- Tracy Steele, manager, NHMSFAP
- Neha Korgaonkar, accreditation coordinator, NHMSFAP
- Jennifer Francoeur, administrative coordinator, AP

Regrets

- Andrew Wray*

*Voting member

Overview/summary

Patient Safety Incidents

1. Five patient safety incident reviews were brought forward from the November 14, 2024, NHMSFAP Patient Safety Incident Review Panel meeting.
   - The panel provided feedback on all cases and requested additional responses.
   - For one case, they recommended reviewing audits in 4–6 months to assess progress with the facility's new policy and procedures and requested audit results for June and July 2025 to be reviewed at the September 2025 Panel meeting.
2. Nineteen new patient safety incident reports were reviewed.
3. Twelve patient safety incident reports were determined to be recognized complications and/or managed appropriately.
4. Seven patient safety incident reviews required further discussion/action by the panel.

Action items arising from the panel review included letters with recommendations to improve patient safety and requests for responses from physicians and medical directors.

Respectfully submitted,

Dr. Roanne Preston
Committee Chair

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REPORT TO BOARD

Patient Relations, Professional Standards and Ethics Committee

April 7, 2025

Attendance

Chair

- Ms. Michelle Casavant (Chair)

Members present

- Ms. Lori Charvat
- Dr. Ronald Abrahams
- Ms. Michelle Casavant
- Dr. Brenda Wagner

Regrets

- Dr. Justin Kingsley
- Ms. Shirley Ross
- Dr. Shannon McDonald

Others present

- Dr. Patrick D. Rowe (Registrar and CEO)
- Mr. Graeme Keirstead (Deputy Registrar, Chief Legal Counsel, Legal)
- Ms. Susan Prins (Director, Communications and Public Affairs)
- Ms. Kelly Newton (Policy and Engagement Lead, Communications and Public Affairs)
- Ms. Hope Moir (Policy Analyst, Communications and Public Affairs)
- Ms. Shaleen Jamal (Legal Counsel, Legal Services)
- Ms. Megan Ursic (Executive Assistant, Registrar's Office)
- Ms. Kaila Hinds (Executive Assistant, Registrar's Office)

Overview/summary

The PRPSE Committee met on April 7, 2025.

CPSBC staff began with a presentation on the equity framework and how it informed revisions to the *Access to Medical Care Without Discrimination* practice standard. Staff also provided a walk-through of the revised standard, an FAQ, and a new online course. The committee discussed these materials and endorsed the revised standard, recommending only a minor change to the course and FAQ.

Next, the committee reviewed the *Treating Incarcerated Patients in Isolation* practice standard. Mr. Keirstead summarized the development of joint messaging and a joint news release with Ms. Jennifer Metcalfe (formerly) of Prisoners' Legal Services. The committee was informed that the standard will be posted on CPSBC's website once confirmation is received that the matter has been withdrawn from the HPRB.

The committee was reminded that, under the HPOA, all practice standards will be adopted as bylaws. This change will require a comprehensive review of existing standards and guidelines. Many current standards contain content that may not align with the bylaw format, and as such, all documents will be evaluated for clarity and relevance. Some may be revised, archived (e.g., *Cannabis for Medical Purposes*), or newly introduced (e.g., *Managing Tests*). The HPOA also introduces additional bylaw requirements, including provisions related to office signage. Professional guidelines will be reviewed and either archived or elevated to standards (e.g. *Referral-Consultation Process*).

Issues and Accomplishments

Agenda items

1. Territorial Acknowledgement
2. Call to order and chair's remarks
3. Declaration of conflict of interest
4. Adoption of the agenda
5. Adoption of the minutes
6. Unfinished Business

   6.1 *Access to Medical Care Without Discrimination* practice standard update

   6.2 *Treating Incarcerated Patients in Isolation* practice standard

   6.3 College standards and guidelines under the *Health Professions Occupations Act*
7. Next meeting

Accomplishments

The PRPSE committee endorsed the revised *Access to Medical Care Without Discrimination* practice standard and accompanying resources.

Focus for the Future

The next PRPSE committee meeting has not been scheduled.

Ms. Michelle Casavant
Committee Chair

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REPORT TO BOARD

Prescription Review Panel (Open)

March 14, 2025

Attendance

Chair

- J. Dyson

Members present

- Dr. K. Haddow
- Dr. M. Butterfield
- Dr. W. Woodfield
- Dr. R. J. Elefante

Regrets

- Dr. P. Bach
- A. Alladina

Others present

- Dr. D. Unger
- Dr. K. Hossack
- Dr. L. Gursky
- M. Horton
- M. Turcotte

Overview/summary

The panel reviewed three unfinished business files.

Of the files reviewed:

- One file will be reviewed again by the senior medical consultant in the summer to determine next steps.
- One file will progress to a stage 7 second interview.
- One file will be reviewed again at the June panel meeting.

There was one additional unfinished business discussion regarding difficulties expressed by registrants enrolled in the PRP with obtaining access to PharmaNet/Prime in-office. This was previously discussed by the panel at their meeting held on September 13, 2024. Dr. Unger brought the panel's concerns to senior management and it was agreed that Drug Programs staff continue to liaise directly with the Pharmaceutical Policy, Legislation and Engagement (PPLE) Branch at the Ministry of Health regarding the matter and keep this at an operational level. Dr. Unger advised that despite the obstacles, registrant enrollment continues to increase.

Jane Dyson

J. Dyson
Prescription Review Panel Chair

JD/mt

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REPORT TO BOARD

Environmental and Sustainability Committee

March 6, 2025

Attendance

Chair

- Jane Dyson (Board member)

Members

- Susan Prins (Director, Communications and Public Affairs)
- Doug Cheng (Manager, Communications and Public Affairs)
- Bria Luis (Policy Coordinator, Communications and Public Affairs)
- Cam Telford (Director, Information Technology)
- Sara Camano (Director, Accreditation Programs)
- Nadya Castro (Director, Physician Practice Enhancement Program)
- Jim Pesklevits (Director, Finance and Corporate Services)
- Christal Sarana (Human Resources Business Partner, Human Resources)

Regrets

- Shannon McDonald (Board member)

Overview/summary

The Environmental and Sustainability Committee (ESC) met on March 6, 2025, following the Board's endorsement of the sustainability position statement. With the statement now published on the CPSBC website, the ESC's priorities are to promote it and develop metrics to track progress toward its goals. At its March meeting, the ESC discussed several key initiatives:

- **Sustainable transportation plan**: The ESC reviewed progress on developing a sustainable transportation plan for business travel and discussed the installation of EV chargers in the parkade.

- **IT footprint**: A co-op student conducted a baseline assessment of IT's environmental impact. The ESC explored initiatives to reduce this footprint, including purchasing carbon offsets.
- **Procurement checklist**: Corporate Services will explore using the sustainability checklist for the upcoming cleaning RFP in June. This checklist was developed to integrate sustainability into procurement processes.
- **Communications plan**: The CPA team presented a communications action plan outlining the next steps for promoting the ESC's work to key audiences.
- **Action planning**: The ESC discussed potential initiatives aligned with the position statement, including a webinar for accredited facilities on medical waste management and the feasibility of purchasing carbon offsets for CPSBC. These will be explored in future meetings.

Focus for the Future

The next ESC meeting will be held in early June. The ESC will begin implementing the communications plan to raise awareness of CPSBC's environmental efforts among internal and external audiences. Additionally, the ESC will continue identifying metrics and tracking progress on the goals outlined in the position statement.

Jane Dyson
Committee Chair

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Committee Report to the Board – Open

REGISTRATION COMMITTEE

Details

Meeting date:	May 22, 2025
Committee chair:	Ms. Thelma O'Grady (Public Member)
Committee members in attendance:	Dr. Luay Dindo David Goldsmith (Public Member) Dr. Andrew MacNeily Dr. Shannon McDonald Dr. Anneline Du Preez

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The meeting was held virtually.

Request from Practice Ready Assessment – BC (PRA-BC): Recognition of Community Service year.

The Registration Committee (the Committee) was asked to recognize the community service or national service year as independent practice where supporting documentation is provided.

Current College policy does not recognize any independent work completed during a community service year, thereby requiring applicants to complete an additional year of independent practice, even when they often remain in the same role/clinic following their community service year.

As a result, applicants must complete two years of postgraduate training, followed by their community service year, and then an additional two years of independent practice for licensure in BC.

PRA-BC proposed that the community service year, especially for physicians from South Africa, be considered for independent practice if documentation can be provided that confirms independent work experience during the community service year, instead of overlooking the community service year entirely. The final decision would be made by the College, whether to accept the work experience based on the applicant's file.

The Committee agreed that for physicians who completed a community service or national year in South Africa, it can be accepted as independent practice.

For physicians from other countries, if the physician provides sufficient documentation showing that the year was independent practice, College staff would also be able to accept the community service year for independent practice.

Corinne de Bruin, executive director, registration provided an overview of the differences in the licensure bylaws under HPOA.

Corinne de Bruin provided an overview of the changes that will come into effect under the HPOA, including:

- Changes to language (registrants will be referred to as licensees, the registration committee will be referred to as the license committee),
- More robust definitions to bylaw language, and
- Changes to the role and responsibilities of the license committee

Thelma O'Grady

Chair