



# Bylaws

***Health Professions and Occupations Act  
SBC 2022 Chapter 43***

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## Part 1 - Interpretation

### Definitions

1-1 In these Bylaws:

**"actual conflict of interest"** in relation to a responsible person means the existence of a private interest which materially affects or influences their exercise of regulatory authority,

**"board chair"** means the board chair elected under section 2-1 of these Bylaws,

**"board vice-chair"** means the board vice-chair elected under section 2-1 of these Bylaws,

**"business contact information"** means information to enable an individual at a place of business to be contacted and includes the name, position, business telephone number, business address, and may include business fax number if available,

**"closed meeting"** means a board meeting in which the board only permits CPSBC staff and/or invited guests to attend,

**"DAP Committee"** means the Diagnostic Accreditation Program Committee,

**"deliver"**, with reference to a notice or other type of record that is not required to be formally served, includes:

- (a) mail to or leave with any person who appears to be an adult and an occupant or worker at the last address provided to CPSBC,
- (b) deposit in a person's mailbox or receptacle at the person's residence or place of business or practice at the last address provided to CPSBC,
- (c) transmit to a person's electronic mail address at the last address provided to CPSBC, or
- (d) otherwise send or make available to a person in printed or electronic form,

**"FIPPA"** means the *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c.165,

**"good standing"** means:

- (a) in respect of a licensee, that
  - (i) the licensee's licence in any class is not suspended under the Act or the *Health Professions Act*,
  - (ii) the licensee's certification, if any, is not suspended under the Act or the *Health Professions Act*, and
  - (iii) the licensee's practice is not subject to any limits or conditions imposed under an order made under the Act or the *Health Professions Act*,

and

- (b) in respect of a health profession corporation, that the health profession corporation's permit is not suspended under the Act or the *Health Professions Act* and it is current in filing its annual reports required under the *Business Corporations Act*,

**"health authority"** means a regional health board designated by regulation under the *Health Authorities Act*, RSBC 1996, c.180,

**"hospital"** means a hospital as defined in section 1 of the *Hospital Act*, RSBC 1996, c.200,

**"in camera meeting"** means a board meeting in which the board excludes all persons except board members and others as requested by the Board,

**"NHMSFAP Committee"** means the Non-hospital Medical and Surgical Facilities Accreditation Program Committee,

**"perceived conflict of interest"** in relation to a responsible person means a reasonably well-informed person would conclude that there is a substantial risk that a private interest may materially affect or influence a responsible person's exercise of regulatory authority,

**"potential conflict of interest"** in relation to a responsible person means the existence of a substantial future risk that a private interest may materially affect or influence a responsible person's exercise of regulatory authority,

**"private interest"** includes:

- (a) personal interests, including any familial relationship, affiliation, or association,
- (b) direct and indirect financial interests,
- (c) professional interests, including any employment, consulting, advisory, or contractual relationship with a person, organization or group, subject to regulation, oversight, or decision-making by the board, and
- (d) interest arising from loyalties, duties or obligations to persons or organizations in close proximity to them,

but does not include an interest arising from an exercise of a power or performance of a duty that affects a person as one of a class of licensee, or in the case of board members, that concerns remuneration or expenses under section 2-3 of these Bylaws,

**"record"** has the same meaning as in schedule 1 of *FIPPA*,

**"responsible person"** means a board member, committee member, or employee of CPSBC as applicable, and

**"service provider"** in relation to an individual or organization providing services to CPSBC has the same meaning as in schedule 1 of *FIPPA*.

## Part 2 - Board

### Board chair and board vice-chair

- 2-1 (1) At the first board meeting following June 30 in each calendar year, board members must elect a board chair and a board vice-chair from among their own members using the following procedure:
- (a) the chair from the previous year must call for nominations,
  - (b) if there is only one nominee, the nominee is elected by acclamation,
  - (c) if there is more than one nominee, the board must appoint a board chair and vice-chair:
    - (i) by a majority vote of the board members in attendance, and
    - (ii) in the event of a tie vote between nominees with the most votes, by random draw between the tied nominees with the most votes.
- (2) A board chair and a board vice-chair hold office for one year and are eligible for reappointment.
- (3) A board chair and board vice-chair cease to hold office upon:
- (a) election of a new board chair or board vice-chair as applicable,
  - (b) ceasing to hold office as a board member,
  - (c) delivering a written notice of resignation from the office of board chair or board vice-chair to the registrar effective the date specified in the notice or, if no effective date is specified, on receipt of the notice by the registrar,
  - (d) death, or
  - (e) removal from the office of board chair or board vice-chair by a majority vote of board members.
- (4) If the board chair or board vice-chair ceases to hold office, the board must elect, as soon as practicable, another board chair or board vice-chair to fill the vacancy for the unexpired term of office using the process in subsection (1).

### Powers and duties of board chair and board vice-chair

- 2-2 (1) The board chair:
- (a) must preside at all board meetings,
  - (b) must fulfill duties under the Act, the Regulations, and these Bylaws, and
  - (c) may exercise powers and must perform duties delegated by the board.
- (2) If the board chair is absent or unable to act for any reason, the board vice-chair may exercise the powers and must perform the duties of the board chair.

- (3) If the board chair and board vice-chair are absent or unable to act for any reason, the board must appoint an acting board chair by majority vote, to preside at the meeting and to exercise powers and perform duties of the board chair, subject to any terms, limits or conditions the board considers necessary or appropriate in the circumstances.

### **Board member remuneration and expenses**

- 2-3 Board members are entitled to receive remuneration and reimbursement for reasonable travel and other expenses necessarily incurred in performing CPSBC business as set out in [schedule A](#) in accordance with CPSBC policies on remuneration and reimbursement.

### **Frequency of board meetings**

- 2-4 The board must meet at least four times in each calendar year.

### **Format of board meetings**

- 2-5 The board may meet and conduct business in person, by telephone, by video conference, by any other method of telecommunication, or in a hybrid manner.

### **Calling board meetings**

- 2-6 (1) A board meeting must be called by the registrar:
  - (a) at the request of the board chair, or
  - (b) on receipt of a written request for a board meeting signed by a majority of the board members.
- (2) A written request under subsection (1)(b) must state the nature of the business proposed to be conducted at the meeting.

### **Notice of board meetings**

- 2-7 (1) The registrar must provide reasonable notice of a board meeting to board members and the public.
- (2) The registrar may provide notice under subsection (1) by posting a notice on the CPSBC website.
- (3) Despite subsection (1), notice of a board meeting to the public is not required if the purpose of the meeting is to:
  - (a) conduct urgent business, or
  - (b) conduct business in a closed or in camera meeting as permitted under these Bylaws.
- (4) The failure to provide notice of a board meeting to a person entitled to receive notice, or the non-receipt of such notice by any person, does not invalidate board meeting proceedings.

**Open, closed and in camera board meetings**

- 2-8 (1) Subject to subsections (2) to (4), a board meeting is open to the public.
- (2) The board may exclude any persons who are not board members from all or part of a board meeting if satisfied their attendance is disruptive.
- (3) The board may conduct a closed or in camera meeting to discuss:
- (a) personnel matters,
  - (b) information CPSBC would be required or authorized to refuse to disclose in response to an access request under part 2 of *FIPPA*,
  - (c) information CPSBC is required by law to keep confidential,
  - (d) information concerning the contents, scoring or results of an examination,
  - (e) property acquisitions or dispositions,
  - (f) information concerning academic or technical programs,
  - (g) communications to and from legal counsel, and any other matter subject to legal professional privilege and/or litigation privilege,
  - (h) an assessment of professional performance of a licensee for quality assurance purposes, and
  - (i) financial, personal, or other matters of such a nature that the interests of any affected person, or the public interest in avoiding disclosure of such matters, outweighs the public interest in having board meetings open to the public.
- (4) The board may conduct a closed or in camera meeting for educational purposes or purposes that do not involve the exercise of powers or performance of duties under the Act.

**Board meeting decision-making procedures**

- 2-9 (1) A majority of the board members constitutes a quorum.
- (2) Any board member, except the board chair, may move a resolution.
- (3) In the event of a tie vote, the board chair does not have a second vote and the resolution does not pass.
- (4) A resolution approved by a majority of attending board members under subsection (1) is a resolution of the board.
- (5) The board may request or direct the registrar to appoint advisory working groups to assist it with respect to any matter.

**Board resolutions approved in writing**

- 2-10 A majority of all board members may approve a resolution in writing, including by mail, facsimile, or electronic mail, and such an approved resolution has the same effect as if it were approved at a board meeting.

**Minutes of board meetings**

- 2-11 (1) The registrar must ensure minutes are taken at each board meeting.
- (2) The board chair must ensure minutes are taken for any part of a closed or in camera meeting from which the registrar is excluded.
- (3) Resolutions approved in writing under section 2-10 of these Bylaws must be included in the minutes of the following board meeting.
- (4) The registrar must publish the minutes of each board meeting on the CPSBC website with the exception of information discussed and decisions made during closed or in camera meetings or portions of such meetings.
- (5) Where a meeting is closed or held in camera in whole or in part, the registrar must include the reason for excluding the public in the minutes published on the CPSBC website.

**Conflict of interest - board members**

- 2-12 (1) The board establishes the conflict of interest policy for board members and employees.
- (2) The board shall not presume any conflict of interest for any board member based solely on the member's race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, age, or Indigenous identity.
- (3) Without limiting subsection (2), the board shall not presume any conflict of interest for any Indigenous board member relating to any matter before the board involving an Indigenous component, based solely on the member's Indigenous identity, or their general interest in Indigenous matters.

**Board rules, procedures, and policies**

- 2-13 (1) The board may establish or adopt rules, policies and procedures consistent with the Act, the Regulations, and these Bylaws to:
- (a) establish or provide guidance relating to the board's processes,
- (b) establish or provide guidance relating to the roles and responsibilities of board members,
- (c) establish the procedures and/or criteria in relation to the registrar, committee members and professional standards advisors by which the board may:
- (i) establish qualifications for those positions,
- (ii) seek and evaluate candidates for those positions,
- (iii) make appointments for those positions,
- (iv) evaluate or assess the performance of individuals in those positions, and
- (v) rescind appointments for those positions, and

- (d) provide guidance to board members or the public respecting any matter for which the board may exercise powers or must perform duties.
- (2) Subject to section 358 of the Act, the board may establish or adopt rules, policies and procedures consistent with the Act, the Regulations, and these Bylaws, respecting how persons who act for CPSBC may exercise powers or must perform duties.
- (3) The board must direct the registrar to publish any rules, policies and procedures it establishes or adopts under subsection (1) on the CPSBC website.

### **Bylaw-making powers**

- 2-14
- (1) The board may direct the registrar to provide a list of persons who are qualified to provide advice as professional standard advisors when consulting on proposed bylaws respecting eligibility standards, ethics standards, and practice standards.
  - (2) When making bylaws, the board must undertake consultation as follows during a consultation period of 60 days unless the board directs a different period:
    - (a) for consultation with the public and persons affected by a proposed bylaw, the board must direct the registrar to post proposed bylaws on the CPSBC website together with a brief description of the proposed bylaws and invite feedback,
    - (b) for consultation with other regulators, the board must direct the registrar to deliver the proposed bylaws to specified regulators and invite feedback, and
    - (c) for purposes of consultation and cooperation with Indigenous peoples of British Columbia, the board must direct the registrar to deliver the proposed bylaws to the persons nominated for this purpose by the Indigenous governing bodies or other entities representing Indigenous peoples and invite feedback.
  - (3) The board may establish or adopt rules, policies and procedures consistent with the Act, the Regulations, and these Bylaws, relating to consultations under subsection (2).
  - (4) The board must, in collaboration with Indigenous governing bodies and other entities representing Indigenous peoples, establish policies and procedures for the nomination of persons by those governing bodies and entities for the purposes of section 384(2)(c) of the Act.
  - (5) The board must direct the registrar to publish any rules, policies and procedures established under this section on the CPSBC website.

## **Recommendations to the superintendent**

2-15 The board establishes the recommended criteria for appointment and rescindment of board members policy containing recommendations to the superintendent respecting:

- (a) the appointment of board members,
- (b) the rescindment of board member appointments, and
- (c) the qualifications, competencies, and diversity of perspectives and lived experiences of persons appointed, or to be appointed, as board members.

## Part 3 - Committees

### Committees established

- 3-1 (1) The following statutory committees are established:
- (a) Licence Committee,
  - (b) Permit Committee, and
  - (c) Investigation Committee.
- (2) The following additional regulatory committees are established:
- (a) Blood-borne Communicable Diseases Committee,
  - (b) Practice Enhancement Program Committee,
  - (c) Prescription Review Program Committee,
  - (d) DAP Committee, and
  - (e) NHMSFAP Committee.
- (3) The following board support committees are established:
- (a) Finance and Audit Committee,
  - (b) Nominations Committee,
  - (c) Governance Committee, and
  - (d) Human Resources Committee.
- (4) Subject to the Act, the Regulations and these Bylaws, the board may set terms of reference for each committee.

### Licence Committee

- 3-2 (1) The Licence Committee consists of at least six persons appointed by the board, and must include:
- (a) at least two licensees, and
  - (b) at least two representatives of the public.
- (2) The number of public representatives on the Licence Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.

### Permit Committee

- 3-3 (1) The Permit Committee consists of at least three persons appointed by the board, and must include:
- (a) at least two licensees, and
  - (b) at least one representative of the public.

- (2) The number of public representatives on the Permit Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.

### **Investigation Committee**

- 3-4 (1) The Investigation Committee must consist of at least six persons appointed by the board, and must include:
  - (a) at least two licensees, and
  - (b) at least two representatives of the public.
- (2) The number of public representatives on the Investigation Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.

### **Blood-borne Communicable Diseases Committee**

- 3-5 (1) The Blood-borne Communicable Diseases Committee must consist of at least six persons appointed by the board, and must include:
  - (a) a hepatologist, a physician who specializes in infectious diseases or is otherwise skilled in management of HIV and AIDS, and a medical microbiologist or virologist, all of whom must be licensees in a practising class with CPSBC, and
  - (b) a licensee who works with, or is recommended by, the Office of the Provincial Health Officer.
- (2) Subject to the direction of the board, the function of the Blood-borne Communicable Diseases Committee is to establish conditions for the practice of licensees who have contracted blood-borne communicable diseases and to monitor adherence to those conditions.

### **Practice Enhancement Program Committee**

- 3-6 (1) The Practice Enhancement Program Committee must consist of at least six persons appointed by the board, and must include:
  - (a) at least two licensees, and
  - (b) at least two representatives of the public.
- (2) The number of public representatives on the Practice Enhancement Program Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.
- (3) Subject to the direction of the board, the function of the Practice Enhancement Program Committee is to assess the professional performance of licensees to enhance the quality of practice and reduce incompetent, impaired, or unethical practice by licensees.

**Prescription Review Program Committee**

- 3-7 (1) The Prescription Review Program Committee must consist of at least six persons appointed by the board, and must include:
- (a) at least two licensees, and
  - (b) at least two representatives of the public.
- (2) The number of public representatives on the Prescription Review Program Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.
- (3) Subject to the direction of the board, the function of the Prescription Review Program Committee is to establish guidelines for the prescription of narcotics, mood altering drugs, and other medications.

**DAP Committee**

- 3-8 (1) The DAP Committee must consist of at least six persons appointed by the board, and must include:
- (a) a pathologist, a medical imaging specialist, and another licensee who performs diagnostic services,
  - (b) a person recommended by one or more of the health authorities in British Columbia,
  - (c) a person recommended by the Ministry of Health, and
  - (d) at least two representatives of the public.
- (2) The number of public representatives on the DAP Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.

**NHMSFAP Committee**

- 3-9 (1) The NHMSFAP Committee must consist of at least six persons appointed by the board, and must include:
- (a) an anesthesiologist, a surgeon, and another licensee who performs invasive procedures,
  - (b) a person recommended by one or more of the health authorities in British Columbia,
  - (c) a person recommended by the Ministry of Health, and
  - (d) at least two representatives of the public.
- (2) The number of public representatives on the NHMSFAP Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.

**Finance and Audit Committee**

- 3-10 (1) The Finance and Audit Committee must consist of at least six persons appointed by the board, and must include:
- (a) at least two licensees, and
  - (b) at least two representatives of the public.
- (2) The number of public representatives on the Finance and Audit Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.
- (3) Subject to the Regulations, the board may appoint one or more board members as members of the Finance and Audit Committee.
- (4) Subject to the direction of the board, the function of the Finance and Audit Committee is to provide support to the board on the financial affairs of CPSBC including oversight, advice, and development of policies.

**Nominations Committee**

- 3-11 (1) The Nominations Committee must consist of at least six persons appointed by the board, and must include:
- (a) at least two licensees, and
  - (b) at least two representatives of the public.
- (2) The number of public representatives on the Nominations Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.
- (3) Subject to the Regulations, the board may appoint one or more board members as members of the Nominations Committee.
- (4) Subject to the direction of the board, the function of the Nominations Committee is to provide support to the board on the composition of committees, including recommendations, assessments, and selection of committee chairs and vice-chairs.

**Governance Committee**

- 3-12 (1) The Governance Committee must consist of at least six persons appointed by the board, and must include:
- (a) at least two licensees, and
  - (b) at least two representatives of the public.
- (2) The number of public representatives on the Governance Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.
- (3) Subject to the Regulations, the board may appoint one or more board members as members of the Governance Committee.

- (4) Subject to the direction of the board, the function of the governance committee is to provide support to the board on the governance of CPSBC, including review, recommendations, and development of policies and procedures.

### **Human Resources Committee**

- 3-13
- (1) The Human Resources Committee must consist of at least six persons appointed by the board, and must include:
    - (a) at least two licensees, and
    - (b) at least two representatives of the public.
  - (2) The number of public representatives on the Human Resources Committee must constitute at least one-third and no more than one half of the total number of persons on the committee.
  - (3) Subject to the Regulations, the board may appoint one or more board members as members of the Human Resources Committee.
  - (4) Subject to the direction of the board, the function of the Human Resources Committee is to provide support to the board on human resources at CPSBC, including review, recommendations, and developments of policies and procedures.

### **Advisory working groups**

- 3-14
- (1) The registrar may appoint advisory working groups for such purposes as the registrar considers necessary or appropriate.
  - (2) Subject to the Regulations, the registrar may appoint any person other than a board member to an advisory working group.
  - (3) The registrar shall determine the composition and terms of reference for advisory working groups.
  - (4) Advisory working group members are entitled to receive remuneration and reimbursement for reasonable travel and other expenses necessarily incurred in performing CPSBC business in accordance with CPSBC policies on remuneration and reimbursement.
  - (5) The registrar may dissolve an advisory working group at any time.

### **Committee membership**

- 3-15
- (1) The board may appoint any person other than a board member to a regulatory committee established under section 3-1(2) of these Bylaws.
  - (2) The board may appoint any person, including a board member, to a board support committee established under section 3-1(3) of these Bylaws.
  - (3) A person appointed to a committee may serve a term determined by the board and is eligible for reappointment.

- (4) The board shall ensure that each appointee possesses the education, training, experience, and other qualifications that the board considers necessary to ensure that the appointee may exercise the powers and perform the duties assigned to them effectively and in accordance with the guiding principles under the Act.
- (5) The board establishes the criteria for appointment and rescindment of committee members policy.
- (6) A committee member ceases to hold membership on a committee upon:
  - (a) expiration of their term,
  - (b) delivering a written notice of resignation from the position of committee member to the registrar effective the date specified in the notice or, if no effective date is specified, on receipt of the notice by the registrar,
  - (c) death, or
  - (d) removal from the committee by a majority vote of the board.
- (7) A committee member who:
  - (a) completes six consecutive years of serving as a member of a committee, or
  - (b) ceases to hold office as a committee member under subsection (6)(b) or (d),is not eligible for reappointment to the committee for at least one year unless the board is satisfied there are extenuating circumstances.

### **Committee chair and vice-chair**

- 3-16
- (1) Subject to section 3-17 of these Bylaws, the board may, at its discretion, appoint committee members as committee chair and vice-chair.
  - (2) A committee chair and vice-chair cease to hold office as committee chair or committee vice-chair upon:
    - (a) expiration of their term,
    - (b) ceasing to hold office as a committee member,
    - (c) delivering a written notice of resignation from the position of chair or vice-chair to the registrar effective the date specified in the notice or, if no effective date is specified, on receipt of the notice by the registrar,
    - (d) death, or
    - (e) removal from the position of committee chair or vice-chair by a majority vote of the board.
  - (3) If a committee chair or vice-chair ceases to hold office, the board must designate another committee chair or vice-chair to fill the vacancy as soon as practicable.

**Committee chair and vice-chair - Blood-borne Communicable Diseases Committee**

- 3-17 (1) The Blood-borne Communicable Diseases Committee may appoint members of that committee as a committee chair and a vice-chair by majority vote.
- (2) A Blood-borne Communicable Diseases Committee chair or vice-chair ceases to hold office as committee chair or vice-chair upon:
- (a) expiration of their term,
  - (b) ceasing to hold office as a Blood-borne Communicable Diseases Committee member,
  - (c) delivering a written notice of resignation from the position of chair or vice-chair to the registrar effective the date specified in the notice or, if no effective date is specified, on receipt of the notice by the registrar,
  - (d) death, or
  - (e) removal from the position of Blood-borne Communicable Diseases Committee chair or vice-chair by a majority vote of the Blood-borne Communicable Diseases Committee.
- (3) If a committee chair or vice-chair of the Blood-borne Communicable Diseases Committee ceases to hold office, the committee must designate another committee chair or vice-chair to fill the vacancy as soon as practicable.

**Powers and duties of committee chair and committee vice-chair and quorum**

- 3-18 (1) A committee chair:
- (a) must preside at all meetings of the committee,
  - (b) must fulfill duties under the Act, the Regulations, and these Bylaws,
  - (c) may exercise powers and must perform duties delegated by the committee, and
  - (d) must report to the board in a form and at a time as directed by the board.
- (2) If the committee chair is absent or unable to act for any reason, the vice-chair may exercise the powers and must perform the duties of the committee chair.
- (3) If the committee chair and vice-chair are absent or unable to act for any reason, the committee must appoint an acting chair by majority vote to preside at the meeting and to exercise powers and perform duties of the committee chair, subject to any terms, limits, or conditions the committee considers necessary or appropriate in the circumstances.

**Committee member remuneration and expenses**

- 3-19 Committee members are entitled to receive remuneration for time spent, and reimbursement for reasonable travel and other expenses necessarily incurred in performing CPSBC business in accordance with CPSBC policies on remuneration and reimbursement.

## Committee rules, policies, and procedures

- 3-20 A committee may adopt rules, policies, and procedures consistent with the Act, the Regulations, and these Bylaws to:
- (a) establish or provide guidance relating to the committee's processes,
  - (b) establish or provide guidance relating to the roles and responsibilities of committee members, and
  - (c) provide guidance to committee members and/or the public respecting any matter for which the committee may exercise powers or must perform duties.

## Committee panels

- 3-21 (1) For the purposes of this section, "profession-specific panel" means a panel comprised of a majority of licensees of one or more relevant professions, or one or more relevant classes of licensee.
- (2) With the exception of the Permit Committee and Blood-borne Communicable Diseases Committee, a committee may establish and meet in panels, with panel members and a chair and vice-chair of the panel appointed by the chair or vice-chair of the committee.
- (3) A panel must be comprised of at least three members of the committee.
- (4) At least one-third of the panel members must be representatives of the public, with the exception of those committees which are not required to have public representatives.
- (5) The committee chair or vice-chair must make reasonable efforts, when selecting panel members, to ensure the selection provides for a range of perspectives, including the perspectives of Indigenous persons and other persons from equity-denied communities.
- (6) The committee chair or vice-chair must make reasonable efforts, when selecting panel members for a matter involving Indigenous-specific racism or discrimination, or Indigenous practices, to ensure the selection provides for the perspectives of Indigenous persons.
- (7) The committee chair or vice-chair must appoint a profession-specific panel if they determine that a matter requires the expertise of a licensee from one or more professions, or one or more classes of licensee.
- (8) The committee chair or vice-chair must make reasonable efforts to appoint at least two Indigenous persons to a panel conducting an investigation in which either the complainant, the licensee, or both are Indigenous persons.
- (9) A member of a committee may be appointed concurrently to more than one panel of the committee.
- (10) A panel may exercise any power, duty, or function of the committee, except the power to appoint a panel.

- (11) If a panel consists of three members, all members of the panel constitute a quorum.
- (12) If a panel consists of more than three members, a majority of the panel constitutes a quorum.

### **Committee and panel meetings**

- 3-22
- (1) A committee or panel may meet and conduct business in person, by telephone, by video conference, by any other method of telecommunication, or in a hybrid manner.
  - (2) Subject to the Regulations and these Bylaws, committee and panel meetings are not open to the public, including to licensees who are not otherwise on the committee or panel.
  - (3) A committee or panel may invite any person to attend all or part of a meeting.
  - (4) The following bylaw provisions apply to each committee and to each panel as if it were the board:
    - (a) section 2-9(2) to (4),
    - (b) section 2-10,
    - (c) section 2-11(1) to (3), and
    - (d) section 2-12.
  - (5) A committee must submit an annual report of its activities to the board in a form and at a time as directed by the board.

## Part 4 – CPSBC administration

### Registrar and chief executive officer

- 4-1 (1) The registrar:
- (a) is the chief executive officer of CPSBC and holds final responsibility for all operational matters for CPSBC, and
  - (b) has the powers and duties assigned to the position of registrar under the Act, Regulations, and these Bylaws.
- (2) The registrar may appoint an employee whose role is to assist with reconciliation initiatives by CPSBC, including initiatives relating to:
- (a) reconciliation with Indigenous Peoples and the implementation of the United Nations Declaration of the Rights of Indigenous Peoples and the *Declaration on the Rights of Indigenous Peoples Act*,
  - (b) developing and implementing policies designed to increase the number of Indigenous persons who are employed or retained by CPSBC,
  - (c) advocating for policies designed to increase the number of Indigenous persons in the designated health professions regulated by CPSBC, and
  - (d) enhancing cultural safety for Indigenous licensees and Indigenous patients of licensees, including through preventing and mitigating systemic challenges and advancing anti-racism, anti-discrimination, and anti-colonialism measures.
- (3) The registrar is authorized to establish and require the use of forms for the purposes of the Act and these Bylaws.

### Deputy registrars

- 4-2 (1) A deputy registrar is authorized to exercise powers and perform duties of the registrar:
- (a) subject to any direction or limits or conditions from the registrar, and
  - (b) without limitation if the registrar has a conflict of interest or is otherwise unable to act or provide direction for any reason.
- (2) The registrar may appoint additional deputies who may exercise powers and perform duties of the registrar or deputy registrar as authorized by the registrar.

### Legal counsel

- 4-3 (1) The registrar may retain legal counsel to assist the board, the registrar, a committee, a panel, or a working group on any CPSBC matter.
- (2) The board may retain legal counsel to assist the board on any CPSBC matter.

**Fiscal year**

- 4-4 (1) The fiscal year of CPSBC commences on the first day of March and ends on the last day of February the following year.
- (2) The board must not less frequently than once in each fiscal year:
- (a) approve an operating budget and a capital budget and determine whether bylaw amendments are required to adjust fees for the following fiscal year,
  - (b) set any limits or conditions the board considers necessary or appropriate on the registrar's authority to make financial commitments on behalf of CPSBC during the fiscal year, and
  - (c) approve a contingency reserve funds policy with limits and conditions for the permissible uses of such funds.

**Banking, borrowing, and investments**

- 4-5 (1) The registrar must establish and maintain such accounts in the name of CPSBC with a chartered bank, trust company, or credit union, as the board may direct from time to time.
- (2) The registrar may raise money or guarantee or secure the payment of money, in the name of CPSBC, in any manner the board may direct from time to time, to carry out the purposes of CPSBC.
- (3) The registrar may invest funds of CPSBC, in the name of CPSBC, in a manner consistent with sections 15.1 and 15.2 of the *Trustee Act*, RSBC 1996, c. 464, and otherwise in accordance with any investment policy the board may direct from time to time.

**Auditor**

- 4-6 (1) The board must appoint a chartered professional accountant as the auditor for CPSBC.
- (2) The board must, for each fiscal year, direct the auditor to conduct an audit of CPSBC's financial statements.
- (3) The registrar must submit CPSBC's financial statements to the auditor not later than 60 days after the end of each fiscal year.
- (4) A copy of the auditor's report must be included in the CPSBC annual report.

**Conflict of interest - employees**

- 4-7 (1) If an employee of CPSBC believes they may have a potential, perceived or actual conflict of interest in relation to a matter, or the registrar has reasonable grounds to believe that an employee may have such a conflict of interest, the employee must:

- (a) as soon as reasonably practicable disclose the general nature of the potential, perceived or actual conflict of interest to the registrar, or to a responsible supervisor the registrar may designate from time to time, and
  - (b) follow the directions issued by the registrar or responsible supervisor.
- (2) When an employee of CPSBC discloses a potential, perceived or actual conflict of interest, the registrar or responsible supervisor must determine if the disclosing employee should be directed to refrain from any further participation in the matter in which they may have a conflict of interest.
- (3) The registrar or responsible supervisor shall not presume any conflict of interest for any employee based solely on the employee's race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, age, or Indigenous identity.
- (4) Without limiting subsection (3), the registrar or responsible supervisor shall not presume any conflict of interest for any Indigenous employee relating to any matter involving an Indigenous component, based solely on the employee's Indigenous identity, or their general interest in Indigenous matters.
- (5) If the registrar has a potential, perceived or actual conflict of interest in relation to a matter, the registrar must disclose it as soon as reasonably practicable to a deputy registrar or the chief operating officer who must:
  - (a) determine if the registrar should be directed to refrain from any further involvement in the matter, and
  - (b) provide a written report to the board chair regarding the potential, perceived or actual conflict of interest and any measures taken to address it.

## Part 5 – CPSBC records and information

### Seal

- 5-1 (1) A seal for CPSBC must be approved by the board.
- (2) The registrar must affix the seal of CPSBC to such documents as the board may direct.

### Freedom of Information and Protection of Privacy Act

- 5-2 (1) The registrar is the head of CPSBC for purposes of *FIPPA*.
- (2) The registrar must deliver a report to the board regarding the steps taken to comply with *FIPPA* in a form and at a time as directed by the board.

### Protection of personal information

- 5-3 (1) The registrar must take reasonable steps to ensure CPSBC's collection, protection, use, disclosure, and retention of personal information complies with part 3 of *FIPPA*, subject to section 102(3)(b) of the Act.
- (2) The registrar must take reasonable measures to ensure service providers to whom CPSBC discloses personal information comply with part 3 of *FIPPA*.

### Disposal of records containing personal information

- 5-4 Where CPSBC disposes of a record containing personal information, the registrar must ensure that:
- (a) in the case of information recorded electronically, CPSBC disposes of it by erasing the information, or destroying its physical medium, in a manner that ensures the information cannot be reconstructed, and
  - (b) in the case of a physical record, CPSBC effectively destroys the record, such as by use of a shredding device.

### Records

- 5-5 (1) The board approves the CPSBC records retention and disposition policy.
- (2) The registrar must retain the following records permanently, in physical or electronic form:
- (a) a disciplinary record for each licensee,
  - (b) the minutes of board meetings, together with all supporting records submitted for each board meeting, and
  - (c) annual reports under section 398 of the Act.

### Registry

- 5-6 (1) The registrar must maintain the CPSBC registry in an electronic format.

- (2) In addition to information permitted or required to be disclosed on the registry under the Act and Regulations, the registrar may include the following information in the CPSBC registry:
  - (a) information respecting a person who has engaged in unauthorized practice, and a statement that the person is not authorized to practise in British Columbia,
  - (b) information respecting a person who has engaged in unauthorized use of title, and a statement that the person is not authorized to use the title in British Columbia and in association with the person's work,
  - (c) orders and reasons for such orders under the Act, the *Health Professions Act*, and extrajurisdictional regulatory statutes as described in section 390(1)(g) of the Act, including any decision on reconsideration, review, judicial review or appeal and the reasons for the decision, and
  - (d) any public notice relating to a licensee published under sections 255 and 256 of the Act, or under section 39.3 of the *Health Professions Act*.
- (3) Apart from information which is required to be included in the registry under the Act and Regulations, the registrar may remove information or decline to include it in the registry where the registrar reasonably believes that disclosure of the information may pose a threat to the safety of a licensee or a third party.

## Part 6 - Licensure

### Division 1 - Definitions and publication of requirements

#### Definitions

6-1 In this part:

**"ACGME"** means the Accreditation Council for Graduate Medical Education,

**"AOA"** means the American Osteopathic Association,

**"APMLE"** means the American Podiatric Medical Licensing Examinations,

**"associate physician program"** means a program accredited by CPSBC in which an associate physician licensee is permitted to practise,

**"CAPA"** means the Canadian Association of Physician Assistants,

**"CCPA"** means certification of a physician assistant by the PACCC,

**"CFPC"** means the College of Family Physicians of Canada,

**"CPME"** means the Council on Podiatric Medical Education,

**"faculty of medicine"** means the University of British Columbia faculty of medicine or Simon Fraser University School of Medicine,

**"licensing assessment"** means an assessment of a physician's medical knowledge, procedural skills, clinical decision-making skills, communication, and professionalism to assess whether the physician is competent to be in the full class of licensure,

**"LMCC"** means the Licentiate of the Medical Council of Canada,

**"MCC"** means the Medical Council of Canada,

**"medical degree"** means a degree in medicine from a university or medical school or a school or college of osteopathic medicine, as approved by the board,

**"NBPME"** means the National Board of Podiatric Medical Examiners,

**"NCCPA"** means the National Commission on Certification of Physician Assistants,

**"not practising in British Columbia"** means a licensee who, while maintaining their licence with CPSBC, is not actively practising in British Columbia or who has relocated to another jurisdiction for more than two consecutive months,

**"PA-C"** means certification of a physician assistant by the NCCPA,

**"PACCC"** means the Physician Assistant Certification Council of Canada,

**"practice ready assessment"** means a clinical workplace-based assessment during which a participant practises under the supervision of trained physician assessors to demonstrate their readiness to work in the Canadian health-care system and provide safe and high-quality care to patients,

**"RCPSC"** means the Royal College of Physicians and Surgeons of Canada, and

**“temporarily inactive”** refers to a licensure status in which the licensee is not actively practising in British Columbia for reasons related to health or a parental leave.

### **Publication of licence requirements**

- 6-2 The policies and procedures published on the CPSBC website regarding eligibility requirements for licences, application processing periods, and any known factors likely to delay application processing, must also include:
- (a) the form and manner of delivery specified for the purpose of section 6-3 of these Bylaws, and
  - (b) the information, documentation, and fees required under these Bylaws which must be included in or with an application.

## **Division 2 - General requirements for licences**

### **Licence applications**

- 6-3 An applicant must provide a completed application to the registrar for the class of licensure for which the application is made in the specified form.

### **General eligibility standards**

- 6-4 (1) An applicant for each class of licence, except for an emergency licence, must provide to the registrar:
- (a) information confirming the applicant’s identity and legal name,
  - (b) their contact information including a telephone number and a unique email address,
  - (c) information confirming the applicant meets the eligibility standards for the class of licence applied for,
  - (d) reference letters, declarations, or other information confirming the applicant is of good character and will practise the designated health profession for which the applicant is seeking licensure in an ethical manner on request by the registrar,
  - (e) information confirming compliance with the applicable requirements for professional liability protection or liability insurance prior to practising,
  - (f) a criminal record check authorization in the form required under the *Criminal Records Review Act*,
  - (g) information, in a form satisfactory to CPSBC, dated within 60 days from the date of the application, from the extrajurisdictional regulator in each jurisdiction in which the applicant is or was, at any time, registered or licensed for the practice of a health profession, confirming that:

- (i) the applicant's authority to practise a health profession has not been revoked, suspended, limited, restricted, or subject to conditions in that jurisdiction at any time, or specifying particulars of any such revocation, suspension, limitation, restriction, or conditions,
    - (ii) the applicant is not the subject of a current proceeding, including any investigation, inquiry, review, or appeal, that could result in the applicant's authority to practise a health profession being revoked, suspended, limited, restricted, or subject to conditions in that jurisdiction, or specifying particulars of any such current proceeding, and
    - (iii) a proceeding was not commenced or completed in that jurisdiction because the applicant voluntarily relinquished their authority to practise a health profession,
  - (h) information confirming the applicant's compliance with the currency in clinical practice requirements under section 6-13 of these Bylaws,
  - (i) information confirming the applicant is a Canadian citizen, permanent resident of Canada, or is otherwise authorized to work in British Columbia or, if the applicant is applying for an educational licence, information confirming the applicant is a Canadian citizen, permanent resident of Canada, or is otherwise authorized to work or study in British Columbia,
  - (j) information confirming the applicant's English language proficiency, satisfactory to the registrar,
  - (k) payment of any outstanding amount owed or owing by the applicant to CPSBC,
  - (l) the applicable fees in [schedule B](#),
  - (m) information confirming the applicant's mandatory vaccinations against transmissible illnesses required by or under an enactment other than these Bylaws, and
  - (n) additional information or records that the applicant is directed or ordered to provide.
- (2) Despite subsection (1), an applicant who is authorized to practise the profession in another Canadian jurisdiction will be eligible for an equivalent licence, if available, if the applicant:
- (a) holds registration or licensure as the equivalent of a licensee in good standing in the other jurisdiction in Canada,
  - (b) is not subject to any practice limitations, restrictions, or conditions in the other jurisdiction that are relevant to the practice of the profession in British Columbia, and
  - (c) meets the requirements in the following sections of these Bylaws:
    - (i) section 6-4(1)(a) to (b), and (d) to (i),

- (ii) section 6-4(1)(j) if the applicant's extrajurisdictional regulator did not require English language proficiency, and
  - (iii) section 6-4(1)(k) to (n).
- (3) Despite subsection (1), an applicant who is authorized to practise the profession by an extrajurisdictional regulator in a country other than Canada will be eligible for an equivalent licence, if available, if the applicant:
  - (a) holds registration or licensure as the equivalent of a licensee in good standing with that extrajurisdictional regulator,
  - (b) is not subject to any practice limitations, restrictions, or conditions in the other country that are relevant to the practice of the profession in British Columbia,
  - (c) holds extrajurisdictional credentials that are recognized by the CFPC or the RCPSC, and
  - (d) meets the requirements in the following sections of these Bylaws:
    - (i) section 6-4(1)(a) to (b), and (d) to (i),
    - (ii) section 6-4(1)(j) if the applicant's extrajurisdictional regulator did not require English language proficiency, and
    - (iii) section 6-4(1)(k) to (n).

### **General eligibility standards for emergency licence**

6-5 An applicant for an emergency licence must provide to the registrar the information required in section 6-4(1)(a) to (b), (e) to (f), and (i) to (j) of these Bylaws.

### **Equivalency determination of credentials, knowledge, skills, ability and judgment**

6-6 If an applicant does not meet the general eligibility standards in sections 6-4 or 6-5 of these Bylaws, the registrar may order or request the applicant to provide additional information and records to enable the Licence Committee to undertake an equivalency determination or clinical competency assessment of the applicant's credentials, knowledge, skills, ability, and judgment.

### **Process for equivalency determination**

- 6-7 (1) When undertaking an equivalency determination of an applicant's extrajurisdictional credentials, the Licence Committee must determine whether the applicant's credentials are collectively substantially equivalent to the applicable eligibility standards.
- (2) When undertaking an equivalency determination of an applicant's knowledge, skills, ability, and judgment, the Licence Committee must determine if they are substantially equivalent to the knowledge, skills, ability, and judgment required under the applicable eligibility standards.

- (3) For purposes of subsections (1) and (2), the Licence Committee may rely, in whole or in part, on an equivalency determination by an accreditation or certification organization acceptable to it to assess the substantial equivalency of an applicant's extrajurisdictional credentials, or an applicant's knowledge, skills, ability, and judgment.
- (4) CPSBC may retain practice advisors and/or other experts to assist with conducting the equivalency determination of an applicant's extrajurisdictional credentials and/or knowledge, skills, ability, and judgment.
- (5) In undertaking an equivalency determination, the Licence Committee may require the applicant to take additional steps, including but not limited to one or more of the following:
  - (a) participate in an interview to assess the extent and currency of the applicant's credentials, experience, knowledge, clinical skills, abilities, and judgment,
  - (b) complete testing to assess the applicant's knowledge and clinical skills,
  - (c) undergo an assessment of the applicant's knowledge and clinical skills, or
  - (d) undertake a trial practice period under supervised observation.
- (6) In undertaking an equivalency determination, the Licence Committee must consider:
  - (a) the information and documents provided by the applicant,
  - (b) the information, if any, obtained under subsections (4) and (5),
  - (c) any determination made by an accreditation or certification organization acceptable to CPSBC that has assessed the substantial equivalency of the applicant's extrajurisdictional credentials, training, and/or practice experience, knowledge, skills, ability, and judgment, in whole or in part,
  - (d) whether the applicant holds an international credential to practise the profession,
  - (e) whether the applicant received formal training and/or credentials from a government-approved or government-authorized educational or credentialing institution to practise the profession,
  - (f) the nature, scope, and currency of the applicant's practice experience in a jurisdiction outside Canada, and any limitations or conditions on the applicant's ability to practise in that jurisdiction,
  - (g) the extent and nature of the applicant's teaching experience, if any, in relation to the profession in a jurisdiction outside Canada, and
  - (h) the differences, if any, between the practice of the profession in the jurisdiction in which the applicant practised and the practice of the profession in Canada and current Canadian requirements for licensure to practise the profession.

**Periodic review of measures imposed on extrajurisdictional applicants**

- 6-8 (1) The Licence Committee must periodically review eligibility standards to identify any prohibitions, requirements, limits, and conditions imposed on extrajurisdictional applicants that do not substantially lower the risk of harm to the public.
- (2) The Licence Committee may retain experts and engage in consultation with health partners in conducting its review.
- (3) In conducting a review under subsection (1), the Licence Committee must consider whether the general types of prohibitions, requirements, limits, and conditions imposed on extrajurisdictional applicants:
- (a) are rationally connected to the objective of protecting the public from harm,
  - (b) are proportionate to the objective of protecting the public from harm,
  - (c) have beneficial effects in terms of minimizing risk to the public that outweigh the impact on extrajurisdictional applicants, and
  - (d) support and enable extrajurisdictional applicants to practise in accordance with the guiding principles of the Act, particularly with respect to Indigenous-specific racism and anti-racism, and non- and anti-discriminatory practice more generally.

**Assessments**

- 6-9 (1) A licensing assessment conducted by CPSBC must be prepared by or under the direction of, and be approved by, the Licence Committee.
- (2) For a licensing assessment conducted in whole or in part by CPSBC, the Licence Committee must:
- (a) determine the time and place for an assessment, designate one or more assessors, and determine the procedures for the conduct of the assessment,
  - (b) review the results of the assessment to determine the applicant's qualification for licensure, and
  - (c) notify the applicant of the results of the assessment in writing as soon as practicable.
- (3) Despite subsection (1), eligibility standards for a class or profession may provide for one or more specific assessments conducted or administered by an external organization, in whole or in part, in addition to or in the place of assessments conducted by CPSBC.
- (4) Where an assessor for a licensing assessment conducted by CPSBC has reason to believe that an applicant has engaged in improper conduct during an assessment, the assessor must make a report to the Licence Committee which may, after providing the applicant an opportunity to be heard which may be in writing, take one or more of the following actions:

- (a) pass the applicant,
  - (b) fail the applicant,
  - (c) require the applicant to retake the assessment, in whole or in part,
  - (d) disqualify the applicant from participating in a future assessment for a specified period, or
  - (e) provide an opportunity for remediation to the applicant in relation to any areas of deficiency identified in the assessment.
- (5) If the Licence Committee takes action under subsections (4)(b) to (e), it must deliver written reasons for its decision to the applicant.

### **Continuing competency requirements**

- 6-10 (1) Licensees in each of the professions set out below must enroll in, and comply with, the continuing competency or professional development requirements of the following bodies, and certify they have completed those requirements in a form satisfactory to the registrar:
- (a) Medical practitioners: CFPC, RCPSC, or Collège des médecins du Québec,
  - (b) Podiatric surgeons: 30 hours per year in courses approved by the Licence Committee, and
  - (c) Physician assistants: Physician Assistant Certification Council of Canada or the NCCPA.
- (2) A licensee who fails to complete and report the continuing competency requirements under subsection (1) must, on or before the last day of February of each year:
- (a) pay the fee specified in [schedule B](#), unless the registrar waives all or part of that fee if satisfied there are exceptional circumstances, and
  - (b) provide to the registrar a list and supporting documentary evidence of continuing professional development activities for the previous calendar year.
- (3) A licensee for whom CPSBC takes additional steps to verify their continuing competency requirements is subject to a verification fee as set out in [schedule B](#).
- (4) Where a licensee fails to comply with the continuing competency requirements, the registrar may deliver notice to the licensee that their licence will be suspended unless the outstanding requirements are completed within 60 days of their receipt of the notice.
- (5) A licensee who fails to complete the outstanding requirements within 60 days of receipt of a notice under subsection (4) will have their licence automatically suspended until the licensee completes the outstanding requirements and certifies in a form satisfactory to the registrar they have done so.

- (6) The registrar has discretion to waive or delay a suspension under subsection (5) or order limits or conditions in lieu of a suspension.

### **Exemption from continuing competency requirements**

- 6-11 (1) A licensee may apply to the registrar for an exemption from the continuing competency requirements under section 6-10 of these Bylaws.
- (2) An application under subsection (1) must be received by the registrar before February 1.
  - (3) The registrar may require a licensee applying under subsection (1) to provide further information and records and decline to consider the application until such information and records are provided.
  - (4) Licensees in the following classes are exempt from the continuing competency requirements under section 6-10 of these Bylaws:
    - (a) retired - life
    - (b) administrative under section 6-37(1)(c) or (d)
    - (c) associate physician
    - (d) surgical assistant
    - (e) assessment - family
    - (f) assessment - specialty
    - (g) emergency - family
    - (h) emergency - specialty
    - (i) educational - medical student
    - (j) educational - postgraduate (resident)
    - (k) educational - postgraduate (resident elective)
    - (l) educational - postgraduate (fellow)
    - (m) educational - postgraduate (trainee)
    - (n) clinical observership
    - (o) visitor

### **Records of compliance with continuing competency requirements**

- 6-12 (1) The registrar may audit licensees to ensure the accuracy and truthfulness of the information reported or certified by a licensee in relation to continuing competency requirements.
- (2) If the registrar has reasonable grounds to believe a licensee has inaccurately or falsely certified compliance with their continuing competency requirements, the registrar may do one or more of the following:
    - (a) report their belief and reasons to the Licence Committee,
    - (b) make a regulatory complaint under section 119 of the Act, or

- (c) exercise other relevant powers under the Act or these Bylaws.

### **Minimum practice hours for currency in clinical practice**

- 6-13 (1) A licensee is deemed current for clinical practice when the licensee has, in the preceding three years, practised within the scope of their class of licence for at least 24 weeks and not less than 960 hours, excluding time spent on research, teaching, administration and professional regulation activities.
- (2) On request by the registrar, a licensee must certify, in a form satisfactory to the registrar, the extent of their practice hours.

### **Re-entry into clinical practice**

- 6-14 (1) When a licensee in the full, provisional, restricted, osteopathic, academic, or conditional – disciplined class is not current in clinical practice under section 6-13 of these Bylaws, the licensee must:
- (a) notify the registrar in writing, and
  - (b) not resume or continue clinical practice until the licensee successfully completes education or retraining on the terms specified by the registrar.
- (2) The registrar will apply the licence status of a licensee under subsection (1) as not current in practice.
- (3) The registrar’s jurisdiction under this section is concurrent with, and additional to, the jurisdiction to impose limits or conditions under section 6-70 of these Bylaws.

### **Change in focus or scope of clinical practice**

- 6-15 (1) When a licensee in the full, provisional, restricted, osteopathic, academic, or conditional – disciplined class seeks to change the focus or scope of their clinical practice to an area in which the licensee has not previously practised or has practised less than 24 weeks and 960 hours in the preceding three years, excluding time spent on research, teaching, administration, and professional regulation activities, the licensee must:
- (a) notify the registrar in writing,
  - (b) meet education and training requirements for licensure in the area in which the licensee seeks to practice, and
  - (c) successfully complete education or retraining on the terms specified by the registrar.
- (2) The registrar’s jurisdiction under this section is concurrent with, and additional to, the jurisdiction to impose limits or conditions under section 6-70 of these Bylaws.
- (3) The registrar may, for purposes of subsection (1), apply any education, training, competence, or other standards relating to the area of practice to the extent the registrar considers appropriate, including but not limited to the dictionaries of the BC Medical Quality Initiative.

**Records of practice hours**

- 6-16 (1) The registrar may audit licensees to ensure the accuracy and truthfulness of practice hours reported or certified by a licensee in relation to currency requirements.
- (2) If the registrar has reasonable grounds to believe a licensee has inaccurately or falsely reported or certified practice hours, the registrar may do one or more of the following:
- (a) report their belief and reasons to the Licence Committee,
  - (b) make a regulatory complaint under section 119 of the Act, or
  - (c) exercise other relevant powers under the Act or these Bylaws.

**Reconsideration**

- 6-17 (1) A licensee may apply for reconsideration of the registrar's decision under sections 6-14 and 6-15 of these Bylaws by providing a written request for reconsideration to the registrar within 30 days of receiving the decision.
- (2) An application for reconsideration must be made by submitting to the registrar:
- (a) a completed application for reconsideration in the form specified by the registrar, and
  - (b) all information and records required by the registrar.
- (3) Upon receipt of a request for reconsideration under subsection (2), the registrar will provide the licensee with an opportunity to be heard, which may be in writing.
- (4) The registrar must deliver a written reconsideration decision with reasons to the licensee as soon as practicable.

**Professional liability protection or insurance**

- 6-18 (1) A medical practitioner licensee and physician assistant licensee must obtain and at all times maintain professional liability protection or professional liability insurance against liability in British Columbia for negligence in the provision of services that constitute the practice of their designated health profession in an amount of not less than \$10 million per claim or per occurrence in a form satisfactory to CPSBC.
- (2) A podiatric surgeon licensee must obtain and at all times maintain professional liability protection or professional liability insurance against liability in British Columbia for negligence in the provision of services that constitute the practice of their designated health profession in an amount of not less than \$3 million per claim or per occurrence in a form satisfactory to CPSBC.
- (3) Subsections (1) and (2) do not apply to:
- (a) a licensee who provides written evidence, satisfactory to CPSBC, that they are not providing medical service in British Columbia to any person,

- (b) a licensee who provides written evidence, satisfactory to CPSBC, from their employer which confirms:
  - (i) the licensee is providing medical service only to other employees of the employer, and not to any members of the public, and
  - (ii) any professional liability claim made against the licensee will be covered by the employer or the employer's insurer, or
- (c) a medical student, podiatric surgeon student or other licensee in a training capacity under the auspices of a university, teaching hospital or podiatric medical educational program, who has provided written evidence, satisfactory to CPSBC, which confirms that such university, teaching hospital or podiatric medical education program, or their respective insurers, will cover any professional liability claim made against the medical student, podiatric surgeon student, or other licensee as applicable.

### **Consequences of failing to maintain professional liability protection or insurance**

6-19 A licensee who ceases to have professional liability protection or professional liability insurance as required under section 6-18 of these Bylaws must:

- (a) immediately cease practice,
- (b) notify the registrar in writing not more than seven days after ceasing to be protected or insured, and
- (c) not more than seven days after ceasing to be protected or insured:
  - (i) provide consent for the immediate revocation of their licence, or
  - (ii) provide proof of professional liability protection or professional liability insurance as required under section 6-18 of these Bylaws.

### **Return to practice in British Columbia**

- 6-20 (1) A licensee who leaves British Columbia and practises in another jurisdiction must, prior to resuming practice in this province:
- (a) provide a certificate of professional conduct or equivalent document satisfactory to the registrar from each jurisdiction in which the licensee has practiced, unless this requirement is waived by the registrar,
  - (b) provide a written description of the licensee's medical practice in each jurisdiction in which the licensee practised,
  - (c) disclose whether the licensee is or has been subject to a review, investigation, disciplinary action, or any other proceeding of any nature in any jurisdiction with a regulator or other organization including a previous or current employer, hospital, or health authority, regarding their:

- (i) conduct, whether professional misconduct or unprofessional conduct,
    - (ii) competence,
    - (iii) capacity, or
    - (v) fitness to practise, and
  - (d) provide additional information or records that the licensee is directed or ordered to provide.
- (2) A licensee not practising in British Columbia must, prior to resuming practice in this province:
- (a) provide to the registrar the information and documents required in subsection (1), and
  - (b) complete and deliver a form specified by the registrar.
- (3) A licensee whose status is temporary inactive must, prior to resuming practice in this province:
- (a) provide written notice to the registrar, and
  - (b) comply with sections 14-10 and 14-11 of these Bylaws, if applicable.
- (4) In relation to a licensee seeking to resume practice in British Columbia, the registrar may do one or more of the following:
- (a) authorize the licensee to resume practice in this province without meeting further requirements,
  - (b) determine the licensee must first complete requirements under sections 6-14 and/or 6-15 of these Bylaws,
  - (c) refer the matter to the Licence Committee,
  - (d) make a regulatory complaint under section 119 of the Act, or
  - (e) exercise other relevant powers under the Act or these Bylaws.

### **Duty to update changes in information**

6-21 A licensee must, within 14 days of any change to information previously provided to CPSBC, log into the CPSBC website and update their information including, without limitation, any changes to their mailing address, business contact information, telephone number, unique email address, and the location of their medical records.

### **Duty to report criminal charges and disciplinary proceedings**

6-22 (1) An applicant or licensee who is charged with an offence, other than a summary conviction offence, under a federal, provincial or territorial statute in Canada, or an equivalent offence in an extrajurisdictional jurisdiction outside Canada, must immediately provide written notice to the registrar specifying the particulars of the charge and provide such information as the registrar may direct or order.

- (2) An applicant or licensee who becomes the subject of a proceeding, including an investigation, inquiry, prosecution, review or appeal, in Canada or an extrajurisdictional jurisdiction outside Canada that could result in their entitlement to practise a health profession being revoked, suspended, limited, restricted, or made subject to conditions must, immediately upon becoming aware of the proceeding, provide written notice to the registrar specifying the particulars of the proceeding and provide such other information and records as the registrar may direct or order.

## **Division 3 - Classes of licences**

### **Classes of licences - medical practitioners**

6-23 The following classes of licences are established:

- (a) full - family
- (b) full - specialty
- (c) provisional - family
- (d) provisional - specialty
- (e) restricted - family
- (f) restricted - specialty
- (g) special
- (h) retired - life
- (i) osteopathic
- (j) academic
- (k) administrative
- (l) conditional - disciplined
- (m) associate physician
- (n) surgical assistant
- (o) assessment - family
- (p) assessment - specialty
- (q) emergency - family
- (r) emergency - specialty
- (s) educational - medical student
- (t) educational - postgraduate (resident)
- (u) educational - postgraduate (resident elective)
- (v) educational - postgraduate (fellow)
- (w) educational - postgraduate (trainee)

- (x) clinical observership
- (y) visitor

### **Classes of licences - podiatric surgeons**

6-24 The following classes of licences are established:

- (a) full - podiatric surgeon
- (b) conditional - disciplined - podiatric surgeon
- (c) educational - podiatric surgeon student (elective)
- (d) educational - podiatric surgeon resident (elective)

### **Classes of licences - physician assistants**

6-25 The following classes of licences are established:

- (a) physician assistant
- (b) conditional - disciplined - physician assistant

## **Division 4 - Eligibility standards for medical practitioners**

### **Full - family**

6-26 To be granted a full - family licence, an applicant must:

- (a) have a medical degree, and
- (b) meet one of the following requirements:
  - (i) completed accredited postgraduate training in Canada, satisfactory to the Licence Committee, obtained the LMCC, and obtained certification with the CFPC,
  - (ii) graduated from a Canadian medical school before July 1, 2010 and completed an internship or accredited training, satisfactory to the Licence Committee, and obtained the LMCC,
  - (iii) completed accredited international training, satisfactory to the Licence Committee, and obtained certification with the CFPC,
  - (iv) completed postgraduate training in a training program accredited by the ACGME or the AOA and achieved certification with the American Board of Family Medicine or the American Osteopathic Board of Family Physicians, satisfactory to the Licence Committee, or
  - (v) successfully completed a licensing assessment, at the applicant's cost, satisfactory to the Licence Committee if licensed in the provisional - family class under sections 6-29(1)(b)(ii) or (iii).

### **Full - specialty**

6-27 To be granted a full - specialty licence, an applicant must:

- (a) have a medical degree, and
- (b) meet one of the following requirements:
  - (i) completed accredited postgraduate training in Canada, satisfactory to the Licence Committee, obtained the LMCC, and obtained certification with the RCPSC,
  - (ii) completed accredited international training, satisfactory to the Licence Committee, and obtained certification with the RCPSC,
  - (iii) completed postgraduate training in a training program accredited by the ACGME and achieved certification with an American Board of Medical Specialties, satisfactory to the Licence Committee, or
  - (iv) successfully completed a licensing assessment, at the applicant's cost, satisfactory to the Licence Committee, if licensed in the provisional - specialty class under sections 6-30(1)(b)(ii) or (iii).

### **Provisional - prelicensure requirements**

- 6-28 (1) To be granted a provisional - family or provisional - specialty licence, an applicant must:
- (a) successfully obtain a preliminary assessment of their eligibility for licensure from CPSBC and pay the fee set out in [schedule B](#),
  - (b) successfully complete the requirements listed in the preliminary assessment,
  - (c) have obtained the LMCC if they completed accredited postgraduate training in Canada, satisfactory to the Licence Committee, and
  - (d) submit a sponsorship letter, satisfactory to the Licence Committee, from a health authority or faculty of medicine which:
    - (i) identifies the applicant's sponsor,
    - (ii) describes how the applicant will engage in the practise of medicine, and
    - (iii) identifies a supervisor.
- (2) If the applicant successfully completed a family medicine program in Canada or a RCPSC specialty program in Canada, the registrar may defer the requirements under subsection (1)(d) until the applicant's results are available from the next available sitting of the certification examinations of the CFPC or RCPSC, as applicable.

### **Provisional - family**

- 6-29 (1) To be granted a provisional - family licence, in addition to the requirements under section 6-28 of these Bylaws, an applicant must:
- (a) have a medical degree, and
  - (b) meet one of the following requirements:

- (i) provide a recommendation from the program director and chair of the department of family medicine which they attended, attesting to competence and successful completion of all program requirements, acceptable to the Licence Committee, if they completed a family medicine program in Canada after July 1, 2010 but did not obtain certification with the CFPC,
  - (ii) successfully completed a minimum of two years of accredited postgraduate training in an extrajurisdictional jurisdiction outside Canada recognized by the CFPC for the award of certification without examination, or
  - (iii) successfully completed a practice ready assessment, acceptable to the Licence Committee, in a Canadian province or territory.
- (2) A provisional - family licensee must:
  - (a) obtain certification with the CFPC by examination within five years of obtaining licensure in British Columbia,
  - (b) obtain certification with the CFPC without examination based on recognition of training and certification obtained in an extrajurisdictional jurisdiction outside Canada as determined by the CFPC, within one year of obtaining licensure in British Columbia, or
  - (c) complete a licensing assessment, at the licensee's cost, satisfactory to the Licence Committee, if licensed under subsections (1)(b)(ii) or (iii), following two years of continuous practice in British Columbia and within five years of obtaining licensure in British Columbia.
- (3) A provisional - family licensee licensed under subsections (1)(b)(ii) or (iii) must move to the restricted - family class within five years of obtaining licensure in British Columbia failing which the provisional licence will expire unless otherwise directed by the Licence Committee under subsection (4).
- (4) The Licence Committee may extend the deadlines under subsections (2) and (3) if satisfied there are exceptional circumstances.
- (5) Licensure in the provisional - family class may be granted for a period not to exceed five years unless otherwise directed by the Licence Committee under subsection (4).
- (6) A provisional - family licence expires if:
  - (a) the licensee ceases to engage in the practice of medicine in accordance with the terms outlined in the sponsorship letter provided under section 6-28(1)(d) of these Bylaws,
  - (b) the health authority or faculty of medicine, as applicable, withdraws sponsorship provided under section 6-28(1)(d) of these Bylaws,
  - (c) the licensee's supervision is withdrawn because of competency concerns,

- (d) the licensee's supervision is withdrawn for reasons other than competency concerns and an alternate supervisor acceptable to the Licence Committee is not identified within seven days of the date of withdrawal, or
- (e) the Licence Committee determines that the licensee has failed to meet their licensure requirements, in which case the licensee is not eligible to reapply for a provisional licence.

### **Provisional - specialty**

- 6-30 (1) To be granted a provisional - specialty licence, in addition to the requirements under section 6-28 of these Bylaws, an applicant must:
- (a) have a medical degree, and
  - (b) meet one of the following requirements:
    - (i) provide a recommendation from the program director and chair of the department of the program which they attended, attesting to competence and successful completion of all program requirements, acceptable to the Licence Committee, if they trained in an RCPSC specialty program in Canada but did not obtain certification with the RCPSC,
    - (ii) successfully complete postgraduate training and obtain a completion of training certificate and certification in the applicant's specialty from an extrajurisdictional jurisdiction outside Canada which training meets the criteria for a RCPSC ruling to access RCPSC certification through examinations, acceptable to the Licence Committee, or
    - (iii) successfully complete a practice ready assessment, acceptable to the Licence Committee, in a Canadian province or territory.
- (2) A provisional - specialty licensee must:
- (a) obtain RCPSC certification in their primary specialty or RCPSC subspecialty examination affiliate status within five years of obtaining licensure in British Columbia, or
  - (b) complete a licensing assessment, at the licensee's cost, satisfactory to the Licence Committee, if licensed under subsections (1)(b)(ii) or (iii), following two years of continuous practice in British Columbia and within five years of obtaining licensure in British Columbia.
- (3) A provisional - specialty licensee licensed under subsections (1)(b)(ii) or (iii) must move to the restricted - specialty class within five years of obtaining licensure in British Columbia failing which the provisional licence will expire unless otherwise directed by the Licence Committee under subsection (4).
- (4) The Licence Committee may extend the deadlines under subsections (2) and (3) if satisfied there are exceptional circumstances.

- (5) Licensure in the provisional – specialty class may be granted for a period not to exceed five years unless otherwise directed by the Licence Committee under subsection (4).
- (6) A provisional – specialty licence expires if:
  - (a) the licensee ceases to engage in the practice of medicine in accordance with the terms outlined in the sponsorship letter provided under section 6-28(1)(d) of these Bylaws,
  - (b) the health authority or faculty of medicine, as applicable, withdraws sponsorship provided under section 6-28(1)(d) of these Bylaws,
  - (c) the licensee’s supervision is withdrawn because of competency concerns,
  - (d) the licensee’s supervision is withdrawn for reasons other than competency concerns and an alternate supervisor acceptable to the Licence Committee is not identified within seven days, or
  - (e) the Licence Committee determines that the licensee has failed to meet their licensure requirements, in which case the licensee is not eligible to reapply for a provisional licence.

### **Restricted – family**

- 6-31 (1) To be granted a restricted – family licence, a licensee in the provisional – family class must:
- (a) either:
    - (i) have successfully completed a minimum of two years of accredited postgraduate training in an extrajurisdictional jurisdiction outside Canada recognized by the CFPC for the award of certification without examination, or
    - (ii) have successfully completed a practice ready assessment, acceptable to the Licence Committee, in a Canadian province or territory,
  - (b) have completed five years of family practice in British Columbia under supervision, satisfactory to the Licence Committee, and
  - (c) submit a sponsorship letter, satisfactory to the Licence Committee, from a health authority which:
    - (i) identifies the licensee’s sponsor, and
    - (ii) describes how the licensee will engage in the practise of medicine.
- (2) A restricted – family licence expires when:
- (a) the health authority withdraws sponsorship provided under subsection (1)(c), or
  - (b) the licensee ceases to engage in the practice of medicine as described in the sponsorship letter under subsection (1)(c).

**Restricted - specialty**

- 6-32 (1) To be granted a restricted - specialty licence, a licensee in the provisional - specialty class must:
- (a) either:
    - (i) have completed postgraduate training and obtained a completion of training certificate and certification in the applicant's specialty from an international accrediting body which training meets the criteria for a RCPSC ruling to access RCPSC certification through examinations, acceptable to the Licence Committee, or
    - (ii) have successfully completed a practice ready assessment, acceptable to the Licence Committee, in a Canadian province or territory,
  - (b) have completed five years of specialty practice in British Columbia under supervision, satisfactory to the Licence Committee, and
  - (c) submit a sponsorship letter from a health authority satisfactory to the Licence Committee, which:
    - (i) identifies the licensee's sponsor, and
    - (ii) describes how the licensee will engage in the practice of medicine.
- (2) A restricted - specialty licence expires when:
- (a) the health authority withdraws sponsorship provided under subsection (1)(c), or
  - (b) the licensee ceases to engage in the practice of medicine as described in the sponsorship letter under subsection (1)(c).

**Special**

- 6-33 A licensee whose name was entered on the special register immediately before June 1, 2009 will be licensed in the special class, subject to the specific limits and conditions that applied to their registration under the *Health Professions Act*.

**Retired - life**

- 6-34 (1) A licensee who was registered in the retired - life class will continue to be licensed in that class subject to the specific limits and conditions that applied to their registration under the *Health Professions Act*.
- (2) A retired - life licensee who seeks to reactivate their licence to practise medicine must comply with sections 6-13, 6-14, and 6-15 of these Bylaws and pay the fee in [schedule B](#).

## Osteopathic

- 6-35 (1) An osteopathic licence may be granted to a physician who practises in the field of musculoskeletal medicine, dealing primarily in the musculoskeletal system and associated conditions inclusive of the use of manual therapy, but does not otherwise practise obstetrics or surgery.
- (2) To be granted an osteopathic licence, an applicant who is eligible under subsection (1) must:
- (a) be a graduate of a school or college of osteopathic medicine accredited by the AOA, acceptable to the Licence Committee, and
  - (b) have successfully completed:
    - (i) postgraduate training and certification in a program accredited by the AOA, acceptable to the Licence Committee, and
    - (ii) the three-part Comprehensive Osteopathic Medical Licensing Examinations administered by the United States National Board of Osteopathic Medical Examiners.

## Academic

- 6-36 (1) An academic licence may be granted to a physician appointed to the faculty of medicine, at the rank of assistant professor, associate professor, full professor (tenure or partner stream), clinical assistant professor, clinical associate professor, or clinical professor, who is working in an academic department setting, satisfactory to the Licence Committee, where:
- (a) the clinical practice component is not greater than 40% of the total work for an academic (tenure or partner stream) faculty position,
  - (b) the clinical practice component is not greater than 40% of the total work for a partner institution appointment as defined and approved by the dean of the faculty of medicine, or
  - (c) the clinical practice component for a clinical faculty appointment allows adequate academic output, as determined by the Licence Committee.
- (2) To be granted an academic licence, an applicant who is eligible under subsection (1) must:
- (a) have a medical degree,
  - (b) have certification that is recognized by the RCPSC or the CFPC unless the Licence Committee waives this requirement based on exceptional circumstances, and
  - (c) provide a request for licensure from the dean of the faculty of medicine and the relevant department head satisfactory to the Licence Committee.

- (3) An academic licence is limited to the practice of medicine in the medical school, department or hospital to which the academic appointment relates and expires if the appointment referred to under subsection (1) is suspended or terminated.

### **Administrative**

- 6-37 (1) An administrative licence may be granted:
  - (a) for a medical appointment to the public service or the Ministry of Health of British Columbia, upon written request from the Ministry of Health or a health authority,
  - (b) for a medical appointment to the Mental Health Review Board under the *Mental Health Act* upon written request from the chair of the Mental Health Review Board or the Ministry of Health,
  - (c) for administrative or teaching purposes to the faculty of medicine, upon written request from the dean of the faculty of medicine, or
  - (d) for carrying out administrative or teaching activities at CPSBC.
- (2) To be granted an administrative licence under subsection (1), an applicant must:
  - (a) have a medical degree, and
  - (b) have completed postgraduate training consistent with the applicant's defined employment or decision-making responsibilities, acceptable to the Licence Committee.
- (3) An administrative licensee must not provide direct patient care.
- (4) An administrative licence expires upon the suspension or termination of the medical appointment or administrative or teaching position under subsection (1).
- (5) An administrative licensee under subsection (1)(c) or (d) must enroll in and comply with the continuing competency or professional development requirements set by CPSBC.

### **Conditional - disciplined**

- 6-38 (1) A licensee who is the subject of an order or agreement under sections 25.2(6)(b), 32.2(4)(b)(ii), 32.3(3)(b)(ii), 33(2), 37.1 or 39 of the *Health Professions Act* will be licensed in the conditional - disciplined class and subject to the specific limits or conditions imposed under the order or agreement.
- (2) A licensee who is the subject of an order under section 270 of the Act, will be licensed in the conditional - disciplined class and subject to the specific limits or conditions imposed under the order.

**Associate physician**

- 6-39 (1) An associate physician licence may be granted to a physician who is not otherwise eligible for licensure in the provisional or full class as determined by the Licence Committee, and who is practising under the direction and supervision of an attending physician.
- (2) To be granted an associate physician licence, an applicant who is eligible under subsection (1) must:
- (a) have a medical degree,
  - (b) provide:
    - (i) where the applicant will be practising in a health authority, a sponsorship letter, satisfactory to the Licence Committee, from a health authority that identifies the applicant's sponsor, describes how the applicant will engage in the practice of medicine, and confirms the applicant will be working under the direction and supervision of an attending physician, or
    - (ii) where the applicant will be practising in a non-health authority community setting:
      - (A) a sponsorship letter, satisfactory to the Licence Committee, from the primary responsible physician who identifies the applicant's sponsor, describes how the applicant will engage in the practice of medicine, and confirms the applicant will be working under the direction and supervision of an attending physician, and
      - (B) where required by the Licence Committee, a copy of the contract of supervision satisfactory to the Licence Committee, and
  - (c) have completed:
    - (i) a minimum of one year of accredited training as a medical or surgical specialist prior to applying for licensure if practising in an acute care setting,
    - (ii) a minimum of one year of accredited training as a general practitioner prior to applying for licensure if practising in a community primary care setting, or
    - (iii) a minimum of one year of accredited training as a medical or surgical specialist or as a general practitioner including four weeks of surgical training excluding obstetrics and gynecology, prior to applying for licensure if practising as a surgical assistant.
- (3) The Licence Committee may exempt an applicant from the requirements of section 6-13 of these Bylaws subject to the applicant completing a period of retraining with the sponsor under subsection (2)(b), which retraining must be satisfactory to the Licence Committee.

- (4) An associate physician must limit their practice of medicine to the provision of services required to fulfill the terms set out in the sponsorship letter under subsection (2)(b).
- (5) An associate physician may only practise in an associate physician program and must not be the most responsible physician.
- (6) An associate physician licence expires upon:
  - (a) withdrawal of the sponsorship under subsection (2)(b), or
  - (b) the licensee ceasing to engage in the practice of medicine as described in the sponsorship letter.
- (7) An associate physician licensee must comply with the continuing competency or professional development requirements of the associate physician program.

### **Surgical assistant**

- 6-40
- (1) A surgical assistant licence may be granted to an applicant who is:
    - (a) eligible for the full - family or full - specialty class, or
    - (b) a licensee currently in the full - family, full - specialty, special, osteopathic, or academic class.
  - (2) A surgical assistant licensee must limit their practice of medicine to the provision of surgical assistance and surrender their privileges, including the authority to write prescriptions and pre- and post-operative orders.
  - (3) A surgical assistant licence expires upon the licensee ceasing to engage in the practice of medicine as described in subsection (2).

### **Assessment - family**

- 6-41
- (1) To be granted an assessment - family licence, an applicant must:
    - (a) have a medical degree,
    - (b) have successfully completed a minimum of two years of postgraduate training in an extrajurisdictional jurisdiction outside Canada that includes training in medicine, surgery, obstetrics/gynecology, pediatrics, psychiatry, emergency medicine and family practice leading to registration or recognition as a family physician in that jurisdiction, which training must be acceptable to the Licence Committee, and
    - (c) provide a request to grant assessment licensure, satisfactory to the Licence Committee, from the health authority or faculty of medicine which:
      - (i) identifies the applicant's sponsor or designate, and
      - (ii) describes how the applicant will engage in the practice of medicine.
  - (2) An assessment - family licensee must limit their practice of medicine to the provision of services required to complete the practice ready assessment specified by the Licence Committee.

- (3) An assessment - family licence expires upon:
  - (a) the termination of the assessment period specified by the Licence Committee,
  - (b) withdrawal of the request from the health authority or the faculty of medicine, as applicable, under subsection (1), or
  - (c) suspension or termination of the licensee's assessment because of competency concerns.

### **Assessment - specialty**

- 6-42 (1) To be granted an assessment - specialty licence, an applicant must:
- (a) have a medical degree,
  - (b) have successfully completed a minimum of four years of postgraduate training in the applicant's specialty in an extrajurisdictional jurisdiction outside Canada leading to registration or recognition as a specialist physician in that jurisdiction, which training must be acceptable to the Licence Committee, and
  - (c) provide a request to grant assessment licensure, satisfactory to the Licence Committee, from the health authority or faculty of medicine which:
    - (i) identifies the applicant's sponsor or designate, and
    - (ii) describes how the applicant will engage in the practice of medicine.
- (2) An assessment licensee must limit their practice of medicine to the provision of services required to complete the practice ready assessment specified by the Licence Committee.
- (3) An assessment - specialty licence expires upon:
- (a) the termination of the assessment period specified by the Licence Committee,
  - (b) the withdrawal of the request from the health authority or the faculty of medicine, as applicable, under subsection (1), or
  - (c) suspension or termination of the licensee's assessment because of competency concerns.

### **Emergency - family**

- 6-43 (1) An emergency - family licence may be granted if the registrar or the board advise the Licence Committee there is immediate need for an applicant to provide short-term medical services due to an actual or potential threat of serious harm to public safety, health, or welfare.

- (2) To be granted an emergency - family licence, an applicant must provide information to confirm the applicant holds licensure or registration in good standing in another jurisdiction in Canada or an extrajurisdictional jurisdiction outside Canada which regulates the practice of the profession acceptable to the Licence Committee, and is not subject to any practice limitations, restrictions or conditions in that jurisdiction that are relevant to the practice of the profession in British Columbia.
- (3) The Licence Committee may waive the requirements under subsection (2) in exceptional circumstances.
- (4) An emergency - family licence expires on the date determined by the Licence Committee.

### **Emergency - specialty**

- 6-44
- (1) An emergency - specialty licence may be granted if the registrar or the board advise the Licence Committee there is immediate need for an applicant to provide short-term medical services due to an actual or potential threat of serious harm to public safety, health, or welfare.
  - (2) To be granted an emergency - specialty licence, an applicant must provide information to confirm the applicant holds licensure or registration in good standing in another jurisdiction in Canada or an extrajurisdictional jurisdiction outside Canada which regulates the practice of the profession acceptable to the Licence Committee, and is not subject to any practice limitations, restrictions or conditions in that jurisdiction that are relevant to the practice of the profession in British Columbia.
  - (3) The Licence Committee may waive the requirements under subsection (2) in exceptional circumstances.
  - (4) An emergency - specialty licence expires on the date determined by the Licence Committee.

### **Educational - medical student**

- 6-45
- (1) To be granted an educational - medical student licence, an applicant must:
    - (a) be either:
      - (i) a medical student enrolled in the faculty of medicine, or
      - (ii) an out-of-province medical student enrolled in a medical school, satisfactory to the Licence Committee, to perform an elective, and
    - (b) provide a request for licensure, satisfactory to the Licence Committee, from the dean of admissions, faculty of medicine.
  - (2) An educational - medical student licensee must limit their practice of medicine to the provision of services authorized by the medical degree program in which they are enrolled and comply with the requirements of that program.

**Educational - postgraduate (resident)**

- 6-46 (1) To be granted an educational - postgraduate (resident) licence as a postgraduate resident, an applicant must:
- (a) have a medical degree,
  - (b) be enrolled in postgraduate training in the faculty of medicine, and
  - (c) provide a request for licensure, satisfactory to the Licence Committee, from the associate dean of postgraduate medical education, faculty of medicine.
- (2) An educational - postgraduate (resident) licensee must limit their practice of medicine to the provision of services required to fulfill the conditions or requirements of the postgraduate training program in which they are enrolled.
- (3) The registrar may authorize an educational - postgraduate (resident) licensee to use the title "resident - clinical associate" to provide services in a clinical academic centre that is affiliated with the faculty of medicine, if the educational - postgraduate (resident) licensee:
- (a) is enrolled in a postgraduate training program in the faculty of medicine that will lead to RCPSC certification,
  - (b) has successfully completed a minimum of two years of postgraduate training,
  - (c) has obtained the LMCC,
  - (d) has provided a request for authorization from the health authority that will be employing or retaining them describing, to satisfaction of the registrar:
    - (i) the clinical area in which the educational - postgraduate (resident) licensee will be practising, and
    - (ii) the supervision and review conditions which will be in place respecting the educational - postgraduate (resident) licensee's practice,
  - (e) has provided a request for authorization from the director of the postgraduate training program confirming, to the satisfaction of the registrar:
    - (i) the educational - postgraduate (resident) licensee's standing in the training program,
    - (ii) the educational - postgraduate (resident) licensee has sufficient competency in the clinical area in which they will be practising, and
    - (iii) there is sufficient correlation between the subject matter of the postgraduate training program and the services to be provided by the educational - postgraduate (resident) licensee for the health authority,

- (f) complies with section 6-18 of these Bylaws, and
  - (g) pays the applicable fees set out in [schedule B](#).
- (4) The registrar may defer the requirement under subsection (3)(c) in exceptional circumstances.
- (5) An authorization under subsection (3) expires on the earliest of:
- (a) the date the educational - postgraduate (resident) licensee ceases to be enrolled in the training program described in subsection (3)(a),
  - (b) the date the health authority provides written notice of cancellation or withdrawal of the request described in subsection (3)(d),
  - (c) the date the program director provides written notice of cancellation or withdrawal of the request described in subsection (3)(e),
  - (d) the date the educational - postgraduate (resident) licensee ceases to comply with section 6-18 of these Bylaws,
  - (e) the date the registrar receives a request or written consent from the educational - postgraduate (resident) licensee,
  - (f) the date the educational - postgraduate (resident) licensee ceases to be a licensee,
  - (g) the date the Licence Committee determines that the educational - postgraduate (resident) licensee has failed to meet their licensure requirements, or
  - (h) June 30 following the date of issuance of the licence.

### **Educational - postgraduate (resident elective)**

- 6-47 (1) To be granted an educational - postgraduate (resident elective) licence as a postgraduate resident taking an elective, an applicant must:
- (a) have a medical degree,
  - (b) be a physician in training in an accredited program outside of British Columbia, and
  - (c) provide confirmation of an elective by the faculty of medicine, for education in the applicant's specialty discipline or subdiscipline from the applicant's program director and the associate dean of postgraduate medical education, satisfactory to the Licence Committee.
- (2) An educational - postgraduate (resident elective) licensee taking an elective must limit their practice of medicine to the provision of services required to fulfill the conditions or requirements of the postgraduate training program in which they are enrolled.

**Educational - postgraduate (fellow)**

- 6-48 (1) An educational - postgraduate (fellow) licence may be granted to a physician pursuing further clinical or research training in their specialty who has successfully completed the requirements that would authorize them to practise as a specialist in their home jurisdiction.
- (2) To be granted an educational - postgraduate (fellow) licence, an applicant who is eligible under subsection (1) must:
- (a) have a medical degree,
  - (b) submit with the application a request for licensure, satisfactory to the Licence Committee, from the department head or division head, and the associate dean of postgraduate medical education, and
  - (c) have:
    - (i) completed the educational requirements for certification as a specialist as determined by the RCPSC, or
    - (ii) be recognized as a medical or surgical specialist in the jurisdiction in which the applicant practised immediately prior to applying for licensure.
- (3) An educational - postgraduate (fellow) licensee must limit their practice of medicine to the provision of services required to fulfill the conditions or requirements of the postgraduate training program in which they are enrolled.
- (4) The Licence Committee may grant an educational - postgraduate (fellow) licence for a period not to exceed four years to enable the applicant to acquire further postgraduate training in their specialty or subspecialty.

**Educational - postgraduate (trainee)**

- 6-49 (1) To be granted an educational - postgraduate (trainee) licence, an applicant who does not otherwise meet the requirements for an educational - postgraduate (fellow) licence must:
- (a) have a medical degree,
  - (b) be enrolled in a postgraduate training program in an extrajurisdictional jurisdiction outside Canada acceptable to the Licence Committee, and
  - (c) provide a request for licensure from the associate dean of postgraduate medical education, faculty of medicine.
- (2) An educational - postgraduate (trainee) licensee must limit their practice of medicine to the provision of services required to fulfill the conditions or requirements of the postgraduate training program in which they are enrolled.
- (3) The Licence Committee may grant an educational - postgraduate (trainee) licence for a period not to exceed three years to enable the applicant to acquire further postgraduate training in their specialty or subspecialty.

**Clinical observership**

- 6-50 (1) A clinical observership licence may be granted to an applicant to gain educational experience in a setting approved by the Licence Committee to enable them to become familiar with the clinical and ethical requirements of the Canadian medical system.
- (2) To be granted a clinical observership licence, an applicant who is eligible under subsection (1) must:
- (a) have a medical degree,
  - (b) have a written request sent directly from a licensee in good standing in one of the full classes of licensure, satisfactory to the Licence Committee, which:
    - (i) confirms the licensee's agreement to supervise and be responsible for all clinical contact the applicant may have with patients and ensure the applicant's compliance with the ethics standards and practice standards, and
    - (ii) outlines the duration, specific dates and locations, parameters, responsibilities, benefits and goals of the clinical observership for the applicant and the nature and extent of the intended supervision of the applicant, all of which must be in a form satisfactory to the Licence Committee, and
  - (c) submit a letter, satisfactory to the Licence Committee, from the chief of staff of the hospital supporting the application for licensure where a portion of the educational activity will take place in a hospital.
- (3) The Licence Committee may grant a clinical observership licence for a period not to exceed three years.

**Visitor**

- 6-51 (1) A visitor licence may be granted to an applicant to enable them to have a short-term learning experience relevant to their specialty and area of practice involving clinical contact with patients or to provide limited medical care in specific circumstances, on such limits or conditions as the Licence Committee directs.
- (2) To be granted a visitor licence, an applicant who is eligible under subsection (1) must:
- (a) have a medical degree,
  - (b) have certification acceptable to the Licence Committee:
    - (i) for a family physician, from the CFPC or satisfactory postgraduate training in family medicine consistent with the applicant's defined responsibilities, unless waived by the Licence Committee, or

- (ii) for a specialist, from the RCPSC or recognition as a medical or surgical specialist in the jurisdiction of practice immediately prior to applying for licensure, unless waived by the Licence Committee,
  - (c) submit a request for licensure, satisfactory to the Licence Committee, from a licensee in good standing in one of the full classes of licensure acceptable to the Licence Committee,
  - (d) specify the dates on which, and locations where, the applicant will be carrying out their educational experience, if applicable, and
  - (e) provide the name of a licensee acceptable to the Licence Committee who will be responsible for supervising the applicant, if applicable.
- (3) The Licence Committee may grant a visitor licence for a period not to exceed six months.
- (4) The registrar may waive the application fee for a visitor licence.

## **Division 5 - Eligibility standards for podiatric surgeons**

### **Full - podiatric surgeon**

6-52 To be granted a full - podiatric surgeon licence, an applicant must:

- (a) have a Doctor of Podiatric Medicine degree from one of the recognized podiatric medical education programs in [schedule C](#),
- (b) have successfully completed the three-part APMLE administered by the NBPME, and
- (c) meet one of the following requirements:
  - (i) have successfully completed a minimum of two years of residency accredited by the CPME, satisfactory to the Licence Committee, or
  - (ii) have successfully completed a minimum of one year of residency accredited by the CPME, satisfactory to the Licence Committee, if postgraduate training was completed before January 1, 2012.

### **Conditional - disciplined - podiatric surgeon**

- 6-53 (1) A podiatric surgeon licensee who is the subject of an order or agreement under sections 25.2(6)(b), 32.2(4)(b)(ii), 32.3(3)(b)(ii), 33(2), 37.1 or 39 of the *Health Professions Act* will be licensed in the conditional - disciplined - podiatric surgeon class and subject to the specific limits or conditions imposed under the order or agreement.
- (2) A podiatric surgeon licensee who is the subject of an order under section 270 of the Act will be licensed in the conditional - disciplined - podiatric surgeon class and subject to the specific limits and conditions imposed under the order.

**Educational - podiatric surgeon student (elective)**

- 6-54 (1) To be granted an educational - podiatric surgeon student (elective) licence, an applicant must be a podiatric surgeon medical student enrolled in a recognized podiatric medical education program in [schedule C](#) or another substantially equivalent program acceptable to the Licence Committee.
- (2) An educational - podiatric surgeon student (elective) licensee taking an elective must limit their practice of podiatric medicine to the provision of services that are:
- (a) authorized by the podiatric medical education program in which they are enrolled, and
  - (b) acceptable to the Licence Committee.

**Educational - podiatric surgeon resident (elective)**

- 6-55 (1) To be granted an educational - podiatric surgeon resident (elective) licence, an applicant must:
- (a) have a Doctor of Podiatric Medicine degree from a recognized podiatric medical education program set out in [schedule C](#),
  - (b) have successfully completed Parts I and II of the APMLE administered by the NBPME,
  - (c) be a podiatric surgeon resident in a training program accredited by the CPME, and
  - (d) provide a request for licensure, satisfactory to the Licence Committee, from the applicant's supervising podiatric surgeon.
- (2) An educational - podiatric surgeon resident (elective) licensee taking an elective must limit their practice of podiatric medicine to the provision of services required to fulfill the conditions or requirements of the postgraduate training program in which they are enrolled, and which are acceptable to the Licence Committee.

**Division 6 - Eligibility standards for physician assistants****Physician assistant**

- 6-56 (1) To be granted a physician assistant licence, an applicant must:
- (a) have obtained certification as a:
    - (i) CCPA, or
    - (ii) PA-C, and
  - (b) submit a sponsorship letter, satisfactory to the Licence Committee, from a health authority which:
    - (i) identifies the applicant's employer,
    - (ii) describes how the applicant will practise, and

- (iii) confirms the applicant will be working under the direction and supervision of an attending physician.
- (2) A physician assistant must limit their practice to the services set out in their employment contract with the health authority and as directed and supervised by the attending physician.

### **Conditional - disciplined - physician assistant**

6-57 A physician assistant licensee who is the subject of an order under section 270 of the Act will be licensed in the conditional - disciplined - physician assistant class and subject to the specific limits and conditions imposed under the order.

## **Division 7 - Limitations on class of licence**

### **Limitations on licence**

6-58 A licensee must only engage in an aspect of practice that they are competent to perform in accordance with the limits and conditions on their licence.

## **Division 8 - Variance of licence or transfer to another class**

### **Application to vary limits or conditions on licence**

6-59 A licensee applying to vary the limits or conditions of a licence must provide to the registrar:

- (a) a completed application in a form specified by the registrar, and
- (b) additional information or records that the licensee is directed or ordered to provide.

### **Transfer to another class**

6-60 A licensee seeking to transfer to a different class of licence must provide to the registrar:

- (a) a completed request in a form specified by the registrar,
- (b) documentary proof of meeting the eligibility standards applicable to the class of licence applied for, and
- (c) additional information or records that the licensee is directed or ordered to provide.

## **Division 9 - Renewal**

### **Annual renewal for licences excluding educational classes and retired - life class**

6-61 (1) The registrar must notify each licensee, except those licensees in educational classes and retired - life class, of the process for annual renewal and the consequences of failing to renew no later than January 15 of each year.

- (2) Licensees must complete the annual renewal form and pay the annual renewal fee in [schedule B](#) on or before February 1 of each year.
- (3) If a licensee fails to deliver a completed annual licence renewal form and/or fails to pay the annual renewal fee by February 1, the registrar must send the licensee a notice of late renewal.
- (4) A licensee who fails to deliver a completed annual renewal form and/or fails to pay the annual renewal fee before March 1 must pay a late renewal fee as out in [schedule B](#).
- (5) A licensee who fails to comply with subsection (4) before March 31 will have their licence suspended effective April 1 and must pay an additional fee as set out in [schedule B](#).
- (6) If a licensee's licence is suspended under subsection (5) and the licensee fails to comply with the requirements under subsections (4) and (5) before April 30, their licence will expire effective May 1.

### **Renewal requirements for licensees excluding educational classes and retired - life class**

- 6-62 A licensee, except a licensee in an educational or retired - life class, applying for renewal of a licence must provide to the registrar:
- (a) a completed renewal application in the form specified by the registrar,
  - (b) a completed declaration in the form specified by the registrar attesting to the licensee's compliance with the Act, the Regulations, and these Bylaws, and any limits, conditions or terms imposed on their licence,
  - (c) an updated criminal record check authorization in the form required under the *Criminal Records Review Act* if the licensee's previous criminal record check authorization was provided more than five years ago,
  - (d) documents confirming compliance with all continuing competency requirements unless exempt under section 6-11 of these Bylaws,
  - (e) documents confirming compliance with currency requirements under section 6-13 of these Bylaws,
  - (f) documents confirming compliance with section 6-18 of these Bylaws,
  - (g) the annual renewal fee specified in [schedule B](#),
  - (h) any outstanding amount owed or owing by the licensee to CPSBC, and
  - (i) additional information or records that the licensee is directed or ordered to provide.

### **Annual renewal for educational classes and retired - life class**

- 6-63 (1) The registrar must notify each licensee in an educational or retired - life class of the process for annual renewal and the consequences for failing to renew.

- (2) The licensee must complete the annual renewal form and pay the annual renewal fee, if applicable, on or before the expiration date of their licence.
- (3) If a licensee fails to deliver a completed annual renewal form and/or fails to pay the annual renewal fee, if applicable, before the expiration date of their licence, their licence will expire.

### **Renewal requirements for educational licence**

- 6-64 A licensee in an educational class applying for renewal of a licence must provide to the registrar:
- (a) a completed renewal application in the form specified by the registrar,
  - (b) documentary evidence of continued enrolment in a training program at a faculty of medicine,
  - (c) an updated criminal record check authorization in the form required under the *Criminal Records Review Act* if the licensee's previous criminal record check authorization was provided more than five years ago,
  - (d) the annual renewal fee in [schedule B](#),
  - (e) any outstanding amount owed or owing by the licensee to CPSBC, and
  - (f) additional information or records that the licensee is directed or ordered to provide.

### **Renewal requirements for retired - life class**

- 6-65 A licensee in the retired - life class applying for renewal of a licence must provide to the registrar:
- (a) a completed renewal application in the form specified by the registrar,
  - (b) an updated criminal record check authorization in the form required under the *Criminal Records Review Act* if the licensee is clinically practising in British Columbia and the licensee's previous criminal record check authorization was provided more than five years ago,
  - (c) any outstanding amount owed or owing by the licensee to CPSBC, and
  - (d) additional information or records that the licensee is directed or ordered to provide.

## **Division 10 - Reinstatement**

### **Reinstatement**

- 6-66 (1) A former licensee whose licence expired or was revoked for a reason other than a discipline order or revocation order under the Act seeking reinstatement of a licence must, in addition to meeting the requirements in section 6-4 and division 4, 5, or 6, as applicable, of these Bylaws, provide to the registrar:

- (a) a completed application for reinstatement in the form specified by the registrar, and
  - (b) proof of completion of all applicable continuing competency as though the applicant had not ceased to be licensed.
- (2) An application for reinstatement must be made within six months from the date that the applicant ceased to have a licence with CPSBC.
- (3) An applicant seeking to return to practice who fails to make an application for reinstatement within six months from the date that the applicant ceased to have a licence with CPSBC must submit a new application for licensure.
- (4) An applicant for reinstatement, including one not current in clinical practice, is only eligible for reinstatement of a licence in the same area of practice that the applicant previously had.
- (5) An applicant for reinstatement will be subject to any limits or conditions which were imposed on their previous licence and may be subject to additional limits or conditions under section 6-70 of these Bylaws.

### **Reinstatement following disciplinary action**

- 6-67 (1) In this section, “disciplined person” means:
- (a) a former licensee whose licence was revoked under the Act,
  - (b) a former licensee whose registration was suspended or cancelled under sections 36, 37.1 or 39 of the *Health Professions Act*, or
  - (c) a person whose registration or licensure was revoked, suspended, or cancelled under equivalent or similar provisions of another enactment or former enactment in any jurisdiction in Canada or in another country,
- and who is eligible to apply for reinstatement of licensure.
- (2) Subject to section 6-68, a disciplined person applying for reinstatement of a licence must, in addition to meeting the requirements in section 6-4 and division 4, 5, or 6, as applicable, of these Bylaws, provide to the registrar:
- (a) a completed declaration in the form specified by the registrar attesting to the applicant’s compliance with the Act, the Regulations, and these Bylaws,
  - (b) proof of successful completion of a competency assessment or other examination or assessment at the discretion of the Licence Committee, and
  - (c) information confirming the disciplined person’s reinstatement will not:
    - (i) pose an undue risk to public health or safety, or
    - (ii) otherwise be contrary to the public interest.
- (3) An application for reinstatement must be made within six months from the date that the applicant ceased to have a licence with CPSBC.

- (4) A disciplined person seeking to return to practice who fails to make an application for reinstatement within six months of the date that they ceased to have a licence with CPSBC must make a new application for licensure.
- (5) A disciplined person, including one not current in clinical practice, is only eligible for reinstatement of a licence in the same area of practice that the disciplined person previously had.
- (6) A disciplined person will be subject to any limits or conditions which were imposed on their previous licence or registration and may be subject to additional limits or conditions under section 6-70 of these Bylaws.

### **Reinstatement following revocation by a capacity officer**

- 6-68 (1) A person applying for reinstatement of a licence whose licensure was revoked under a revocation order by a capacity officer must, in addition to meeting the requirements in section 6-4 and division 4, 5, or 6, as applicable, of these Bylaws, provide to CPSBC:
- (a) a completed declaration in the form specified by the registrar attesting to the applicant's compliance with the Act, the Regulations, and these Bylaws,
  - (b) a copy of the revocation order and decision issued by the capacity officer,
  - (c) information satisfactory to the Licence Committee that the applicant's fitness to practise has been restored which may include but is not limited to successful completion of a competency and capacity assessment or other examination at the discretion of the Licence Committee, and
  - (d) information confirming the applicant's reinstatement will not:
    - (i) pose an undue risk to public health or safety, or
    - (ii) otherwise be contrary to the public interest.
- (2) An application for reinstatement:
- (a) must be made within five years from the date that the applicant ceased to have a licence with CPSBC, and
  - (b) may be made only after the later of:
    - (i) the expiry of the applicant's deadline for applying for reconsideration of the revocation order, and
    - (ii) the dismissal of an application for reconsideration, if any, of the revocation order.
- (3) An applicant who wishes to return to practice who does not make an application for reinstatement within five years of the date that they ceased to have a licence with CPSBC must make a new application for licensure.

- (4) An applicant under subsection (1), including one not current in clinical practice, is only eligible for reinstatement of a licence in the same area of practice that the applicant previously had.
- (5) An applicant under subsection (1) will be subject to any limits or conditions which were imposed on their previous licence and may be subject to additional limits or conditions under section 6-70 of these Bylaws.

## **Division 11 - Registrar authorized to act and limits or conditions**

### **Registrar authorized to act**

6-69 Subject to section 43(2) of the Act, the registrar is authorized to act under section 43(1) of the Act in relation to licences.

### **Imposition of limits or conditions by registrar or Licence Committee**

6-70 Subject to these Bylaws and the terms of a disciplinary order, if any, the registrar or Licence Committee may impose limits or conditions on a licence for any reason, including lack of currency in practice, when issuing, varying, renewing, or reinstating a licence, including but not limited to one or more of the following:

- (a) a requirement to practise under supervision approved by CPSBC,
- (b) a requirement to provide periodic supervision reports satisfactory to CPSBC,
- (c) a requirement to have sponsorship approved by CPSBC,
- (d) a limitation restricting the professional health services that the licensee may provide,
- (e) a requirement to refrain from practice until the licensee has successfully completed examinations, assessments, education or training or such other measures satisfactory to CPSBC, and
- (f) a requirement to successfully complete examinations, assessments, education and/or training or such other measures satisfactory to CPSBC.

## **Division 12 - Adverse application decisions**

### **Notice of adverse application decision by the registrar**

6-71 Where the registrar makes an adverse application decision, the registrar must serve written notice of the adverse application decision with reasons on the applicant within 30 days of the date of the decision.

### **Notice of right to apply for reconsideration of adverse application decision by the registrar**

6-72 Where the registrar serves written notice of an adverse application decision, the registrar must notify the applicant of the right to apply for reconsideration of the adverse application decision.

### **Application for reconsideration by the registrar**

- 6-73 An application for reconsideration must be made by submitting to the registrar:
- (a) a completed application for reconsideration in the form specified by the registrar no later than 30 days following receipt of the adverse application decision, and
  - (b) all information and records required by the registrar.

### **Reconsideration hearing process**

- 6-74 (1) Upon receipt of a request for reconsideration under section 6-73 of these Bylaws, the registrar will provide the applicant with an opportunity to be heard, which may be in writing.
- (2) The registrar must serve a written reconsideration decision with reasons on the applicant as soon as practicable.

### **Notice of adverse application decision by the Licence Committee**

6-75 Where the Licence Committee makes an adverse application decision under sections 53 or 54 of the Act, it must direct the registrar to serve written notice of the adverse application decision with reasons on the applicant, within 30 days of the date of the decision.

## **Division 13 - Expiration and revocation of licence**

### **When a licence expires**

- 6-76 Unless otherwise provided for in these Bylaws, a licence which has not expired is valid until the earlier of:
- (a) the date the registrar receives a written request, or the written consent, of the licensee to the expiration of their licence,
  - (b) the date that notification is received of the licensee's death, or
  - (c) the date upon which notification is received of the licensee's resignation as a licensee.

### **When the registrar may revoke licence**

6-77 The registrar may revoke a licence when the licensee fails to pay an amount owing to CPSBC within the required time.

**Revocation process for failure to pay amount owing to CPSBC**

- 6-78 (1) Before revoking a licence under section 6-77 of these Bylaws, the registrar must serve notice of a licence revocation hearing on the licensee not less than 30 days before the date of hearing.
- (2) The notice of a licence revocation hearing must:
- (a) name the licensee as the respondent,
  - (b) describe the matter that is to be the subject of the hearing, including the particulars of any evidence that CPSBC will be relying on,
  - (c) indicate if the hearing is to be an oral hearing:
    - (i) the date, time and place of the hearing, and
    - (ii) specify the registrar is entitled to proceed with the hearing in the respondent's absence, and
  - (d) indicate if the hearing will be conducted in writing:
    - (i) the deadline for providing written submissions, and
    - (ii) specify the registrar is entitled to proceed with the hearing if the respondent does not provide written submissions by the specified deadline.
- (3) If the respondent does not attend an oral hearing or fails to provide written submissions by a specified deadline, the registrar may:
- (a) proceed with the hearing in the respondent's absence on proof that notice of the licence revocation hearing was provided in accordance subsection (1), and
  - (b) without further notice to the respondent, take any action the registrar is authorized to take under the Act.
- (4) The registrar must serve a written decision with reasons on the respondent as soon as practicable.

**Misrepresentation or omission material to licence decision**

- 6-79 If the registrar determines that, following a decision to issue, vary, renew, or reinstate a licence, the licensee made a misrepresentation or omission material to the licensure decision, the registrar may do one or more of the following:
- (a) report their belief and reasons to the Licence Committee,
  - (b) make a regulatory complaint under section 119 of the Act, or
  - (c) exercise other relevant powers under the Act or the Bylaws.

## **Division 14 - General**

### **Authority to investigate before decision**

- 6-80 (1) The registrar and Licence Committee may investigate matters relevant to an application before making a decision.
- (2) An applicant must demonstrate they meet all applicable eligibility standards and requirements for licensure under the Act, Regulations and these Bylaws.

## Part 7 - Permits

### Division 1 - General

#### Registrar authorized to act

- 7-1 Subject to section 43(2) of the Act, the registrar is authorized to act under section 43(1) of the Act in relation to health profession corporation permits.

#### Publication of permit requirements

- 7-2 The policies and procedures published on the CPSBC website regarding eligibility requirements for health profession permits, application processing periods, and any known factors likely to delay application processing, must also include:
- (a) the form and manner of delivery specified for the purpose of section 7-3 of these Bylaws, and
  - (b) the information, documentation, and fees required under these Bylaws which must be included in or with an application.

#### Health profession corporation permit application - general requirements

- 7-3 (1) An applicant seeking to operate through a health profession corporation must provide a completed health profession corporation permit application to the registrar in the specified form and obtain consent for the proposed name of the health profession corporation.
- (2) An applicant must provide to the registrar:
- (a) an acknowledgement in a form approved by the registrar, executed by each eligible licensee who, under section 59(1)(a) of the Act, legally and beneficially owns the voting shares of the health profession corporation or who, under section 59(1)(b) of the Act, legally and beneficially owns the voting shares of a company that legally and beneficially owns the voting shares of the health profession corporation, acknowledging that the eligible licensee has read division 4 of part 3 of the Act, and that the eligible licensee understands that:
    - (i) the eligible licensee's liability for professional negligence is not affected by the eligible licensee practising through or on behalf of the health profession corporation,
    - (ii) the eligible licensee's relationship with the health profession corporation does not affect, modify or diminish the application of the Act, the Regulations, and these Bylaws to the eligible licensee, and
    - (iii) neither the issuance of a health profession corporation permit nor the eligible licensee's practising through or on behalf of the health profession corporation in any way relieves or absolves the eligible licensee from complying with a standard, limit or condition imposed under the Act or these Bylaws,

- (b) a certificate of solicitor in a specified form,
- (c) a true copy of the certificate of incorporation, filed transition application, certificate of amalgamation, or certificate of continuation, as applicable, any certificate of change of name, and any certificate of restoration issued to or filed by the corporation under the *Business Corporations Act*,
- (d) an attestation of compliance in a form approved by the registrar, executed by each eligible licensee who, under section 59(1)(a) of the Act, legally and beneficially owns the voting shares of the health profession corporation or who, under section 59(1)(b) of the Act, legally and beneficially owns the voting shares of a company that legally and beneficially owns the voting shares of the health profession corporation, attesting that:
  - (i) the health profession corporation is in good standing under the *Business Corporations Act*,
  - (ii) all directors of the health profession corporation as defined in section 1(1) of the *Business Corporations Act* are eligible licensees under the Act,
  - (iii) the eligible licensee meets the eligibility standards for a permit under section 7-4 these Bylaws, and
  - (iv) the health profession corporation will comply with the Act, the Regulations and these Bylaws,
- (e) the permit application fee and annual permit fee in [schedule D](#),
- (f) payment of any outstanding amount owed to CPSBC by the health profession corporation or an eligible licensee described in section 59(1)(a) or (b) of the Act, and
- (g) additional information or records that the applicant is directed or ordered to provide.

### **Eligibility standards for a health profession corporation permit**

- 7-4 (1) For the purposes of section 59 of the Act, an eligible licensee must hold a practising licence.
- (2) An applicant for a health profession corporation permit must provide to the registrar confirmation that:
- (a) all employees of the health profession corporation who will be providing health services through the health profession corporation are, or will be supervised by, practising licensees under the Act, and
  - (b) all employees of the health profession corporation who will be providing health services through the health profession corporation will have professional liability insurance or professional liability protection in accordance with section 6-18 of these Bylaws.

## Prohibition on conflicts of interest in business activities of health profession corporations

7-5 A health profession corporation or a company owning shares in a health profession corporation must not engage or invest in any business activity which is contrary to the proper and ethical practice of medicine or which otherwise creates a conflict of interest for the health profession corporation, the company that owns shares in the health profession corporation, or any of their directors, senior officers or employees.

## Health profession corporation names

- 7-6 (1) Subject to subsection (2), the name of a health profession corporation holding a valid health profession corporation permit issued under the *Health Professions Act* is deemed to comply with the requirements of this section.
- (2) If any change is made to the name of a health profession corporation issued under the *Health Professions Act*, the changed name must:
- (a) comply with subsections (3) to (6), and
  - (b) be approved by the Permit Committee or registrar under subsection (7).
- (3) The name of a health profession corporation must contain as applicable:
- (a) the surname and a sequential combination of the given names or initials of every eligible licensee holding voting shares of the health profession corporation and providing any medical services through or on behalf of the health profession corporation,
  - (b) if a voting shareholder of the health profession corporation is a medical practitioner licensee,
    - (i) the title "Doctor" or "Dr." or the initial of the eligible licensee's medical degree, which must be combined with the name of each voting shareholder referred to in subsection (a), and
    - (ii) the words or abbreviations "Professional Corporation", "Corporation", "Corp.", "Incorporated", "Inc.", "Unlimited Liability Company", or "ULC".
  - (c) if a voting shareholder of the health profession corporation is a podiatric surgeon licensee,
    - (i) the title "Doctor", "Dr." or "D.P.M." or the initials of the eligible licensee's medical degree, which must be combined with the name of each voting shareholder referred to in subsection (a), and
    - (ii) the words "Podiatric Professional Corporation", "Podiatric Corporation", "Podiatric Corp", "Podiatric Incorporated", "Podiatric Inc.", "Podiatric Unlimited Liability Company", or "Podiatric ULC".
- (4) In addition to the requirements in subsection (3), the name of a health profession corporation may contain as applicable:

- (a) the name of the applicable specialty, or a title approved by the Permit Committee or registrar that may be used in the applicable specialty if a voting shareholder of the health profession corporation is a medical practitioner licensee registered for specialty practice, which name must be combined with the name of each voting shareholder, or
  - (b) the words "Medical", "Medical Services", "Surgical", "Surgical Services" or the word "Services" when combined with the applicable specialty referred to in subsection (a), if a voting shareholder of the health profession corporation is a medical practitioner licensee.
- (5) Despite subsections (3) and (4) the Permit Committee or registrar may approve another form of name where there are more than two eligible licensees who are voting shareholders of the health profession corporation who are providing medical services through or on behalf of the health profession corporation.
- (6) The name of a health profession corporation must not:
- (a) be identical to the name of another health profession corporation with a valid health profession corporation permit issued by CPSBC or under the *Health Professions Act*,
  - (b) closely resemble the name of another health profession corporation with a valid health profession corporation permit issued by CPSBC or under the *Health Professions Act* that, in the opinion of the Permit Committee or registrar, it is likely to confuse or mislead the public, and
  - (c) must not contravene section 7-24 of these Bylaws.
- (7) The Permit Committee or registrar may approve the name of a health profession corporation that complies with subsections (3) to (6) on receipt of:
- (a) a completed health profession corporation permit application in a specified form,
  - (b) the permit application fee or annual permit fee, as applicable, in [schedule D](#), and
  - (c) additional information or records that the health profession corporation is directed or ordered to provide.

### **Disposition of shares**

- 7-7 (1) The legal or beneficial interest in a voting or non-voting share of a health profession corporation must not be transferred, pledged or assigned to any person or company who or which is not entitled to hold that legal or beneficial interest under section 59 of the Act.
- (2) If the legal or beneficial interest in a voting share of a health profession corporation is proposed to be transferred or issued to an eligible licensee or company entitled to hold that legal or beneficial interest under section 59 of the Act and who or which is not already a voting shareholder, the health profession corporation must, prior to the transfer or issuance, provide to the registrar:

- (a) written notice of the proposed transfer or issuance,
  - (b) a completed application in the specified form to join the health profession corporation, and
  - (c) an acknowledgment in compliance with section 7-3(2)(a) of these Bylaws executed by:
    - (i) the transferee or shareholder to be issued the voting shares, if the transferee or new shareholder is an eligible licensee, and
    - (ii) each eligible licensee who is a voting shareholder of the transferee or of another holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the transferee, if the transferee is a holding company, unless an acknowledgment executed by that eligible licensee has previously been provided to CPSBC.
- (3) If the name of the health profession corporation will cease to comply with section 7-6 of these Bylaws as a result of the proposed transfer or issuance of shares, the health profession corporation must:
- (a) apply for approval of a new name for the health profession corporation under section 7-6 of these Bylaws, and
  - (b) if approval under section 7-6 of these Bylaws is granted, provide verification to the registrar that it has changed its name to the new approved name under the *Business Corporations Act*.

### Application to vary permit

- 7-8 A health profession corporation applying to vary a health profession corporation permit must provide to the registrar:
- (a) a completed application in the specified form,
  - (b) the applicable fees in [schedule D](#),
  - (c) payment of any outstanding amount owed or owing to CPSBC by the health profession corporation or an eligible licensee described in section 59(1)(a) or (b) of the Act, and
  - (d) additional information or records that the health profession corporation is directed or ordered to provide.

### Notification of change

- 7-9 (1) A health profession corporation must provide written notification to the registrar as soon as practicable of any change regarding the health profession corporation including, without limitation, changes to ownership of shares, shareholders, directors and senior officers as defined in section 1(1) of the *Business Corporations Act*, eligible licensees, the health profession corporation's business contact information and/or registered and records office.

- (2) A health profession corporation which ceases to meet eligibility standards or otherwise comply with the Act, the Regulations and these Bylaws or which ceases to provide medical services to the public must notify the registrar in writing as soon as practicable.
- (3) The registrar may require the health profession corporation to change its name by removing terms referenced in section 7-6 of these Bylaws, and to deliver a certificate of change of name from the Registrar of Companies to the registrar to confirm the name change.

## Division 2 - Renewal of permit

### Term of permit

7-10 A health profession corporation permit expires on the last day of the following February unless it ceases to be valid on an earlier date under section 7-14 of these Bylaws.

### Annual renewal

7-11 The registrar must notify each health profession corporation of the process for annual permit renewal and the consequences of failing to renew no later than February 1 of each year.

### Annual permit fee

7-12 The annual permit fee in [schedule D](#) is payable before March 1 of each year.

### Requirements for renewal of permit

- 7-13 (1) Before March 1 of each year, a health profession corporation applying for renewal of its permit must provide to the registrar:
- (a) a completed renewal application in the specified form,
  - (b) an attestation of compliance in a form approved by the registrar attesting that:
    - (i) the health profession corporation is in compliance with the Act, the Regulations and these Bylaws, and any limits, conditions or terms imposed on its permit, and
    - (ii) the health profession corporation is in good standing under the *Business Corporations Act*,
  - (c) disclosure in the specified form of any changes to the health profession corporation made in the preceding year,
  - (d) the annual permit fee in [schedule D](#),
  - (e) payment of any outstanding amount owed or owing to CPSBC by the health profession corporation or an eligible licensee described in section 59(1)(a) or (b) of the Act, and

- (f) additional information or records that the health profession corporation is directed or ordered to provide.
- (2) If a health profession corporation fails to renew its permit in accordance with the requirements in subsection (1), it must pay a late renewal fee as set out in [schedule D](#) and apply for late renewal no later than May 1 if it seeks to continue to operate as a health profession corporation.
- (3) If a health profession corporation fails to apply for late renewal and/or pay the late renewal fee on or before May 1, it must apply for reinstatement of the permit in accordance with section 7-23 of these Bylaws if it seeks to continue to operate as a health profession corporation.

## Division 3 - Validity of permit

### Validity of permit

- 7-14 Unless otherwise provided for in these Bylaws, a health profession corporation permit which has not expired is valid until the earlier of:
- (a) the date the registrar receives a written request, or the written consent, of the health profession corporation to the expiration of the permit,
  - (b) the date on which the health profession corporation changes its name under the *Business Corporations Act*,
  - (c) the date on which the health profession corporation permit is revoked under section 7-21 of these Bylaws,
  - (d) the date on which the health profession corporation is dissolved or otherwise ceases to be a company in good standing under the *Business Corporations Act*,
  - (e) the date on which the health profession corporation continues into a jurisdiction other than British Columbia under the *Business Corporations Act*, or
  - (f) the date on which the health profession corporation amalgamates under the *Business Corporations Act*,

## Division 4 - Limits or conditions on permit

### Imposition of limits or conditions

- 7-15 (1) Subject to these Bylaws and the terms of a disciplinary order, if any, the Permit Committee may impose limits or conditions when issuing, renewing, varying, or reinstating a health profession corporation permit, including but not limited to conditions requiring the health profession corporation to provide:
- (a) periodic reports to confirm compliance with the Act and these Bylaws, and
  - (b) proof that the health profession corporation is in good standing under the *Business Corporations Act*.

- (2) Subject to section 63(2) of the Act, the Permit Committee must deliver written notice of proposed limits or conditions to the health profession corporation and afford an opportunity to be heard, which may be in writing, before exercising its discretion under subsection (1).

## **Division 5 - Refusal of permit application**

### **Notice of adverse application decision by the registrar**

- 7-16 Where the registrar makes an adverse application decision, the registrar must serve written notice of the adverse application decision with reasons on the applicant within 30 days of the date of decision.

### **Notice of right to apply for reconsideration of adverse application decision by the registrar**

- 7-17 Where the registrar serves written notice of an adverse application decision, the registrar must notify the applicant of the right to apply for reconsideration of the adverse application decision.

### **Application for reconsideration by registrar**

- 7-18 An application for reconsideration must be made by submitting to the registrar:
- (a) a completed application for reconsideration in the form specified by the registrar no later than 30 days following receipt of the adverse application decision, and
  - (b) all information and records required by the registrar.

### **Notice of hearing process**

- 7-19 (1) Upon receipt of a request for reconsideration under section 7-18 of these Bylaws, the registrar will provide the applicant with an opportunity to be heard, which may be in writing.
- (2) The registrar must serve a written reconsideration decision with reasons on the applicant as soon as practicable.

### **Notice of adverse application decision by the Permit Committee**

- 7-20 (1) Subject to section 63(2) of the Act, before the Permit Committee makes an adverse application decision, it must direct the registrar to serve a notice of a proposed adverse application decision on the applicant and provide an opportunity to be heard, which may be in writing.
- (2) Where the Permit Committee makes an adverse application decision it must direct the registrar to serve written notice of the adverse application decision with reasons on the applicant within 30 days of the date of the decision.

## Division 6 - Permit revocation

### When Permit Committee may revoke permit

- 7-21 The Permit Committee may revoke a health profession corporation permit if:
- (a) notification is received that the health profession corporation ceases to be in good standing under the *Business Corporations Act*, or
  - (b) notification is received that the health profession corporation is otherwise in contravention of the requirements of the Act, Regulations, or these Bylaws.

### Permit revocation process and decision

- 7-22 (1) Before revoking a health profession corporation under section 7-21, the Permit Committee must direct the registrar to serve notice of a permit revocation hearing on the health profession corporation at its registered and records office and each eligible licensee who holds shares in the health profession corporation, not less than 30 days before the date of hearing.
- (2) The notice of permit revocation hearing must:
- (a) name the health profession corporation as the respondent,
  - (b) describe the matter that is to be the subject of the hearing, including the particulars of any evidence that CPSBC will be relying on,
  - (c) indicate if the hearing is to be an oral hearing:
    - (i) the date, time and place of the hearing, and
    - (ii) specify that the Permit Committee is entitled to proceed with the hearing in the absence of a representative of the health profession corporation appearing, and
  - (d) indicate if the hearing is to be conducted in writing:
    - (i) the deadline for providing written submissions, and
    - (ii) specify that the Permit Committee is entitled to proceed with the hearing if the health profession corporation does not provide written submissions by the specified deadline.
- (3) If the respondent does not attend an oral permit revocation hearing or fails to provide written submissions for a hearing in writing by a specified deadline, the Permit Committee may:
- (a) proceed with the hearing in the respondent's absence on proof that notice of the permit revocation hearing was served in accordance subsection (1), and
  - (b) without further notice to the respondent, take any action it is authorized to take under the Act.
- (4) The Permit Committee must direct the registrar to serve its decision with reasons on the health profession corporation as soon as practicable.

## Division 7 - Reinstatement of permit

### Reinstatement

- 7-23 An applicant applying for reinstatement of a health profession corporation permit must, in addition to meeting the requirements in sections 7-3 and 7-4 of these Bylaws, provide to the registrar:
- (a) a completed application for reinstatement in the specified form,
  - (b) the reinstatement fee in [schedule D](#), and
  - (c) additional information or records the applicant is directed or ordered to provide.

## Division 8 - Advertising and communications with the public

### Marketing by health profession corporation

- 7-24 A health profession corporation which operates a business of providing health services to the public must:
- (a) ensure it is clear that all services are being provided by a health profession corporation in marketing and written communications,
  - (b) comply with the requirements of section 8-3 of these Bylaws as if it were an eligible licensee, to the extent those requirements may be applicable to a health profession corporation, and
  - (c) ensure the health profession corporation's name, together with the eligible licensee's name and business address, appears on the licensee's letterhead, prescription pads and electronic communications.

## Division 9 - General

### Authority to investigate before decision

- 7-25 (1) The registrar and Permit Committee may investigate matters relevant to an application before making a decision.
- (2) An applicant must demonstrate they meet all applicable eligibility standards and requirements for a permit under the Act, Regulations and these Bylaws.

## Part 8 – Professional responsibilities

### Division 1 – Standards and ethics

#### Establishing and adopting ethics and practice standards

8-1 The registrar shall maintain a record of all published versions of ethics standards and practice standards established under the Act.

#### Ethics and practice standards

8-2 All licensees must comply with the following ethics standards and practice standards:

- (a) *Access to Medical Care Without Discrimination*
- (b) *Advertising and Communication with the Public*
- (c) *Blood-borne Viruses in Licensees*
- (d) *Cannabis for Medical Purposes*
- (e) *Care Coverage Outside Regular Office Hours*
- (f) *Changing Registration Status to Temporarily Inactive During an Absence from Medical Practice*
- (g) *Charging for Uninsured Services*
- (h) *Complementary and Alternative Therapies*
- (i) *Conflict of Interest*
- (j) *Consent to Treatment*
- (k) *Disclosure of Adverse or Harmful Events*
- (l) *Ending the Patient-licensee Relationship*
- (m) *Independent Medical Examinations*
- (n) *Indigenous Cultural Safety, Cultural Humility and Anti-racism*
- (o) *Injection of Botulinum Toxin, Dermal Fillers and Venous Sclerotherapy*
- (p) *Intravenous Therapy in the Community Setting*
- (q) *Job Shadowing/Observing*
- (r) *Laser Safety*
- (s) *Leaving Practice*
- (t) *Medical Assistance in Dying*
- (u) *Medical Certificates and Other Third-party Reports*
- (v) *Medical Records Documentation*
- (w) *Medical Records Management*
- (x) *Non-sexual Boundary Violations*

- (y) *Photographic, Video and Audio Recording of Patients*
- (z) *Physical Examinations and Procedures*
- (aa) *Prescribing Methadone*
- (bb) *Primary Care Provision in Walk-in, Urgent Care and Multi-licensee Clinics*
- (cc) *Promotion and Sale of Medical Supplies and Devices*
- (dd) *Reporting a Child in Need of Protection*
- (ee) *Requests from Defence Lawyers*
- (ff) *Safe Prescribing of Opioids and Sedatives*
- (gg) *Sale and Dispensing of Drugs*
- (hh) *Sexual Misconduct*
- (ii) *Treatment of Self, Family Members and Others Close to You*
- (jj) *Virtual Care*
- (kk) *Withdrawal of Medical Services During Job Action*

### **Additional ethics standards**

- 8-3 All licensees must comply with the Canadian Medical Association's *Code of Ethics and Professionalism*.

### **Generally accepted professional standards**

- 8-4 (1) A licensee must not provide health services in a manner which exposes a patient to harm or a risk of harm, where in the circumstances no reasonable and competent licensee would provide health services in that manner or otherwise in accordance with generally accepted standards.
- (2) Generally accepted standards under subsection (1) include uncodified standards generally accepted within a licensee's profession and not superseded by any ethics standard or practice standard.

## Part 9 - Delegation

### Division 1 - Definitions

#### Definitions

9-1 In this part:

**“accredited facility”** means a NHMSFAP facility or a DAP facility holding a provisional or full accreditation certificate under part 13 of these Bylaws,

**“advanced airway device”** means a device that secures and maintains a patient’s airway to enable effective ventilation and oxygenation beyond basic maneuvers,

**“assisted reproductive technology technician”** means a person who is trained by, and employed to assist, a reproductive endocrinology and infertility physician,

**“certified polysomnographic technician”** means a person who is certified as a certified polysomnographic technician by the Board of Registered Polysomnographic Technologists,

**“combined laboratory X-ray technologist”** means a person who is a graduate of an accredited program of combined laboratory X-ray technology,

**“delegate”** means the action of a physician in authorizing all or part of an aspect of practice or a restricted activity to be performed by a person who is not authorized to practise the designated health profession of medicine,

**“DAP facility”** means a diagnostic facility accredited under part 13.2 of these Bylaws,

**“direct supervision”** means the requirement for a physician who delegates an aspect of practice or a restricted activity to be in attendance during the provision of the delegated service(s),

**“electromyography technologist”** means a person who is registered as an electromyography technologist by the Board of Registration of Electromyography Technologists of Canada,

**“employed student respiratory therapist”** means a student enrolled in an accredited respiratory therapy program who is currently completing a clinical placement and employed by a health authority,

**“hair transplant technician”** means a person who is trained by, and employed to assist, an attending physician credentialed to perform hair transplants,

**“licensee”** means a licensee who is authorized to practise the designated health profession of medicine under the Act,

**“medical director”** means the physician who is responsible for an accredited facility under part 13 of these Bylaws,

**“medical laboratory assistant”** means a person who is a graduate of a program approved by the British Columbia Society of Laboratory Sciences or a recognized equivalent of that program or certified with the Canadian Society for Medical Laboratory Sciences,

**“medical laboratory technologist”** means a person who is certified as a medical laboratory technologist by the Canadian Society of Medical Laboratory Sciences or the Canadian Alliance of Medical Laboratory Professionals Regulators,

**“medical radiation technologist”** means a person who is certified as a medical radiation technologist by the Canadian Association of Medical Radiation Technologists or the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec,

**“NHMSFAP facility”** means a non-hospital medical and surgical facility accredited under part 13.1 of these Bylaws,

**“ophthalmic technician”** means a person trained by, and employed to assist, an ophthalmologist credentialed to perform refractive laser eye surgery,

**“physician”** means a licensee privileged by a health authority,

**“physician assistant”** means a licensee under section 6-56 of these Bylaws who practises in a health authority,

**“registered polysomnographic technologist”** means a person who is certified as a registered polysomnographic technologist by the Board of Registered Polysomnographic Technologists,

**“respiratory therapist”** means a person who is a graduate of an accredited respiratory therapy school who has successfully completed the Health Professions Testing Canada examination,

**“sonographer”** means a person certified as a sonographer by Sonography Canada or the American Registry of Diagnostic Medical Sonographers,

**“student awaiting examination”** means a student, other than an employed student respiratory therapist, enrolled in an accredited medical technology or therapy training program for the relevant discipline who has successfully completed the coursework but not yet successfully completed the certification examination, and

**“student in training”** means a student, other than an employed student respiratory therapist, enrolled in an accredited medical technology or therapy training program for the relevant discipline who has not yet successfully completed the coursework or the certification examination.

## Division 2 - General requirements for delegation

### Authority to delegate

- 9-2 (1) Subject to the Act, Regulations and this Part, a licensee may delegate an aspect of practice or a restricted activity to a person who is not authorized to practise the designated health profession of medicine.
- (2) A licensee must not delegate an aspect of practice or a restricted activity that the licensee cannot provide or perform because of a limit or condition on their licence imposed or consented to under the Act or a limit or condition imposed or consented to under the *Health Professions Act*.

## General requirements for delegation

- 9-3 A licensee authorized to delegate an aspect of practice or a restricted activity under this part must, in addition to meeting the requirements in section 74(2)(b) of the Act:
- (a) be satisfied that the delegated aspect of practice or restricted activity will be performed in accordance with the ethics standards and practice standards applicable to the licensee,
  - (b) ensure the person who performs the aspect of practice or restricted activity is clearly identified in the clinical record, and
  - (c) ensure that the person who performs the aspect of practice or restricted activity has professional liability protection or professional liability insurance against liability in British Columbia for negligence in the provision of services or, in the event of a professional liability claim, will be covered by their employer or their employer's insurer.

## Revocation of delegation

- 9-4 A licensee may revoke a delegation at any time.

## Responsibility for delegated services

- 9-5 A licensee remains responsible for any aspect of practice or restricted activity that the licensee delegates to another person.

## Division 3 - Delegation to physician assistants

### Physician assistants

- 9-6 (1) The certification required under section 6-56(1) of these Bylaws qualifies a physician assistant to perform a delegated activity.

### Aspects of practice that may be delegated

- 9-7 A physician may delegate the following aspects of practice to a physician assistant:
- (a) conducting patient interview and obtaining medical history,
  - (b) performing physical examination of patient,
  - (c) documenting provision of care for patient,
  - (d) coordinating and facilitating care for patient with other care providers, agencies, and/or community resources, and
  - (e) communicating assessment findings and/or diagnoses including outcomes and prognosis to a patient.

### Restricted activities that may be delegated

- 9-8 (1) A physician may delegate the following restricted activities to a physician assistant:

- (a) for the purpose of assessment, putting an instrument, device, hand or finger:
  - (i) into the external ear canal, up to the eardrum,
  - (ii) beyond the point in the nasal passages where they normally narrow,
  - (iii) beyond the pharynx,
  - (iv) beyond the opening of the urethra,
  - (v) beyond the labia majora,
  - (vi) beyond the anal verge, or
  - (vii) into an artificial opening into the body,
- (b) performing syringing and curetting of the external ear canal,
- (c) performing cautery, packing or removal of packing of nasal passages,
- (d) performing insertion of urethral catheter,
- (e) performing insertion of peripheral venous catheter,
- (f) prescribing or administering a drug or vaccine,
- (g) prescribing or administering a drug orally, rectally, by subcutaneous or intramuscular injection, by inhalation, or by peripheral intravenous catheter,
- (h) administering local/topical anesthetics for the purpose of providing minor skin, soft tissue, and corneal procedures,
- (i) performing wound preparation, wound cleansing, and suturing of simple wounds,
- (j) casting or immobilizing a fracture of a bone,
- (k) ordering diagnostic tests,
- (l) administering diagnostic imaging contrast agents,
- (m) responding to cardiac arrests according to hospital procedures and policies,
- (n) performing initial resuscitation in life-threatening situations according to established protocols (i.e. Basic Cardiac Life Support/Advanced Cardiac Life Support, Neonatal Resuscitation Program, and Pediatric Advanced Life Support), while awaiting arrival of the supervising physician,
- (o) inserting and maintaining airways not requiring visualization of larynx, without the use of advanced airway devices,
- (p) procuring and preparing arterial blood gas (ABG) sampling including monitoring ABG levels, analyzing results and reporting findings to the physician, and
- (q) performing gastric intubation and suction.

- (2) The authority to delegate must be provided in writing to the physician assistant and contain:
  - (a) a specific description of the activities which have been delegated, and
  - (b) any conditions or restrictions associated with the delegation including any time limitation on the delegated authority.
- (3) A delegation under subsection (1) is valid as long as the physician is available to provide consultation to the physician assistant unless the physician transfers the delegation to another physician as part of a transfer of care, in which case the receiving physician must also be available to provide consultation to the physician assistant.

### **Restricted activities which may only be delegated under direct supervision**

- 9-9 (1) A physician may delegate the following restricted activities to a physician assistant under direct supervision:
- (a) assisting in or performing insertion of nasotracheal or endotracheal airway (i.e. endotracheal intubation) for the purpose of airway management,
  - (b) inserting and maintaining advanced airway devices which do not require laryngoscopy,
  - (c) inserting intra-arterial lines,
  - (d) initiating external jugular vein cannulation,
  - (e) inserting an intraosseous device,
  - (f) administering colloid and non-crystalloid volume expanders,
  - (g) performing ultrasound to guide the physician with:
    - (i) insertion of central venous catheters,
    - (ii) insertion of arterial lines,
    - (iii) insertion of chest tubes, and
    - (iv) pericardiocentesis,
  - (h) administering procedural sedation and providing monitoring of the patient,
  - (i) assisting with or performing cardioversion, defibrillation, and external pacing, and
  - (j) performing needle decompression of suspected tension pneumothorax.
- (2) The authority to delegate must be provided in writing to the physician assistant and contain:
- (a) a specific description of the activities which have been delegated, and
  - (b) any conditions or restrictions associated with the delegation including any time limitation on the delegated authority.

- (3) A delegation under subsection (1) is valid only as long as the physician is available to provide direct supervision to the physician assistant unless the physician transfers the delegation to another physician as part of a transfer of care, in which case the receiving physician must also be available to provide direct supervision to the physician assistant.

### **Specific limits and conditions for delegation**

- 9-10 A physician assistant may only perform a delegated activity in a hospital emergency department within a health authority.

## **Division 4 - Delegation to medical radiation technologists in a DAP facility**

### **Activities that may be delegated in a DAP facility**

- 9-11 A medical director may delegate the following aspects of practice and restricted activities to a medical radiation technologist, a student in training, or a student awaiting examination, in a DAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information related to a diagnostic or therapeutic procedure and assisting in obtaining informed consent from a patient,
  - (c) performing venipuncture and inserting a peripheral venous catheter,
  - (d) for the purpose of assessment, inserting an instrument, device, hand, or finger:
    - (i) beyond the labia majora,
    - (ii) beyond the anal verge, or
    - (iii) into an artificial opening into the body,
  - (e) administering by injection a substance or schedule III drug,
  - (f) administering by enteral installation a substance or schedule III drug,
  - (g) administering a schedule I, IA, or II drug by any method,
  - (h) administering by inhalation a substance or schedule III drug,
  - (i) compounding a substance or schedule III drug,
  - (j) applying X-rays for diagnostic or imaging purposes, including for the purpose of a computed tomography scan, and
  - (k) applying electromagnetism for the purpose of magnetic resonance imaging.

### **Specific limits and conditions for delegation**

- 9-12 (1) A medical radiation technologist and a student awaiting examination must be an employee of the DAP facility to perform a delegated activity.

- (2) A medical director may only delegate a restricted activity involving the administration of contrast agents under section 9-11(e) of these Bylaws when a licensee is physically present in the facility.

### **Activities that may not be delegated**

- 9-13 A medical director must not delegate the following aspects of practice or restricted activities to a medical radiation technologist, a student in training, or a student awaiting examination, in a DAP facility:
- (a) the making of a diagnosis identifying a disease, disorder or condition, or
  - (b) injecting a substance into the uterus.

## **Division 5 - Delegation to medical radiation technologists in a NHMSFAP facility**

### **Activities that may be delegated in a NHMSFAP facility**

- 9-14 A medical director may delegate the following aspects of practice and restricted activities to a medical radiation technologist, a student in training, or a student awaiting examination, in a NHMSFAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information related to a diagnostic or therapeutic procedure and assisting in obtaining informed consent from a patient, and
  - (c) applying X-rays for diagnostic or imaging purposes.

### **Specific limits and conditions for delegation**

- 9-15 A medical radiation technologist must be an employee of the NHMSFAP facility to perform a delegated activity.

### **Activities that may not be delegated**

- 9-16 A medical director may not delegate the making of a diagnosis identifying a disease, disorder or condition to a medical radiation technologist, a student in training, or a student awaiting examination, in a NHMSFAP facility.

## **Division 6 - Delegation to sonographers in a DAP facility**

### **Activities that may be delegated in a DAP facility**

- 9-17 A medical director may delegate the following aspects of practice and restricted activities to a sonographer, a student in training, or a student awaiting examination, in a DAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information relating to a diagnostic or therapeutic procedure and assisting in obtaining informed consent from a patient,

- (c) for the purpose of assessment, inserting an instrument, device, hand or finger:
  - (i) beyond the labia majora,
  - (ii) beyond the anal verge, or
  - (iii) into an artificial opening into the body,
- (d) applying ultrasound for diagnostic or imaging purposes,
- (e) compounding and administering by injection a substance or schedule III drug, and
- (f) performing, venipuncture and inserting a peripheral venous catheter.

### **Specific limits and conditions for delegation**

9-18 A sonographer and student awaiting examination must be an employee of the DAP facility to perform a delegated activity.

### **Activities that may not be delegated**

- 9-19 A medical director must not delegate the following aspects of practice or restricted activities to a sonographer, a student in training, or a student awaiting examination, in a DAP facility:
- (a) the making of a diagnosis identifying a disease, disorder or condition, or
  - (b) injecting a substance into the uterus.

## **Division 7 - Delegation to sonographers in a NHMSFAP facility**

### **Activities that may be delegated**

- 9-20 A medical director may delegate the following aspects of practice and restricted activities to a sonographer, a student in training, or a student awaiting examination, in a NHMSFAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information related to a diagnostic or therapeutic procedure and assisting in obtaining informed consent from a patient, and
  - (c) applying ultrasound for diagnostic or imaging purposes.

### **Specific limits and conditions for delegation**

9-21 A sonographer must be an employee of the NHMSFAP facility to perform a delegated activity.

### **Activities that may not be delegated**

9-22 A medical director must not delegate the making of a diagnosis identifying a disease, disorder or condition to a sonographer, a student in training, or a student awaiting examination, in a NHMSFAP facility.

## **Division 8 - Delegation to medical laboratory technologists in a DAP facility**

### **Activities that may be delegated in a DAP facility**

- 9-23 A medical director may delegate the following aspects of practice and restricted activities to a medical laboratory technologist, a student in training, or a student awaiting examination, in a DAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information related to a diagnostic or therapeutic procedure,
  - (c) performing venipuncture, and
  - (d) administering pilocarpine topically.

### **Specific limits and conditions for delegation**

- 9-24 A medical laboratory technologist and student awaiting examination must be an employee of the DAP facility to perform a delegated activity.

### **Activities that may not be delegated**

- 9-25 A medical director must not delegate the making of a diagnosis identifying a disease, disorder or condition to a medical laboratory technologist, a student in training, or a student awaiting examination, in a DAP facility.

## **Division 9 - Delegation to medical laboratory assistants in a DAP facility**

### **Activities that may be delegated in a DAP facility**

- 9-26 A medical director may delegate the following restricted activities to a medical laboratory assistant, a student in training, or a student awaiting examination, in a DAP facility:
- (a) performing venipuncture, and
  - (b) administering pilocarpine topically.

### **Specific limits and conditions for delegation**

- 9-27 A medical laboratory assistant and student awaiting examination must be an employee of the DAP facility to perform a delegated activity.

### **Activities that may not be delegated**

- 9-28 A medical director must not delegate the making of a diagnosis identifying a disease, disorder or condition to a medical laboratory assistant, a student in training, or a student awaiting examination, in a DAP facility.

## **Division 10 - Delegation to respiratory therapists in a DAP facility**

### **Activities that may be delegated in a DAP facility**

- 9-29 A medical director may delegate the following aspects of practice and restricted activities to a respiratory therapist, an employed student respiratory therapist, a student in training, or a student awaiting examination, in a DAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information related to a diagnostic or therapeutic procedure and assisting in obtaining informed consent from a patient,
  - (c) performing a procedure on tissue below the dermis for the purposes of obtaining an arterial blood sample,
  - (d) administering by inhalation a substance or schedule III drug,
  - (e) administering by mechanical ventilation a substance or schedule III drug,
  - (f) administering a schedule I or II drug by any method, and
  - (g) compounding a schedule I or III drug.

### **Specific limits and conditions for delegation**

- 9-30 A respiratory therapist, an employed student respiratory therapist, and a student awaiting examination must be an employee of the DAP facility to perform a delegated activity.

### **Activities that may not be delegated**

- 9-31 A medical director must not delegate the following aspects of practice or restricted activities to a respiratory therapist, an employed student respiratory therapist, a student in training, or a student awaiting examination, in a DAP facility:
- (a) determining the nature and type of diagnostic testing to be performed,
  - (b) the making of a diagnosis identifying a disease, disorder or condition, or
  - (c) prescribing a course of therapy.

## **Division 11 - Delegation to registered polysomnographic technologists and certified polysomnographic technicians in a DAP facility**

### **Activities that may be delegated in a DAP facility**

- 9-32 A medical director may delegate the following aspects of practice and restricted activities to a registered polysomnographic technologist, or a certified polysomnographic technician, in a DAP facility:
- (a) conducting patient interview and obtaining medical history,

- (b) providing information related to a diagnostic or therapeutic procedure,
- (c) administering a drug orally based on a patient specific order,
- (d) administering a substance by inhalation, and
- (e) administering a substance by non-invasive mechanical ventilation.

### **Specific limits and conditions for delegation**

9-33 A registered polysomnographic technologist and certified polysomnographic technician must be an employee of the DAP facility to perform a delegated activity.

### **Activities that may not be delegated**

9-34 A medical director must not delegate the following aspects of practice or restricted activities to a registered polysomnographic technologist or a certified polysomnographic technician, in a DAP facility:

- (a) determining the nature and type of diagnostic testing to be performed,
- (b) the making of a diagnosis identifying a disease, disorder or condition, or
- (c) prescribing a course of therapy.

## **Division 12 - Delegation to electromyography technologists in a DAP facility**

### **Activities that may be delegated in a DAP facility**

9-35 A medical director may delegate the restricted activity of applying electricity for the purpose of affecting activity of the nervous system to an electromyography technologist, a student in training, or a student awaiting examination, in a DAP facility.

### **Specific limits and conditions for delegation**

9-36 An electromyography technologist and student awaiting examination must be an employee of the DAP facility to perform a delegated activity.

### **Activities that may not be delegated**

9-37 A medical director must not delegate the making of a diagnosis identifying a disease, disorder or condition to an electromyography technologist, a student in training, or a student awaiting examination, in a DAP facility.

## **Division 13 - Delegation to combined laboratory and X-ray technologists in a DAP facility**

### **Activities that may be delegated in a DAP facility**

- 9-38 A medical director may delegate the following aspects of practice and restricted activities to a combined laboratory and X-ray technologist, a student in training, or a student awaiting examination, in a DAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information related to a diagnostic or therapeutic procedure and assisting in obtaining informed consent from a patient,
  - (c) performing venipuncture and inserting a peripheral venous catheter, and
  - (d) applying X-rays for diagnostic or imaging purposes, including for the purpose of a computed tomography scan.

### **Specific limits and conditions for delegation**

- 9-39 A combined laboratory and X-ray technologist and student awaiting examination must be an employee of the DAP facility to perform a delegated activity.

### **Activities that may not be delegated**

- 9-40 A medical director must not delegate the following aspects of practice or restricted activities to a combined laboratory and X-ray technologist, a student in training, or a student awaiting assessment, in a DAP facility:
- (a) the making of a diagnosis identifying a disease, disorder or condition, or
  - (b) injecting a substance into the uterus.

## **Division 14 - Delegation to assisted reproductive technology technicians in a NHMSFAP facility**

### **Activities that may be delegated in a NHMSFAP facility**

- 9-41 A medical director may delegate the following aspects of practice and restricted activities to an assisted reproductive technology technician or a student in training, in a NHMSFAP facility:
- (a) conducting patient interview and obtaining medical history,
  - (b) providing information related to a diagnostic or therapeutic procedure and assisting in obtaining informed consent from a patient,
  - (c) performing venipuncture, and
  - (d) inserting a peripheral venous catheter.

**Specific limits and conditions for delegation**

9-42 An assisted reproductive technology technician must be an employee of the NHMSFAP facility to perform a delegated activity.

**Activities that may not be delegated**

9-43 A medical director must not delegate the making of a diagnosis identifying a disease, disorder or condition to an assisted reproductive technology technician or a student in training, in a NHMSFAP facility.

**Division 15 - Delegation to ophthalmic technicians in an accredited NHMSFAP facility****Activities that may be delegated in a NHMSFAP facility**

9-44 A medical director may delegate the following restricted activities to an ophthalmic technician or a student being trained as an ophthalmic technician, in a NHMSFAP facility:

- (a) administering a schedule I, IA, or II topical medications on a patient-specific order,
- (b) administering a schedule III drug orally on a patient-specific order, and
- (c) applying ultrasound for diagnostic or imaging purposes of the eye.

**Specific limits and conditions for delegation**

9-45 An ophthalmic technician must be an employee of the NHMSFAP facility to perform a delegated activity.

**Activities that may not be delegated**

9-46 A medical director must not delegate the following aspects of practice or restricted activities to an ophthalmic technician or a student being trained as an ophthalmic technician, in a NHMSFAP facility:

- (a) the making of a diagnosis identifying a disease, disorder or condition, or
- (b) administering schedule I, IA or II medications by any method with the exception of topical medications on a patient-specific order.

**Division 16 - Delegation to a hair transplant technician in a NHMSFAP facility****Activities that may be delegated in a NHMSFAP facility**

9-47 A medical director may delegate the following restricted activities to a hair transplant technician in a NHMSFAP facility or a student being trained as a hair transplant technician, in a NHMSFAP facility:

- (a) performing a procedure on tissue below the dermis, and
- (b) administering a schedule III drug orally on a patient-specific order.

**Specific limits and conditions for delegation**

9-48 A hair transplant technician must be an employee of the NHMSFAP facility to perform a delegated activity.

**Activities that may not be delegated**

9-49 A medical director must not delegate the following aspects of practice or restricted activities to a hair transplant technician or a student being trained as a hair transplant technician, in a NHMSFAP facility:

- (a) the making of a diagnosis identifying a disease, disorder or condition,  
or
- (b) administering schedule I, IA or II medications by any method.

## Part 10 - Quality assurance

### Division 1 - Definitions

#### Definitions

10-1 In this part:

**"QA program"** is comprised of the Practice Enhancement Program and the Prescription Review Program, and

**"quality assurance assessment process policy"** means the policy established under section 10-2 of these Bylaws to guide the assessment processes for the Practice Enhancement Program and the Prescription Review Program to ensure proper and fair assessments are performed in a manner that causes as minimal disruption as necessary to a licensee's professional practice.

### Division 2 - Assessment policy

#### Assessment policy

10-2 The board establishes the quality assurance assessment process policy.

### Division 3 - Practice Enhancement Program

#### Practice Enhancement Program Committee

10-3 The Practice Enhancement Program Committee must establish and administer a Practice Enhancement Program for each of the designated health professions governed by CPSBC.

#### Assessment evaluations and resources

- 10-4 (1) The Practice Enhancement Program Committee must establish and maintain non-exhaustive lists, including profession-specific lists where appropriate, which set out:
- (a) types of clinical and/or other evaluations to be used in the Practice Enhancement Program developed in accordance with the quality assurance assessment process policy,
  - (b) recognized education and/or training courses,
  - (c) Indigenous cultural safety courses and resources,
  - (d) anti-racism, anti-discrimination and/or diversity, equity and inclusion courses and resources, and

- (e) such other resources as may be required from time to time, including but not limited to names of consultants and other organizations to assist in supporting and promoting awareness of reconciliation with Indigenous peoples, and the need to address racism and anti-racism issues that are specific to Indigenous peoples,

which an assessor may consult in making recommendations relating to an individual performance matter, or to remedy issues of professional performance across multiple licensees or within a class of licensees.

- (2) The Practice Enhancement Program Committee may establish additional guidelines, policies and procedures relating to the Practice Enhancement Program.

### **Advisory working group**

- 10-5
- (1) The registrar may, at the request of the Practice Enhancement Program Committee, appoint an advisory working group to provide subject matter expertise for the operation of the Practice Enhancement Program.
  - (2) The composition of the advisory working group may include, but is not limited to, CPSBC employees with relevant professional expertise.
  - (3) The advisory working group may make recommendations to the Practice Enhancement Program Committee relating to the Practice Enhancement Program including but not limited to:
    - (a) enacting, establishing, amending or repealing bylaws, guidelines, policies, or procedures relating to the Practice Enhancement Program, and
    - (b) the content of lists established and maintained by the Practice Enhancement Program Committee under section 10-4 of these Bylaws.

### **Panels**

- 10-6 The Practice Enhancement Program Committee may appoint specific panels to oversee the administration of the Practice Enhancement Program in relation to specific designated health professions.

### **Assessor qualifications**

- 10-7
- (1) The Practice Enhancement Program Committee must establish and maintain a list of the assessor qualifications required to conduct assessments.
  - (2) A person retained or employed by the registrar to exercise the powers and perform the duties of an assessor must possess the following minimum qualifications:
    - (a) licensure in good standing in the relevant practising class of CPSBC without limits or conditions on their licence, and
    - (b) training, experience, or expertise in clinical practice or peer review, and in the subject matter of the assessment.

- (3) Subsection (2) does not limit the registrar's discretion to refuse to retain or employ any person, either generally or in specific circumstances.

### **Grounds for a practice enhancement assessment**

- 10-8 In addition to assessment grounds in section 99(1)(a) to (c) of the Act, an assessor may conduct a practice enhancement assessment of a licensee:
- (a) selected by a non-random selection process designed to ensure every licensee periodically undergoes a practice enhancement assessment,
  - (b) on recommendation of the Licence Committee,
  - (c) on recommendation by the registrar, based on an assessment of the risk presented by a class of licensee, or by types of health services provided by a licensee or by a class of licensees established on any other basis, or
  - (d) on recommendation by the registrar on a basis other than for purposes of an investigation or disciplinary proceeding.

### **Methods of assessment**

- 10-9 In addition to the assessment methods in section 99(2)(a) to (c) of the Act, an assessor may, for the purposes of conducting a practice enhancement assessment of a licensee, do one or more of the following:
- (a) contact peers, professional colleagues, and co-workers, to gather information including but not limited to their observations, opinions, and evaluations pertaining to the licensee's professional performance,
  - (b) with the consent of a patient or substitute decision-maker, contact the patient and/or their family members, to gather information limited to their experiences with the licensee, pertaining to the licensee's professional performance,
  - (c) review specified or random patient records pertaining to the licensee's professional performance,
  - (d) review the licensee's history of professional activities, including but not limited to the licensee's patterns, if any, of assessment, referral, diagnostic testing, prescribing, diagnosis, and treatment,
  - (d) interview or engage in discussions with the licensee pertaining to the licensee's professional practice, and
  - (e) require the licensee to undergo a specific clinical skills assessment process.

### **Duties of assessors**

- 10-10 (1) The registrar must require an assessor to complete a conflict of interest check prior to conducting a practice enhancement assessment.
- (2) An assessor conducting a practice enhancement assessment must advise the subject licensee of:

- (a) their power to report to the registrar when a licensee is interfering with a practice enhancement assessment under section 103(1) of the Act,
- (b) their powers and duties respecting practice enhancement assessment information under sections 102 and 103 of the Act, and
- (c) exceptions to the confidentiality of practice enhancement assessment information under sections 104 and 105 of the Act.

## **Division 4 - Prescription Review Program**

### **Prescription Review Program Committee**

10-11 The Prescription Review Program Committee must establish and administer a Prescription Review Program for each of the designated health professions governed by CPSBC.

### **Assessment evaluations and resources**

- 10-12 (1) The Prescription Review Program Committee must establish and maintain non-exhaustive lists, including profession-specific lists where appropriate, which set out:
- (a) types of clinical and/or other evaluations to be used in the Prescription Review Program developed in accordance with the quality assurance assessment process policy,
  - (b) recognized education and/or training courses,
  - (c) Indigenous cultural safety courses and resources,
  - (d) anti-racism, anti-discrimination and/or diversity, equity inclusion courses and resources, and
  - (e) such other resources as may be required from time to time, including but not limited to names of consultants and other organizations to assist in supporting and promoting awareness of reconciliation with Indigenous peoples, and the need to address racism and anti-racism issues that are specific to Indigenous peoples,
- which an assessor may consult in making recommendations relating to an individual licensee's performance matter, or to remedy issues of professional performance across multiple licensees or within a class of licensees.
- (2) The Prescription Review Program Committee may establish additional guidelines, policies and procedures relating to the Prescription Review Program.

### **Advisory working group**

- 10-13 (1) The registrar may, at the request of the Prescription Review Program Committee, appoint an advisory working group to provide subject matter expertise for the operation of the Prescription Review Program.

- (2) The composition of the advisory working group may include, but is not limited to, CPSBC employees with relevant professional expertise.
- (3) The advisory working group may make recommendations to the Prescription Review Program Committee relating to the Prescription Review Program including but not limited to:
  - (a) enacting, establishing, amending or repealing bylaws, guidelines, policies, or procedures relating to the Prescription Review Program, and
  - (b) the content of lists established and maintained by the Prescription Review Program Committee under section 10-12 of these Bylaws.

### **Panels**

10-14 The Prescription Review Program Committee may appoint specific panels to oversee the administration of the Prescription Review Program in relation to specific designated health professions.

### **Assessor qualifications**

- 10-15 (1) The Prescription Review Program Committee must establish and maintain a list of the assessor qualifications required to conduct assessments.
- (2) A person retained or employed by the registrar to exercise the powers and perform the duties of an assessor must possess the following minimum qualifications:
- (a) licensure in good standing in the relevant practising class of CPSBC without limits or conditions on their licence, and
  - (b) training, experience, or expertise in clinical practice or peer review, and in the subject matter of the assessment.
- (3) Subsection (2) does not limit the registrar's discretion to refuse to retain or employ any person, either generally or in specific circumstances.

### **Grounds for a prescription review assessment**

10-16 In addition to assessment grounds in section 99(1) (a) to (c) of the Act, an assessor may conduct a prescription review assessment of a licensee:

- (a) on recommendation of the Licence Committee,
- (b) on recommendation by the registrar or a non-random selection process, based on an assessment of the risk presented by a class of licensee, or by types of health services provided by a licensee or by a class of licensees established on any other basis, and/or
- (c) on recommendation by the registrar on a basis other than for purposes of an investigation or disciplinary proceeding.

**Methods of assessment**

10-17 In addition to the assessment methods in section 99(2)(a) to (c) of the Act, an assessor may, for the purposes of conducting a prescription review assessment of a licensee, do one or more of the following:

- (a) contact peers, professional colleagues, and co-workers, to gather information including but not limited to their observations, opinions, and evaluations pertaining to the licensee's prescribing practices,
- (b) with the consent of a patient or substitute decision-maker, contact the patient and/or their family members, to gather information limited to their experiences with the licensee, pertaining to the licensee's prescribing practices,
- (c) review specified or random patient records pertaining to the licensee's prescribing practices,
- (d) review the licensee's history of prescribing practices,
- (e) interview or engage in discussions with the licensee pertaining to the licensee's prescribing practices, and
- (f) require the licensee to undergo a specific clinical skills assessment process.

**Duties of assessors**

10-18 (1) The registrar must require an assessor to complete a conflict of interest check prior to conducting a prescription review assessment.

- (2) An assessor conducting a prescription review assessment must advise the subject licensee of:
- (a) their power to report to the registrar when a licensee is interfering with a prescription review assessment under section 103(1) of the Act,
  - (b) their powers and duties respecting prescription review assessment information under sections 102 and 103 of the Act, and
  - (c) exceptions to the confidentiality of prescription review assessment information under sections 104 and 105 of the Act.

## Part 11 – Public protection

### Division 1 – Discipline for administrative matters

#### Registrar’s authority

- 11-1 (1) The registrar may, when disposing of an administrative matter under section 109 of the Act, make disciplinary orders under sections 270(1)(a) or (b), 270(2), and 271(1)(a) of the Act.
- (2) Before disposing of an administrative matter under section 109(b), (c) or (d) of the Act, the registrar must serve notice of the proposed disposition on the respondent and provide an opportunity to be heard, which may be in writing.

#### Monetary penalty for administrative matters

- 11-2 Subject to the Regulations, the maximum amount of a monetary penalty for an administrative matter under section 109(1)(d) of the Act is \$100,000.

#### Information to respondent

- 11-3 (1) The registrar must serve written notice of an order under section 109 of the Act on the respondent as soon as practicable together with:
- (a) reasons for the order,
  - (b) a copy of records used to make the order, and
  - (c) any other documents which, in the opinion of the registrar, the respondent would require to exercise a right of review under sections 110(2) and 381 of the Act.
- (2) The notice of an order under section 109 of the Act must advise the respondent of the right to seek a review.

#### Information to the Investigation Committee

- 11-4 (1) The registrar must provide a copy of an order under section 109 of the Act to the Investigation Committee as soon as practicable together with:
- (a) the reasons for the order,
  - (b) information delivered to the respondent, and
  - (c) the respondent’s disciplinary record and capacity summary, if any.
- (2) The registrar must, as soon as practicable, provide the Investigation Committee with written notice of the respondent’s compliance or failure to comply with any of the following:
- (a) a disciplinary order under section 109(1)(b) of the Act, and
  - (b) a disciplinary order described in section 269(b) or (d) of the Act.

## Review of disciplinary order

- 11-5 (1) A respondent may seek a review of a disciplinary order under section 109(1)(b), (c) or (d) of the Act by providing a request for review in the form specified by the registrar not more than 30 days following receipt of the disciplinary order.
- (2) The registrar must provide the request for review of a disciplinary order to the Investigation Committee.
- (3) The Investigation Committee must conduct a review on the record in accordance with section 382(1) of the Act.
- (4) The Investigation Committee must provide the respondent with an opportunity to be heard, which must be in writing.
- (5) After completing the review, the Investigation Committee must provide a copy of its review decision to the registrar with reasons as soon as practicable.
- (6) The registrar must serve a copy of the review decision with reasons on the respondent as soon as practicable.

## Division 2 - Discipline of health profession corporations

### Notice of proposed disciplinary action and hearing

- 11-6 (1) Where the Permit Committee directs the registrar to serve a written notice of proposed disciplinary action on a health profession corporation under section 114(1) of the Act, the notice must:
- (a) name the health profession corporation as the respondent,
- (b) describe the matter that is to be the subject of the hearing, including the particulars of any evidence that CPSBC will be relying on, and
- (c) indicate if the hearing is to be an oral hearing:
- (i) the date, time and place of the hearing, and
- (ii) specify the Permit Committee is entitled to proceed with the hearing in the respondent's absence, and
- (d) indicate if the hearing will be conducted in writing:
- (i) the deadline for providing written submissions, and
- (ii) specify the Permit Committee is entitled to proceed with the hearing if the respondent does not provide written submissions by the specified deadline.
- (2) If the respondent does not attend an oral hearing or fails to provide written submissions by a specified deadline, the Permit Committee may:
- (a) proceed with the hearing in the respondent's absence on proof that notice of the proposed disciplinary action was served on the respondent in accordance with subsection (1), and

- (b) without further notice to the respondent, take any action the Permit Committee is authorized to take under the Act.

### **Decision**

- 11-7 (1) The Permit Committee must provide a copy of its decision respecting disciplinary action with reasons to the registrar together with directions, if any, regarding notice to the public as soon as practicable.
- (2) The registrar must serve written notice of the disciplinary action decision with reasons on the respondent as soon as practicable.

## **Division 3 - Monitoring regulatory compliance**

### **Monitoring regulatory compliance**

- 11-8 (1) The board authorizes the registrar to administer a CPSBC compliance program.
- (2) The CPSBC compliance program may engage in activities to monitor licensees for contraventions of the Act, Regulations, and these Bylaws, including practice standards and ethics standards.
- (3) Without limiting the scope of subsection (2), the CPSBC compliance program's activities may include:
- (a) recommending materials for CPSBC publication, including materials to educate licensees about requirements of licensees under the Act, Regulations, and these Bylaws, including practice standards and ethics standards,
  - (b) collaborating with other colleges, government agencies, public bodies, professional associations, and other organizations to share information and coordinate efforts to monitor licensees for contraventions,
  - (c) periodically and selectively monitoring online platforms, social media, websites, and other public media or resources to identify potential contraventions by selected licensees or licensees generally,
  - (d) periodically requiring licensees to provide self-assessment reports to confirm their continuing awareness of, and compliance with, requirements under the Act, Regulations, and these Bylaws, including practice standards and ethics standards,
  - (e) determining criteria to select licensees for compliance audits of aspects of their practices,
  - (f) determining criteria to defer or exempt selected licensees from compliance audits from time to time,
  - (g) determining the scope of, and performing, compliance audits,
  - (h) appointing one or more CPSBC employees, contractors, or subject matter experts as assessors to conduct or assist with compliance audits,

- (i) seeking information from any source to determine if a licensee's practice contravenes the Act, Regulations, or these Bylaws, including practice standards and ethics standards,
  - (j) identifying potential contraventions by licensees, and providing such licensees an opportunity to respond, and
  - (k) providing compliance and contravention reports to the registrar who may refer such matters to the quality assurance program or initiate regulatory complaints under section 119 of the Act.
- (4) A licensee who is subject to a compliance audit must participate in, and cooperate with, the compliance audit process.
- (5) For the purposes of subsection (4), the requirement to participate in, and cooperate with, the compliance audit process may include but is not limited to:
- (a) completing and submitting a compliance audit questionnaire,
  - (b) responding to requests and answering all questions in a prompt and complete manner,
  - (c) providing access to all requested information and records in the licensee's possession or control, including but not limited to information and records related to the licensee's compliance with the applicable requirements for licensure, quality assurance, and practice standards and ethics standards,
  - (d) attending one or more interviews with the assessor, either in person or by electronic means as directed by the assessor, which interviews may be recorded by the assessor by audio and/or video, and
  - (e) facilitating office and site visits, in person or by electronic means, by the assessor and/or any person designated by the assessor.
- (6) For the purposes of subsection (5), the CPSBC compliance program or an assessor may specify time periods within which the licensee must comply with requirements of the compliance audit process.

## **Division 4 - Complaints, reports, and initiating investigations**

### **Requirements for regulatory report**

- 11-9 (1) A regulatory report must be in writing and given to the registrar.
- (2) A regulatory report must include:
- (a) the reporter's name and contact information,
  - (b) if the reporter is reporting on behalf of a person, public body, or organization, the name of that person, public body, or organization,
  - (c) the respondent's name, if available, or information by which CPSBC may identify the respondent,
  - (d) the specific allegation(s) against the respondent, and

- (e) evidence relevant to the allegation(s), where feasible.

### **Requirements for regulatory complaint by registrar**

11-10 A regulatory complaint by the registrar must be in writing and include:

- (a) the respondent's name, and
- (b) the allegation(s) against the respondent.

### **Requirements for regulatory complaint by others**

- 11-11 (1) A regulatory complaint under section 120 of the Act must be in writing and given to the registrar.
- (2) A regulatory complaint under section 120 of the Act must include:
- (a) the complainant's name and contact information,
  - (b) the respondent's name, if available, or information by which CPSBC may identify the respondent,
  - (c) the specific allegation(s) against the respondent, and
  - (d) evidence relevant to the allegations, where feasible.
- (3) Where the complainant is not the person who experienced the respondent's alleged conduct, the complainant must provide:
- (a) the name and contact information of the person who experienced the alleged conduct, and,
  - (b) evidence that the complainant is acting with the consent of, or with legal authority to make such complaint on behalf of, the person who experienced the alleged conduct.
- (4) The registrar may vary procedures by which persons may submit complaints under section 120 of the Act to accommodate individual circumstances of complainants.
- (5) If CPSBC assists a complainant to record a complaint in written form, the registrar shall deliver a copy of the draft written complaint to the complainant, and the complainant may provide corrections to the complaint within a reasonable period that the registrar may specify.
- (6) Where a regulatory complaint is filed on behalf of another individual, public body, or organization, the registrar may verify that a complainant has authority to act on behalf of the specified individual, public body, or organization.
- (7) Where an employer of a licensee files a regulatory complaint, the employer will be the complainant in the matter and any individual duly authorized by the employer may be considered as acting on behalf of the employer in respect of the matter.

**Registrar assessment**

- 11-12 Upon making or receiving a regulatory complaint, or receiving written notice that the Investigation Committee has commenced an investigation without a regulatory complaint, the registrar must, after reviewing the respondent's disciplinary record and capacity summary, if any:
- (a) assess whether the regulatory complaint should be transferred to another regulator and, if so, seek the consent of the complainant to the transfer,
  - (b) consider whether additional information or records are required or would assist in clarifying the complaint or subject matter of the investigation and, if so, request the additional information or records or make an order under section 121(2) of the Act,
  - (c) assess whether the available information and records indicate that a summary protection order may be warranted under section 122(1) of the Act and, if appropriate, seek direction from the Investigation Committee,
  - (d) assess whether the available information and records support a summary dismissal order or other order under section 122(3) of the Act and, if appropriate, make such an order, and
  - (e) provide a written assessment of the regulatory complaint with any recommendations to the Investigation Committee unless the registrar makes a summary dismissal order or other order under section 122(3) of the Act.

**Notice to respondent**

- 11-13 (1) Subject to an order under section 122(3) of the Act, after providing information regarding a regulatory complaint to the Investigation Committee, the registrar must serve a copy of the regulatory complaint or a summary of it, with all or some of the information and records obtained with respect to the complaint, on the respondent as soon as practicable unless the registrar has reasonable grounds to believe that doing so at any time before completion of the investigation risks:
- (a) harm to any person, or
  - (b) a material loss of evidence.
- (2) Where the Investigation Committee provides written notice of an investigation without a regulatory complaint to the registrar, the registrar must serve written notice of the investigation with reasons for the investigation on the respondent as soon as practicable unless the registrar has grounds to believe that doing so at any time before completion of the investigation risks:
- (a) harm to any person, or
  - (b) a material loss of evidence.

- (3) Despite subsections (1) and (2), the registrar must not disclose protected information except in accordance with section 243 of the Act.

## **Division 5 - Identity protection**

### **Application for reconsideration of notice of intent or termination order**

11-14 An application for reconsideration under section 240(5) of the Act must be submitted in the form specified by the registrar not later than 30 days following receipt of the notice of intent to take action or the termination order, as applicable.

## **Division 6 - Investigations of fitness and misconduct**

### **Control of investigations**

11-15 In addition to the powers in section 127 of the Act, the Investigation Committee may:

- (a) establish and prioritize investigative goals, including to:
  - (i) protect the public from harm and discrimination, and give effect to the other guiding principles under section 14 of the Act,
  - (ii) hold licensees accountable for contravening duties under the Act and maintain public confidence in the designated health professions governed by CPSBC, and
  - (iii) allocate limited investigative resources in the public interest,and
- (b) prioritize investigation matters in accordance with investigative goals.

### **Competence assessments**

- 11-16 (1) An investigator must notify the registrar of an intention to order a competence assessment under section 132(1) of the Act.
- (2) An investigator may order a competence assessment to evaluate one or more of the following:
  - (a) the respondent's clinical performance of the designated health profession,
  - (b) the respondent's knowledge and understanding of the regulatory requirements applicable to the practice of the designated health profession, including practice standards and ethics standards, and anti-discrimination measures, and
  - (c) any other aspect of the respondent's practice which will assist in assessing whether the respondent is competent to practice the designated health profession.

## Final investigation reports

- 11-17 (1) Unless a regulatory complaint has been dismissed, an investigator must provide a copy of the final investigation report to the registrar and Investigation Committee.
- (2) A final investigation report must include:
- (a) a summary of the allegation(s) investigated,
  - (b) a description of the respondent's practice context and the context in which the alleged conduct occurred,
  - (c) a description of the investigative steps taken,
  - (d) a summary of the information obtained from interviews and other sources,
  - (e) copies of relevant records obtained during the investigation,
  - (f) the findings of any random chart audit performed, with copies of relevant records, if any, and
  - (g) a competence assessment, if any.
- (3) The registrar may provide a copy of all or part of the final investigation report to the complainant, if any, and must serve a copy of the final investigation report on the respondent for response before the Investigation Committee determines whether there are reasonable grounds to believe that the respondent lacks competence or has committed an act of misconduct.
- (4) The registrar must provide any submissions received from the complainant and respondent in response to the final investigation report to the Investigation Committee.

## Division 7 - Capacity evaluations

### Registrar

11-18 The registrar is authorized to exercise the powers and perform the duties of a capacity officer.

### Notice to the respondent

11-19 Where the Investigation Committee directs a capacity evaluation, the registrar must serve a written order for the capacity evaluation on the respondent as soon as practicable.

### Report to capacity officer if respondent fails to cooperate

- 11-20 (1) A licensee conducting an assessment for a capacity evaluation must submit a written report to the capacity officer identified by the registrar if the respondent, who is the subject of the assessment, fails to participate in and/or cooperate with all or any part of the assessment.
- (2) For the purposes of subsection (1), a written report must include:

- (a) a summary and chronology of the requests made to the respondent to participate in and/or cooperate with all or part of an assessment and the respondent's responses, if any, and,
- (b) copies of any relevant records relating to the requests to, and responses from, the respondent.

### **Capacity officer's report to registrar**

- 11-21 (1) Where a capacity officer gives written notice to the registrar that a respondent is interfering with the conduct of a capacity evaluation, the notice must outline the basis for the capacity officer's opinion that the respondent:
- (a) has not cooperated with the capacity evaluation,
  - (b) has lied to or is refusing to comply with a direction given by a licensee who is conducting the assessment, or
  - (c) has otherwise done, or omitted to do, something that has impeded the ability to conduct or complete the capacity evaluation.
- (2) The written notice to the registrar must include copies of any relevant records relating to the requests to, and responses from, the respondent.

### **Capacity officer's notice to the Investigation Committee of risk to public**

- 11-22 Where a capacity officer gives written notice to the Investigation Committee based on a concern that a respondent presents a risk to the public under section 143 of the Act, the notice must:
- (a) outline the basis for the capacity officer's opinion, and
  - (b) include copies of any relevant records supporting that opinion.

### **Licensee's assessment report**

- 11-23 (1) A licensee who conducts an assessment must submit a written assessment report to the capacity officer identified by the registrar as soon as practicable after completing the assessment.
- (2) For the purposes of subsection (1), a written assessment report must include:
- (a) a summary of the concerns that formed the basis for the assessment,
  - (b) a description of the respondent's practice context and the context in which the concerns arose,
  - (c) a description of the assessment process,
  - (d) a summary of the information obtained from interviews and other sources,
  - (e) the licensee's professional opinion regarding whether the respondent's capacity is impaired by a health condition and, if so, whether the nature or extent of the impairment may present a current or imminent significant risk of harm, and any recommendations to mitigate that risk,

- (f) recommendations, if any, for treatment, education, reassessments, or interventions such as training, coaching, or mentoring, or other steps to restore or ensure continued capacity,
- (g) recommendations, if any, for ongoing monitoring to ensure continued capacity,
- (h) recommendations, if any, for limits or conditions on the respondent's licence to ensure public safety, and
- (i) recommendations, if any, on what should be required to end monitoring.

### **Capacity officer's notice to respondent**

- 11-24 (1) After reviewing the assessment report(s) and the respondent's disciplinary record and capacity record, if any, the capacity officer must serve written notice on the respondent of the outcome of the evaluation with reasons as soon as practicable.
- (2) If the capacity officer has reasonable grounds to believe that the respondent lacks capacity, the written notice must include:
- (a) a summary of the professional opinions and recommendations contained in the assessment report(s),
  - (b) the reasons for considering making a continuing practice order or a revocation order, as applicable,
  - (c) the time frame in which the respondent may provide additional information and records and/or request changes to the order being considered, and
  - (d) notice that the continuing practice order or revocation order, as applicable, may be made if no further additional information or records are provided or no request is made to change the order being considered within the time frame specified in subsection (c).

### **Reconsideration of continuing practice order or revocation order**

- 11-25 (1) A respondent subject to a revocation order may apply for a reconsideration by the capacity officer by providing a request for review in the form specified by the registrar not more than 30 days following receipt of the revocation order.
- (2) A respondent subject to a continuing practice order may apply for a reconsideration by the capacity officer by providing a request for review in the form specified by the registrar:
- (a) not more than 30 days following receipt of the order, or
  - (b) in accordance with the directions of or a schedule set by, or as otherwise authorized by, the capacity officer.
- (3) Upon receipt of a request for reconsideration, the capacity officer must conduct a reconsideration in accordance with section 382(1) of the Act.

- (4) The capacity officer must provide the respondent an opportunity to be heard, which may be in writing.
- (5) The capacity officer must serve the reconsideration decision with reasons on the respondent as soon as practicable.

## **Division 8 - Summary action or disposition during investigations**

### **Summary protection orders**

- 11-26 (1) When considering whether to make a direction for a summary protection order based on a significant risk of harm, the Investigation Committee must consider:
- (a) whether there is a *prima facie* case for incompetence or misconduct based on the facts asserted by a complainant or disclosed by an investigation, if proven true, except to the extent the asserted facts conflict with objective and undisputed evidence or are manifestly unreliable or exaggerated,
  - (b) whether there is a significant and immediate risk of harm to any person having regard to:
    - (i) the nature and seriousness of the alleged lack of competence or act of misconduct,
    - (ii) any measures currently in place to protect the public, and
    - (iii) the probability of harm,
  - (c) what measures are necessary to protect the public, and
  - (d) how specific measures may impact the respondent, and the proportionality of such impacts to risks of harm to the public.
- (2) When considering whether to make a direction for a summary protection order based on a concern regarding the dissemination of false or misleading information to patients or the public, the Investigation Committee may also consider any scientific or other facts it has reasonable grounds to believe are reliable.
- (3) The Investigation Committee may direct that the summary protection order contain limits or conditions on a respondent's practice which it considers necessary and appropriate to protect the public from a significant risk of harm, including but not limited to one or more of the following:
- (a) a requirement that the respondent practice under supervision and/or under the direction of a practising licensee approved by CPSBC,
  - (b) a requirement that the respondent practice only in the presence of a chaperone approved by CPSBC,
  - (c) a restriction limiting how the respondent practises an aspect of their profession, including but not limited to a condition that a respondent practise only after disclosing specified information to patients and posting signage as directed by the registrar,

- (d) a restriction limiting the classes of patients to whom the respondent may provide health services,
  - (e) a restriction limiting the scope of health services the respondent may provide, and
  - (f) a requirement to comply with periodic and/or random practice audits on terms specified by CPSBC.
- (4) The registrar must serve a copy of the summary protection order with reasons on the respondent as soon as practicable.

### **Reconsideration of summary protection order**

- 11-27 (1) A respondent may apply for reconsideration of a summary protection order by the Investigation Committee by providing a request for reconsideration in the form specified by the registrar:
- (a) not more than 30 days following receipt of the summary protection order, or
  - (b) in accordance with the directions of or a schedule set by, or as otherwise authorized by, the Investigation Committee.
- (2) Upon receipt of a request for reconsideration under subsection (1), the Investigation Committee must conduct a reconsideration in accordance with section 382(1) of the Act.
- (3) The Investigation Committee must provide the respondent an opportunity to be heard, which may be in writing.
- (4) The registrar must serve the reconsideration decision with reasons on the respondent as soon as practicable.

### **Summary dismissal or summary disposition order processes**

- 11-28 (1) Subject to subsections (2) and (3), where the registrar makes:
- (a) a summary dismissal order under section 258(1) of the Act, or
  - (b) an order disposing of a complaint with a respondent's consent under section 158(2) of the Act,
- the registrar must give to the Investigation Committee a summary of the regulatory complaint, all information received or obtained with respect to the complaint, and a copy of the order with reasons within 30 days of making the order.
- (2) Where a complaint falls within the registrar's jurisdiction to make a summary dismissal order under section 258(1) of the Act, the registrar may give to the Investigation Committee a copy of the complaint, all information received or obtained with respect to the complaint, the registrar's assessment of the complaint and recommendations, if any, and a proposed summary dismissal order with reasons for consideration.

- (3) Where the registrar recommends a summary dismissal order to the Investigation Committee under subsection (2), the Investigation Committee may:
  - (a) approve the registrar making a summary dismissal order with reasons, with or without directions,
  - (b) dismiss the complaint under section 158 of the Act, with or without a written warning or advice, or
  - (c) exercise jurisdiction over or relating to the investigation of the complaint.

### **Dispositions with or without consent**

- 11-29 (1) On completing an assessment under section 136 of the Act, the Investigation Committee may consider:
  - (a) the regulatory goals of:
    - (i) denouncing misconduct, and harms caused by misconduct,
    - (ii) preventing and discouraging future misconduct or incompetence by rehabilitating the respondent through corrective measures,
    - (iv) preventing and discouraging future misconduct by other licensees,
    - (v) educating the respondent, other licensees, and the public about standards and other requirements of licensees, and
    - (vi) maintaining public confidence in the designated health professions governed by CPSBC,
  - (b) the extent to which restorative processes may serve the public interest more effectively than, or in conjunction with, alternative measures in the circumstances, and
  - (c) any likely disproportionate effect, or lack of effect, of different remedial or punitive measures on a respondent or specific licensee in the circumstances.
- (2) Where the Investigation Committee acts under section 136(2)(a) of the Act by making one or more orders under sections 157 or 159 of the Act but subsequently has reasonable grounds to conclude that the respondent has failed to comply in good faith with the order(s), the Investigation Committee may make further orders under section 136(2) of the Act.
- (3) Where the Investigation Committee acts under section 136(2)(a) of the Act by proposing one or more orders under section 158 of the Act to which the respondent fails to consent in whole or in part, the Investigation Committee may make further orders under section 136(2).

**Respondent's duties when practice authority suspended**

11-30 Where the Investigation Committee orders suspension of a respondent's practice authority, subject to the terms of any disciplinary order, the respondent:

- (a) may elect to either:
  - (i) arrange for another licensee acceptable to CPSBC to:
    - (A) act as a *locum* and manage the respondent's practice during the suspension period,
    - (B) receive all billings of the practice during the suspension period, and
    - (C) reimburse the respondent, out of their billings for the practice, only for actual expenses incurred by the respondent respecting the practice,
  - or
  - (ii) cease their practice during the suspension period,
- (b) may not benefit or profit financially or otherwise, directly or indirectly, from their practice, or the practice of their *locum*, during the suspension period,
- (c) must inform the following persons of the order for suspension, its duration, any measures taken to ensure continuity of care for patients, and any other matters specified by the order, as applicable:
  - (i) each patient with whom the respondent maintains an ongoing professional relationship, if required and as directed by the Investigation Committee,
  - (ii) where the respondent's practice does not involve an expectation of an ongoing professional relationship, each patient to whom the respondent is actively providing services, if required and as directed by the Investigation Committee,
  - (iii) owners of each practice or office in which the respondent provides services,
  - (iv) administrators of each facility in which the respondent provides services, including but not limited to hospitals,
  - (v) all health professionals or administrative staff involved in managing the respondent's patients, and
  - (v) such other persons specified in the order,
- (d) must, in relation to the medical records of each patient, arrange for:
  - (i) a transfer of the medical records to a licensee approved by CPSBC, or
  - (ii) a means, and the information necessary, for each patient to access a copy of their medical records during the respondent's suspension,

and

- (e) must notify the registrar of the location of the medical records the respondent has retained, and the process by which patients may access their medical records.

### **Investigation expenses**

11-31 Subject to section 273(3) of the Act, an order for investigation expenses must be determined in accordance with [schedule E](#).

## **Division 9 - Request for citation**

### **Considerations for requesting citation**

- 11-32 (1) When determining whether to request the director of discipline to issue a citation, the Investigation Committee may consider:
- (a) the public interest in recommending a discipline hearing, including:
    - (i) the nature and seriousness of the respondent's alleged lack of competence or misconduct,
    - (ii) the need to protect the public from harm and discrimination, including actual or potential harm to a complainant or others,
    - (iii) the nature, extent, findings, or outcomes of criminal, regulatory, or other related proceedings,
    - (iv) the respondent's disciplinary record and capacity summary, if any, and
    - (v) the availability, nature, and adequacy of alternative means of disposing of the matter, with or without the respondent's consent, including steps taken or offered by a respondent to correct or address a lack of competence or act of misconduct, and
  - (b) whether there is a reasonable likelihood CPSBC will discharge the burden of proof at a discipline hearing, including:
    - (i) the willingness of the complainant and/or other witnesses to participate in a discipline hearing,
    - (ii) a provisional assessment of the strength of the evidence available to CPSBC based on information gathered during the investigation, including a provisional assessment of the credibility and reliability of potential witnesses,
    - (iii) the respondent's anticipated defences, and
    - (iv) the strengths and weaknesses of the case based on all the information available.

- (2) The Investigation Committee may request a citation based on the public interest in disposing of a matter with a hearing despite a provisional assessment that CPSBC may not discharge the burden of proof.
- (3) No provision in this section may be construed as waiving any communications subject to legal professional privilege and/or litigation privilege.
- (4) The registrar is responsible for drafting the content of a proposed citation in consultation with the Investigation Committee.

## **Division 10 - Review of discipline tribunal orders**

### **Administrative and judicial reviews**

11-33 The registrar is responsible for:

- (a) determining whether to apply to the director of discipline for a review of an order made by a discipline panel,
- (b) responding to an application from a respondent or complainant for a review of an order made by a discipline panel, and
- (c) determining whether to make, or respond to, an application for judicial review following a review by the director of discipline, or any related proceeding.

## **Division 11 - Enforcement of disciplinary orders**

### **Enforcement of disciplinary orders**

- 11-34 (1) The registrar is responsible for establishing a process for the enforcement of orders, including but not limited to enforcement of disciplinary orders made by a discipline panel.
- (2) Without limiting the registrar's powers under subsection (1), the registrar may recommend that the Licence Committee or Permit Committee attach limits or conditions to enforce an order when issuing, varying, renewing, or reinstating a licence or permit.
  - (3) The discretion to attach limits or conditions to a licence or permit may be exercised in lieu of enforcing a bylaw requiring that an applicant pay an outstanding amount owed to CPSBC.

## **Division 12 - Unauthorized practice and title use**

### **Definitions**

11-35 In this division:

**"unauthorized practice or use of a title"** means conduct contravening sections 29 or 30 of the Act.

**Unauthorized practice monitoring program**

- 11-36 (1) The board authorizes the registrar to administer an unauthorized practice monitoring program for CPSBC.
- (2) The monitoring program under subsection (1) must monitor for and receive reports relating to:
- (a) the unauthorized practice of the designated health professions governed by CPSBC, and
  - (b) the unauthorized use of a title reserved to the designated health professions governed by CPSBC.
- (3) The monitoring program under subsection (1) may do one or more of the following:
- (a) recommend materials for CPSBC publication, including materials to educate the public on risks arising from unauthorized practice and unauthorized use of title, and how members of the public may report unauthorized practice or unauthorized use of a title to CPSBC,
  - (b) collaborate with other colleges, government agencies, public bodies, professional associations, and other organizations to share information and coordinate efforts to identify unauthorized practice or unauthorized use of a title,
  - (c) periodically and selectively monitor online platforms, social media, websites, and other public media or resources to identify individuals or other entities who may be engaging in unauthorized practice or unauthorized use of a title,
  - (d) periodically and selectively monitor former licensees to ensure they are not engaged in unauthorized practice or unauthorized use of a title,
  - (e) perform a preliminary investigation of any matter relating to unauthorized practice or unauthorized use of a title reported to, or found by, the monitoring program, to assist in determining whether to refer the matter to the registrar, and
  - (f) such other activities the registrar may direct or authorize.
- (3) CPSBC shall keep the identity of individuals who make reports to the monitoring program confidential unless disclosure is necessary for the exercise of a power or performance of a duty under the Act or these Bylaws.

**Preliminary report and other information to the Investigation Committee**

- 11-37 (1) Where there are reasonable grounds to believe a person has engaged, is engaging, or is about to engage, in unauthorized practice or unauthorized use of a title, the registrar must, as soon as reasonably practicable, provide a preliminary report to the Investigation Committee together with copies of all information and records received or obtained with respect to the report.

- (2) The registrar may, at any time, provide the Investigation Committee with an assessment of any matter concerning unauthorized practice or unauthorized use of a title, and make recommendations with respect to:
  - (a) further investigation under sections 373(a) and 374 of the Act,
  - (b) written notice to another regulator under section 373(b) of the Act, or
  - (c) a disposition under sections 376 or 377 of the Act.

## Part 12 - Support programs

### Definitions

12-1 In this part:

**“supplemental program parameters”** means the terms, prohibitions, requirements, limits and conditions that apply to a support program, established under section 12-15(3) of these Bylaws.

### Support programs

- 12-2 (1) Subject to subsection (2), the registrar must establish and administer the following support programs on behalf of CPSBC:
- (a) an information services program,
  - (b) a support services program, and
  - (c) a support worker program.
- (2) The registrar may direct CPSBC to participate in support programs which are established and co-administered with other regulatory colleges.
- (3) In the event of any conflict between a provision of this part and the program parameters of a support program in which CPSBC participates with other regulatory colleges, the program parameters of that support program shall prevail.

### Shared funding agreements

12-3 The registrar is authorized to enter into shared funding agreements for the purposes of funding and/or administering support programs, in whole or in part, in collaboration with other regulatory colleges or with the minister and other regulatory colleges.

### Administrators

- 12-4 (1) The registrar must:
- (a) appoint an administrator for each support program administered by CPSBC, and
  - (b) approve a proposed administrator for each support program established and being co-administered with other regulatory colleges.
- (2) A person may be appointed as an administrator for one or more support programs.
- (3) The registrar may appoint themselves as an administrator for one or more support programs.

### Support officers

12-5 The registrar must:

- (a) designate at least one support officer for CPBSC, and

- (b) ensure that at least one support officer has been designated for each support program established and co-administered with other regulatory colleges.

### **Administrator may exercise power of support officer**

12-6 An administrator may exercise the power of a support officer for the purposes of determining eligibility for information services if authorized by the program parameters.

### **Application for support**

- 12-7 (1) A person seeking support must submit a support application in the form required by an administrator together with the supporting information and records required under the program parameters.
- (2) A person who submits a support application on behalf of another person must provide proof, satisfactory to an administrator, of authorization to act on the behalf of the other person.
- (3) After receiving a completed support application, an administrator must promptly give the support application and supporting information and records to a support officer unless the administrator:
  - (a) determines that the applicant is eligible to receive information services under section 282(1) of the Act, the Regulations, these Bylaws, and the program parameters, or
  - (b) transfers the support application to another administrator in accordance with section 280(2) of the Act.

### **Support officer's eligibility decision**

- 12-8 (1) A support officer or the administrator must determine whether to provide information services to an applicant based on the criteria set out in these Bylaws and the program parameters.
- (2) A support officer must determine whether an applicant is eligible for support services and/or the assistance of a support worker based on the eligibility requirements set out in section 283 of the Act, the Regulations, these Bylaws, and the program parameters and, if so, determine the form of support and any limits or conditions on that support.
- (3) A support officer must promptly provide the eligibility decision under subsections (1) and (2) with reasons to:
  - (a) the applicant,
  - (b) the person who made the support application on the applicant's behalf if the applicant provides authorization, if applicable, and
  - (c) the administrator.

**Reconsideration of adverse eligibility decision**

- 12-9 (1) An applicant who receives an adverse eligibility decision may seek reconsideration of that decision by providing a request for reconsideration in the form required by the registrar within 30 days following receipt of the adverse eligibility decision.
- (2) The registrar must provide the request for reconsideration to the support officer or administrator who made the adverse eligibility decision.
- (3) Upon receipt of a request for reconsideration, the support officer or administrator who made the adverse eligibility decision must provide the applicant with an opportunity to be heard, which may be in writing.
- (4) The support officer or administrator must serve the reconsideration decision with reasons on the applicant as soon as practicable.

**Administrator's support determination**

- 12-10 (1) If an applicant is determined to be eligible for information services, the administrator must determine the scope and duration of information services to be provided in accordance with section 285(2) of the Act, the Regulations, these Bylaws, and the program parameters.
- (2) If an applicant is determined to be eligible for support services, the administrator must, in addition to considering the matters set out in section 286 of the Act, determine the matters required under the Regulations, these Bylaws, and the program parameters.
- (3) If an applicant is determined to be eligible for the assistance of a support worker, the administrator must, in addition to considering the matters set out in section 287(1)(a) of the Act, determine the matters required under the Regulations, these Bylaws, and the program parameters.
- (4) The administrator may defer making a support determination pending the outcome of an application for reconsideration of an eligibility decision.

**Notice of support determination**

- 12-11 Subject to section 12-10(4) of these Bylaws, an administrator must promptly provide written notice of a support determination with respect to support services or the assistance of a support worker to:
- (a) the applicant,
  - (b) the person who made the support application on the applicant's behalf if the applicant provides authorization, if applicable, and,
  - (c) the support officer who made the eligibility decision.

**Reconsideration of support determination**

- 12-12 (1) An applicant who receives an adverse support determination may seek reconsideration of that decision by providing a request for reconsideration in the form required by the registrar within 30 days following receipt of the adverse support determination.

- (2) The registrar must provide the request for reconsideration to the administrator who made the adverse support determination.
- (3) Upon receipt of a request for reconsideration, the administrator must provide the applicant with an opportunity to be heard, which may be in writing.
- (4) The administrator must serve the reconsideration decision with reasons on the applicant as soon as practicable.

### **Application to change support determination**

12-13 A recipient may apply to change a support determination by providing an application in the form required by the registrar to the administrator at any time during the period in which the recipient receives support.

### **Appointment of support workers**

- 12-14 (1) The registrar must establish the support workers policy setting out the qualifications for support workers and the process for assigning, reassigning, suspending, and terminating the assignment of support workers.
- (2) When assigning a support worker to a recipient, an administrator must consider the support worker's education, training, experience, and other qualifications having regard to the individual needs of the recipient.
  - (3) Support workers are entitled to receive reimbursement for reasonable expenses necessarily incurred in assisting recipients with support services in accordance with the tariff in [schedule F](#).

### **Additional powers and duty to ensure compliance**

- 12-15 (1) An administrator or support officer may request any information or records relevant to their exercise of a power or performance of a duty, including decisions relating to eligibility for support, provision of support, and changes to a support determination from:
- (a) an applicant,
  - (b) a recipient, and
  - (c) a support worker.
- (2) An administrator or support officer must take reasonable steps to ensure any person providing support services or providing assistance as a support worker complies with the Act, the Regulations, these Bylaws, and the applicable program parameters.
- (3) The registrar may establish supplemental program parameters consistent with the Act, the Regulations, and these Bylaws which:
- (a) establish provisions for designating support officers,
  - (b) authorize the funding of support services additional to counselling services,
  - (c) establish terms, prohibitions, requirements, limits or conditions relating to provision of support under section 277(1)(g) of the Act, and

- (d) authorize an administrator to establish policies or procedures relating to their programs.

### **Information service program parameters**

- 12-16 (1) Subject to eligibility requirements under the program parameters, the following persons may receive information services:
- (a) a person who has made a regulatory complaint or a regulatory report,
  - (b) a person who has received, or may have received, health services from a licensee who is not, or may not have been, fit to practice,
  - (c) a person who experienced a licensee's conduct that may be an act of misconduct or actionable conduct, or
  - (d) a person who assists a person who is exercising a power or performing a duty under the Act.
- (2) Information services encompass guidance regarding CPSBC processes and resources.
- (3) In determining the eligibility of a person to receive information services, a support officer may consider:
- (a) the extent to which the person may not be able to meaningfully participate in the processes provided for in the Act and these Bylaws without receiving information services, and
  - (b) any factors set out in the program parameters.
- (4) The provision of information services under the information services program is subject to the following terms, limits and conditions:
- (a) the administrator may decline, suspend or terminate information services if satisfied that an inquiry or any other use of information services is frivolous, vexatious, unnecessary, or an abuse of process,
  - (b) a person receiving information services is not entitled to information that is privileged, confidential, or not otherwise available to a person who is not receiving information services, and
  - (c) any conditions set out in the program parameters.

### **Selecting a service provider for support services**

- 12-17 A recipient who is eligible for support services may request one or more of the following as service providers:
- (a) a regulated health professional accepted by the administrator as qualified to provide support services,
  - (b) an unregulated or regulated counselling professional accepted by the administrator as qualified to provide support services,
  - (c) persons or organizations accepted by the administrator as qualified to provide trauma-informed care, or culturally competent trauma support, and

- (d) such other service providers authorized by the program parameters.

### **Information to support funding for support services**

- 12-18 (1) At any time before or after providing funding for support services, the administrator may require the following in a form satisfactory to the administrator from a service provider and/or recipient:
- (a) confirmation that the service provider, if a regulated health practitioner, is licensed in good standing with their regulatory college and information concerning their regulatory and discipline history,
  - (b) a criminal record check authorization from the service provider,
  - (c) confirmation of the service provider's identity, education, training, experience, and other relevant qualifications,
  - (d) a written statement from each of the service provider and the recipient of support services confirming that:
    - (i) there is no familial or otherwise disqualifying relationship between them, and
    - (ii) the funds received from CPSBC will only be used, or have only been used, for the provision of support services to the recipient,
  - (e) a description from the service provider of the dates, duration, and nature of the support service provided, or to be provided, to the recipient, and
  - (f) any additional information required under the program parameters.

### **Support services program parameters**

- 12-19 (1) An application for support services may only be made:
- (a) after a regulatory complaint that relates to the conduct with respect to which support services are being sought is filed with the registrar, and
  - (b) not later than six months after the date on which the regulatory complaint, or the subject matter of that complaint, is subject to any of the following actions or outcomes:
    - (i) a disposition of the registrar,
    - (ii) a disposition of the Investigation Committee,
    - (iii) the issuance of a disciplinary order where no citation has been issued, or
    - (iv) the issuance of a citation.
- (2) In determining the eligibility of a person to receive support services, a support officer must consider:
- (a) the financial circumstances of the applicant,
  - (b) the nature and severity of the allegations in the regulatory complaint,

- (c) a failure of an applicant to provide requested information and/or records without adequate reason,
  - (d) any misrepresentations by the applicant, and
  - (e) such other factors set out in program parameters.
- (3) The administrator may decline, suspend, or terminate support services:
- (a) in accordance with a determination respecting support services under section 286 of the Act,
  - (b) in accordance with sections 298 or 299 of the Act,
  - (c) in accordance with the program parameters,
  - (d) where the administrator is satisfied an applicant has obtained support services through or as a result of omission, misrepresentation, or fraud, or
  - (e) where the administrator is satisfied, on recommendation by a service provider, that support services are not necessary, no longer necessary, or should be suspended or terminated.
- (4) Subject to the program parameters and an order of the registrar, if any, the provision of support services is subject to the following terms, limits and conditions:
- (a) a recipient must promptly advise the administrator if they become eligible to have all or part of the expenses relating to a support service paid or recovered under a program of insurance, an agreement, an arbitral award, or a court or tribunal order or award,
  - (b) funding for support services will be suspended, reduced, or terminated to the extent the recipient becomes eligible for alternate funding as set out under subsection (a),
  - (c) funding for seeking redress for sexual misconduct, sexual abuse or discrimination is limited to redress which is available under the Act, and does not include seeking redress through a court or a tribunal governed under another enactment,
  - (d) funding is not available for reimbursement of:
    - (i) travel expenses,
    - (ii) medication, vitamins, or supplements, or
    - (iii) fees or other expenses relating to the preparation of a report,
  - (e) funding is subject to the maximum aggregate amount set out in section 12-23 of these Bylaws, and
  - (f) any additional conditions set out in the program parameters.

### **Termination of support services**

- 12-20 (1) Funding for support services will terminate two years from the date the determination of eligibility for support services was made.

- (2) Despite subsection (1), the administrator may extend the period of funding for support services in accordance with conditions set out in the program parameters where:
  - (a) the underlying regulatory complaint has not been withdrawn, abandoned, subject to a termination order or the subject of any of the actions or outcomes in section 12-19(1)(b) of these Bylaws, and
  - (b) the maximum amount of funding under section 12-23 of these Bylaws has not been expended.

### **Support worker program parameters**

- 12-21 (1) An application for the assistance of a support worker may only be made:
- (a) after a regulatory complaint that relates to the conduct with respect to which the assistance of a support worker is being sought is filed with the registrar, and
  - (b) before the regulatory complaint, or the subject matter of the regulatory complaint, is subject to any of the following actions or outcomes:
    - (i) a disposition of the registrar,
    - (ii) a disposition of the Investigation Committee,
    - (iii) the issuance of a disciplinary order where no citation has been issued, or
    - (iv) the conclusion of a discipline hearing.
- (2) In determining the eligibility of a person to receive the assistance of a support worker, a support officer must consider:
- (a) the financial circumstances of the applicant,
  - (b) the nature and severity of the allegations in the regulatory complaint,
  - (c) a failure of an applicant to provide requested information and/or records without adequate reason,
  - (d) any misrepresentations by the applicant, and
  - (e) such other factors set out in program parameters.
- (3) In addition to the grounds set out in section 299 of the Act, the administrator may suspend or terminate assistance of a support worker:
- (a) in accordance with criteria set out in the program parameters, and
  - (b) where the administrator is satisfied, on recommendation of a support worker, that assistance of a support worker is not necessary, no longer necessary, or should be suspended or terminated.
- (4) Subject to the program parameters and an order of the registrar, if any, the provision of assistance of a support worker is subject to the following terms, limits and conditions:

- (a) the recipient must promptly advise the administrator if they become eligible to have all or part of the expenses relating to a support worker paid or recovered under a program of insurance, an agreement, an arbitral award, or a court or tribunal order or award, and
- (b) funding for the support worker will be suspended, reduced, or terminated to the extent the recipient becomes eligible for alternate funding as set out under subsection (a),
- (c) funding is subject to the maximum aggregate amount set out in section 12-23 of these Bylaws, and
- (d) any additional conditions set out in the program parameters.

### **Termination of assistance of support worker**

- 12-22 (1) Subject to a support worker completing an oversight complaint process under section 296(2)(b) of the Act, the assistance of a support worker will be terminated on the earliest of the following dates as applicable:
- (a) no later than two years from the date the determination of eligibility for assistance of a support worker was made,
  - (b) the date that the regulatory complaint is withdrawn or subject to a termination order,
  - (c) three months from the date on which the deadline for filing an application for review with the Health Professions Review Board expires in relation to a regulatory complaint which is dismissed or, in the event of an application for review to the Health Professions Review Board, the date on which Health Professions Review Board confirms the dismissal of the regulatory complaint,
  - (d) three months from the date on which the deadline for filing an application for review with the Health Professions Review Board expires in relation to a regulatory complaint disposed of by disciplinary order, continuing practice order, or termination order or, in the event of an application for review to the Health Professions Review Board, the date on which the Health Professions Review Board confirms or varies the disposition,
  - (e) three months from the date on which a citation issued in relation to the regulatory complaint is dismissed or resolved by disciplinary order, or
  - (f) the date on which the maximum funding amount under section 12-23 of these Bylaws has been reached.
- (2) A support worker must, before making any recommendation or report under section 296(1) or (2) of the Act and prior to disclosing protected information for those purposes, obtain the written informed consent of the recipient of the support worker services, in relation to proposed action under section 296(1) or (2) and to the proposed disclosure of protected information.

**Maximum aggregate funding**

12-23 The maximum aggregate funding available to a recipient under all support programs is \$7,500.

## Part 13 - Accreditation programs

### Division 1 - Definitions

#### Definitions

13-1 In this part:

**"accreditation agreement"** refers to an agreement signed by the medical director acknowledging the accredited facility's program requirements,

**"accreditation standards"** mean the standards which apply to non-hospital medical and surgical facilities under section 13-39 of these Bylaws and diagnostic facilities under section 13-76 of these Bylaws,

**"certificate of full accreditation"** means a certificate issued to a non-hospital medical and surgical facility under division 4 or to a diagnostic facility under division 19 of these Bylaws,

**"certificate of provisional accreditation"** means a conditional certificate issued to a non-hospital medical and surgical facility under Division 3 or to a diagnostic facility under Division 18 of these Bylaws,

**"change of ownership"** means:

- (a) any transaction in which more than 30% of the ownership rights in the facility are transferred to another person or persons, including an existing legal or beneficial owner,
- (b) any transaction that results in the acquisition by any person or groups of persons of a legal or beneficial ownership of more than 30% of:
  - (i) the ownership interest of the owner or owners of the facility,
  - (ii) the ownership of a general partner in a partnership that is the owner of the facility, or
  - (iii) any corporation, trust or other organization that directly or indirectly owns or controls the ownership interest(s) of the owner(s) of the facility,
- (c) any transaction in which a person or group of persons directly or indirectly acquire control of voting securities carrying 50% or more of the votes for the election of directors of any corporation or other organization that directly or indirectly has beneficial ownership of more than 30% of the facility,
- (d) any transaction under which more than 30% of the value of the assets of the facility, including but not limited to real estate, equipment, supplies and inventory, that are directly or indirectly used in connection with the services, procedures and treatments performed at the facility are directly or indirectly transferred to another person or persons, or

- (e) any other transaction materially affecting the ownership of a facility, including but not limited to the relocation of the facility, which the DAP Committee or NHMSFAP Committee, as applicable, may in its discretion determine warrants termination of the certificate of accreditation for the facility,

**“DAP”** means the Diagnostic Accreditation Program,

**“dentist”** means a licensee of the British Columbia College of Oral Health Professionals who is authorized to practise dentistry,

**“diagnostic service”** means the performance of a diagnostic test and/or procedure and provision of information for the diagnosis, prevention, or treatment of a human health condition,

**“facility”** means a clinical or laboratory setting which requires accreditation to provide:

- (a) a medical, surgical, dental or anesthesia procedure and/or treatment, or
- (b) a diagnostic service,

and includes other settings authorized by a certificate of accreditation for the use of mobile equipment to provide a diagnostic service,

**“facility property”** includes:

- (a) the physical premises of a clinical or laboratory setting, including any portion of it,
- (b) the land, including but not limited to a leasehold or strata interest, upon which the physical premises of the clinical or laboratory setting is located, including any portion of it,

but does not include land legally or beneficially owned by a person who is not directly or indirectly associated or affiliated with the facility, and which does not have any legal or beneficial interest in the ownership of the facility,

**“independent facility”** means a facility which is not operated by, or subject to regulatory oversight of, a health authority,

**“licensee”** means a licensee of CPSBC,

**“medical director”** means the licensee responsible for an accredited facility,

**“medical staff”** means a physician, a podiatric surgeon, a dentist, or an oral maxillofacial surgeon as applicable,

**“NHMSFAP”** means the Non-hospital Medical and Surgical Facilities Accreditation Program,

**“oral maxillofacial surgeon”** means a licensee of the British Columbia College of Oral Health Professionals who has certification as a specialist in oral maxillofacial surgery,

**“owner”** includes an individual, organization or corporation that holds a legal or beneficial ownership interest,

**“procedure”** means a medical, surgical, dental, anesthesia or diagnostic procedure and/or treatment authorized to be performed at an accredited facility,

**“technology”** includes any equipment, methods or systems used in performing a procedure and/or providing a treatment at a facility, and

**“transaction”** means an individual or series of related transactions, or a series of unrelated transactions which occur within any 12-month period, including but not limited to any transaction that occurs by way of reorganization, recapitalization, amalgamation, arrangement, merger, transfer, or acquisition.

## Part 13.1 - Non-hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP)

### Division 2 - NHMSFAP Committee

#### NHMSFAP Committee responsibilities

13-2 The NHMSFAP Committee is responsible for:

- (a) administering the NHMSFAP,
- (b) determining whether to grant initial applications, renewal applications, and amendment applications for certificates of provisional and full accreditation,
- (c) establishing accreditation standards and processes for the NHMSFAP which support and promote the delivery of quality and safe services in accredited facilities,
- (d) assessing, monitoring, auditing, evaluating, and investigating facility compliance with the requirements of these Bylaws, including accreditation standards and processes established for the NHMSFAP,
- (e) determining whether a certificate of provisional or full accreditation should be suspended, revoked or subject to limits and conditions, and
- (f) providing recommendations to the board regarding these Bylaws, including the setting of fees, for the NHMSFAP.

#### Requirement for accreditation

- 13-3 (1) A facility must have a certificate of provisional or full accreditation to provide a procedure in [schedule G](#).
- (2) A facility must comply with the requirements set out in these Bylaws, including the applicable accreditation standards for the NHMSFAP.

### Division 3 - Provisional accreditation

#### Application for provisional accreditation of new facility

- 13-4 (1) An applicant must provide a completed application for provisional accreditation for a new facility to the registrar in the specified form.
- (2) An applicant seeking provisional accreditation for a facility for more than one physical location must provide a completed application to the registrar for each proposed location.
- (3) An applicant for provisional accreditation must provide to the registrar:
- (a) information confirming the applicant's identity and legal name,
  - (b) information confirming the identity and legal name of the proposed medical director for the facility,

- (c) business contact information, including a telephone number and unique email address,
- (d) business contact information for the proposed medical director for the facility, including a telephone number and unique email address,
- (e) information regarding the licensure status, education, qualifications and experience of the proposed medical director,
- (f) information regarding the ownership of the facility,
- (g) information regarding the physical location of the facility, including whether it is located on land owned or leased by the applicant or facility,
- (h) information regarding any other physical location for which a certificate of provisional or full accreditation is held or will be sought within 12 months of the date of the application, including ownership of the facility at such other location,
- (i) information confirming the facility meets the requirements for provisional accreditation set out in these Bylaws, including all patient safety accreditation standards, and substantially meets all other applicable accreditation standards,
- (j) a signed accreditation agreement,
- (k) a self-assessment and pre-assessment evidence,
- (l) a completed review of facility profile and scope of services,
- (m) consent to participate and cooperate with pre-accreditation assessments of the facility at the facility's cost during the application process,
- (n) the applicable fees in [schedule I](#),
- (o) payment of any outstanding amount owed or owing by the applicant, proposed medical director, or facility owner(s) to CPSBC, and
- (p) additional information and records the applicant or proposed medical director is directed to provide.

### **Pre-accreditation assessments**

- 13-5 (1) Upon receiving a completed application for provisional accreditation under section 13-4 of these Bylaws, the NHMSFAP will schedule an assessment of the facility at a time to be agreed upon with the applicant.
- (2) If the assessment under subsection (1) reveals the facility does not, or may not, meet the requirements for provisional accreditation set out in these Bylaws, including the patient safety accreditation standards, or substantially meet all other applicable accreditation standards, the NHMSFAP may, in its discretion, schedule a further assessment of the facility to determine whether the areas of concern and/or deficiencies have been adequately addressed.
- (3) The proposed medical director for the facility must:

- (a) cooperate with an assessment and promptly answer questions and provide information and records requested by the NHMSFAP or the appointed assessor(s), and
  - (b) ensure that the facility is available for on-site assessment at any time during regular business hours.
- (4) At the conclusion of an assessment, the assessor(s) must provide an assessment report to the proposed medical director for response, which response may be in writing.

### **Decision on application for provisional accreditation for new facility**

- 13-6 (1) On considering a completed application under section 13-4 of these Bylaws, the NHMSFAP Committee may:
- (a) grant a certificate of provisional accreditation with or without limits and conditions where:
    - (i) the applicant meets the requirements of section 13-4 of these Bylaws,
    - (ii) the facility has acceptable patient ready protocols in place demonstrating it is ready to safely commence patient care,
    - (iii) the assessment confirms the facility meets the patient safety accreditation standards,
    - (iv) the assessment confirms the facility substantially meets all other applicable accreditation standards, and
    - (v) the assessment confirms the facility meets all other requirements for provisional accreditation.
  - (b) deny an application for a certificate of provisional accreditation where:
    - (i) the applicant fails to meet the requirements of section 13-4 of these Bylaws,
    - (ii) the facility does not have acceptable patient ready protocols in place demonstrating it is ready to safely commence patient care,
    - (iii) the assessment fails to confirm the facility meets the patient safety accreditation standards,
    - (iv) the assessment fails to confirm the facility substantially meets all other applicable accreditation standards, or
    - (v) the assessment fails to confirm that the facility meets all other requirements for provisional accreditation.
- (2) The NHMSFAP Committee must deliver notice of its decision under subsection (1)(b) with reasons to the applicant as soon as practicable.

### **Certificate of provisional accreditation**

13-7 A certificate of provisional accreditation must:

- (a) state the term of provisional accreditation which may not exceed two years,
- (b) identify the physical location at which the facility is authorized to operate,
- (c) list each procedure, test, and technology which is authorized to be provided at the facility, and
- (d) set out the limits and conditions on the operation of the facility.

### **Extension of term**

13-8 Despite section 13-7(a) of these Bylaws, the NHMSFAP Committee may extend the term of a certificate of provisional accreditation for a further period not to exceed one year if satisfied there are extenuating circumstances which warrant an extension.

## **Division 4 - Full accreditation**

### **Eligibility to apply for certificate of full accreditation**

13-9 Subject to the NHMSFAP Committee's discretion, a facility must hold a certificate of provisional accreditation in good standing for a cumulative period of not less than six months before it is eligible to apply for a certificate of full accreditation.

### **Application for certificate of full accreditation**

- 13-10 (1) A medical director applying on behalf of a facility for a certificate of full accreditation must provide a completed application to the registrar in the specified form.
- (2) A medical director seeking full accreditation for a facility for more than one physical location must provide a completed application to the registrar for each proposed location.
- (3) A medical director must provide to the registrar:
- (a) an updated self-assessment and pre-assessment evidence,
  - (b) an updated completed review of facility profile and scope of services,
  - (c) the applicable fees in [schedule I](#),
  - (d) payment of any outstanding amount owed or owing by the medical director, facility, or facility owner(s) to CPSBC,
  - (e) information confirming the facility meets all requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards, and
  - (f) additional information and records the medical director is directed to provide.

**Assessments for application for full accreditation**

- 13-11 (1) Upon receiving a completed application under section 13-10 of these Bylaws, the NHMSFAP will schedule an assessment of the facility at a time to be agreed upon with the medical director.
- (2) If the assessment under subsection (1) reveals the facility does not, or may not, meet the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards, the NHMSFAP may, in its discretion, schedule a further assessment of the facility to determine whether the areas of concern and/or deficiencies have been adequately addressed.
- (3) The medical director for the facility must:
- (a) cooperate with an assessment and promptly answer questions and provide information and records requested by the NHMSFAP or the appointed assessor(s), and
  - (b) ensure that the facility is available for on-site assessment at any time during regular business hours.
- (4) At the conclusion of an assessment, the assessor(s) must provide an assessment report to the medical director for response, which response may be in writing.

**Decision on application for full accreditation**

- 13-12 (1) On considering an application under section 13-10 of these Bylaws, the NHMSFAP Committee may:
- (a) grant a certificate of full accreditation with or without limits and conditions where:
    - (i) the applicant meets the requirements of section 13-10 of these Bylaws, and
    - (ii) the assessment confirms the facility meets the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards,or
  - (b) deny the application for a certificate of full accreditation where:
    - (i) the applicant fails to meet the requirements of section 13-10 of these Bylaws, or
    - (ii) the assessment fails to confirm the facility meets the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards.
- (2) The NHMSFAP Committee must deliver notice of its decision under subsection (1)(b) with reasons to the applicant as soon as practicable.

**Certificate of full accreditation**

13-13 A certificate of full accreditation must:

- (a) state the term of full accreditation which may not exceed five years,
- (b) identify the physical location at which the facility is authorized to operate,
- (c) list each procedure, test, and technology which is authorized to be provided at the facility, and
- (d) set out the limits and conditions on the operation of the facility.

### **Extension of term**

13-14 Despite section 13-13(a) of these Bylaws, the NHMSFAP Committee may extend the term of a certificate of full accreditation for a further period not to exceed one year if satisfied there are extenuating circumstances which warrant an extension and no extension has been granted during a renewal process.

## **Division 5 - Requirement for and responsibilities of medical director**

### **Requirement for medical director**

- 13-15 (1) An accredited facility must at all times have a medical director who is a practising licensee in good standing with CPSBC with the education, credentials, qualifications, and experience required under the medical director standard.
- (2) The owner of the facility must immediately provide written notice to the NHMSFAP Committee if the medical director:
- (a) ceases to be a practising licensee in good standing with CPSBC,
  - (b) resigns from their position as medical director at the facility, or
  - (c) otherwise ceases to work at the facility.
- (3) If the facility ceases to have a medical director, the certificate of provisional or full accreditation, as applicable, is immediately suspended and the owner of the facility must cease operation until a new medical director who meets the requirements under subsection (1) is appointed.

### **General responsibilities of medical director**

- 13-16 (1) The medical director must meet the requirements of the medical director standard.
- (2) For greater certainty, the medical director is responsible for:
- (a) ensuring only authorized procedures are performed by medical staff privileged at the facility,
  - (b) ensuring the facility complies with all requirements set out under these Bylaws, including the applicable accreditation standards,

- (c) ensuring other regulated health practitioners and regulated health service providers practising in the facility comply with the requirements set out in these Bylaws, including the applicable accreditation standards, and practice within the proper scope of their practice and demonstrated competence,
- (d) ensuring unregulated health service providers at the facility do not perform restricted activities or an aspect of practice unless they meet the requirements for delegation under the Act, the Regulations, and part 9 of these Bylaws,
- (e) ensuring the NHMSFAP has access to all records relating to the operation of the facility and the procedures performed there,
- (f) maintaining records of all patient safety incidents and investigations, including the outcomes and recommendations, and ensuring the NHMSFAP has access to those records on request,
- (g) cooperating with the NHMSFAP and any requests or directions from the NHMSFAP Committee during the accreditation process, assessments, audits, inspections and investigations,
- (h) appointing, reappointing, and terminating the appointments of all medical staff who practise or work at the facility,
- (i) conducting reappointments of all medical staff at the facility at least every two years and regularly documenting their performance at the facility,
- (j) ensuring proper supervision of licensed medical students, residents, and fellows at the facility by a qualified preceptor who holds privileges at the facility,
- (k) ensuring temporary medical staff are properly privileged before providing and/or receiving education at the facility,
- (l) investigating complaints regarding medical staff at the facility and/or procedures performed at the facility and reporting those complaints to the registrar,
- (m) reporting to the NHMSFAP Committee, in the specified form, at least annually and on request:
  - (i) statistics and details concerning all procedures performed at the facility in the preceding year, or other specified period of time,
  - (ii) information concerning the ownership of the facility, including any changes to ownership, including the name(s) of each owner and their respective legal and/or beneficial interest in the facility, and
  - (iii) such other information and providing such records as the NHMSFAP Committee may direct.

- (3) The medical director's responsibilities under subsections (1) and (2) apply regardless of whether the medical director is also a member of the medical staff at the facility who performs procedures.

## **Division 6 - Continuity of care**

### **Requirement for continuity of care**

- 13-17
- (1) All medical staff practising in a facility must ensure continuity of care for their patients including those patients who require admission to a hospital following a procedure performed at the facility.
  - (2) A licensee who is a member of the medical staff of a facility with active or admitting privileges at a hospital local to the facility, whose patient requires hospital admission due to complications arising from a procedure performed at the facility, is expected to admit and manage the patient as appropriate to the patient's condition.
  - (3) A licensee who is a member of the medical staff of a facility without active or admitting privileges at a hospital local to the facility must arrange to have a licensee designate of the same specialty as the licensee with active privileges at a hospital local to the facility take responsibility for the management of a patient requiring hospital admission due to complications arising from a procedure performed at the facility appropriate to the patient's condition.
  - (4) The NHMSFAP Committee may waive the requirement under subsection (3) for anesthesiologists, physicians who only perform procedural pain management, physicians who only perform venous insufficiency procedures, ophthalmologists who only perform refractive eye surgery, cataract or intralocular lens procedures, dentists, oral maxillofacial surgeons, and podiatric surgeons.

## **Division 7 - Assessments of accredited facilities**

### **Assessments of accredited facilities**

- 13-18
- (1) The NHMSFAP may conduct assessments of an accredited facility at any time during the term of the certificate of provisional or full accreditation at the facility's cost.
  - (2) Without limiting the generality of subsection (1), the NHMSFAP will schedule an assessment of each accredited facility at the facility's cost:
    - (a) not less than every four years, and
    - (b) prior to considering an application for a certificate of full accreditation or renewal of a certificate of full accreditation.
  - (3) The NHMSFAP may schedule assessments at different levels of frequency for different classes of accredited facilities.
  - (4) The medical director must:

- (a) participate in and cooperate with an assessment and promptly answer questions and provide information and records requested by the NHMSFAP or the appointed assessor(s), and
  - (b) ensure that the facility is available for on-site assessment at any time during regular business hours.
- (5) At the conclusion of an assessment, the assessor(s) must provide an assessment report to the medical director for response, which response may be in writing.

## **Division 8 - Renewal of certificate of full accreditation**

### **Notice of renewal requirements**

13-19 Not less than six months before the expiration of the term of a certificate of full accreditation, the registrar must:

- (a) deliver written notice to the medical director for the facility of:
  - (i) the renewal process and the consequences of failing to renew prior to the expiration of the term of the certificate, and
  - (ii) the requirement for a pre-renewal assessment, and
- (b) provide access to a renewal application package.

### **Application for renewal**

- 13-20 (1) The medical director must provide a completed renewal application to the registrar in the specified form prior to the expiration of the certificate of full accreditation.
- (2) A medical director must provide to the registrar:
- (a) a completed declaration in the form specified by the NHMSFAP attesting to the facility's compliance with the Act, the Regulations, these Bylaws, including the applicable accreditation standards, and any limits and conditions imposed on the facility's certificate of full accreditation,
  - (b) any outstanding amount owed or owing by the medical director, the facility, or facility owner(s) to CPSBC, and
  - (c) additional information and records that the medical director is directed to provide.

### **Decision on renewal application**

- 13-21 (1) Upon receipt of an application for renewal, the NHMSFAP Committee may:
- (a) renew the certificate of full accreditation for a period not to exceed five years with or without limits and conditions where:
    - (i) the medical director meets the requirements of section 13-20 of these Bylaws, and

- (ii) an assessment confirms the facility continues to meet the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards,
- or
- (b) deny the application for renewal where:
  - (i) the medical director fails to meet the requirements of section 13-20 of these Bylaws, or
  - (ii) an assessment fails to confirm that the facility meets the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards.
- (2) The NHMSFAP Committee must deliver notice of its decision under subsection (1)(b) with reasons to the applicant as soon as practicable.

### **Failure to complete renewal process by deadline**

- 13-22 (1) If a completed renewal application is not submitted by the deadline for renewal for a facility seeking to continue operations, the medical director must within 60 days of the expiration date for renewal:
- (a) complete the renewal process under section 13-20 of these Bylaws, and
  - (b) pay a late renewal fee in [schedule 1](#) of these Bylaws.
- (2) If a medical director fails to complete the renewal process and/or fails to pay the late renewal fee within 60 days of the expiration date for renewal, the certificate of full accreditation immediately expires and the facility must immediately cease providing procedures.
- (3) Despite subsections (1) and (2), the NHMSFAP Committee may extend the term of a certificate of full accreditation for a period not to exceed one year to permit the medical director to complete the renewal process if satisfied there are extenuating circumstances which impeded the medical director's ability to complete the renewal process by the expiration date for renewal.
- (4) Subject to subsection (3), where a medical director fails to provide a completed renewal application and/or pay the late renewal fee within 60 days of the expiration date for renewal, the facility must apply for a new certificate of provisional accreditation, to which Division 3 will apply, if it seeks to continue to provide procedures.

## **Division 9 - Mandatory notice requirements**

### **Duty to report changes in information and medical staff**

- 13-23 (1) Subject to subsections (2) and (3), the medical director must provide written notice to the registrar within 14 days of any change in information previously provided to the NHMSFAP regarding the facility including, without limitation, changes to the name of the facility, and change of business contact information including telephone number and email address.

- (2) The medical director must provide prior written notice to the registrar before the appointment of new medical staff at the facility.
- (3) The medical director must provide written notice to the registrar within 48 hours if a licensee or regulated health practitioner at the facility resigns, is terminated while under investigation, or has their privileges restricted, suspended or revoked by the facility.

### **Duty to report proposed changes to program, procedure, or technology**

- 13-24 (1) The medical director must provide written notice to the registrar prior to:
- (a) adding a new program, procedure, or technology, or
  - (b) revising its authorized program, procedure, or technology.
- (2) An accredited facility must obtain written approval from the NHMSFAP Committee before making a proposed change under subsection (1).
- (3) Upon receiving a written notice under subsection (1), the NHMSFAP Committee may:
- (a) approve a proposed change to a program, procedure or technology which does not fall within the scope of a program, procedure or technology authorized by the facility's certificate of provisional or full accreditation, as applicable, or
  - (b) require the medical director to submit a new application for a certificate of provisional or full accreditation under section 13-4 or section 13-10 of these Bylaws.

### **Duty to report proposed construction or renovation**

- 13-25 (1) If major construction or renovation is planned for an accredited facility, the medical director must provide written notice to the registrar at least 180 days in advance of the commencement of the construction or renovation, together with copies of the proposed construction or renovation plans and such other information and records as the NHMSFAP Committee may request.
- (2) Upon receipt of notice under subsection (1), the NHMSFAP Committee must determine whether the proposed construction or renovation will require:
- (a) an application for a new certificate of provisional accreditation under section 13-4 of these Bylaws,
  - (b) an application for a new certificate of full accreditation under section 13-10 of these Bylaws, or
  - (c) an application to amend the existing certificate of provisional or full accreditation, as applicable, under section 13-29 of these Bylaws.
- (3) The NHMSFAP Committee must deliver notice of its decision under subsection (2) with reasons to the medical director as soon as practicable.

### **Duty to report proposed change of location or proposed closure**

- 13-26 The medical director must provide written notice to the registrar:

- (a) at least 90 days before any proposed change to the location of the facility, and
- (b) at least 30 days before the proposed closure of the facility and provide information which outlines where the facility's clinical records will be stored together with copies of agreements for access to the clinical records.

### **Duty to report patient safety incidents**

13-27 The medical director must provide written notice of patient safety incidents to the registrar in accordance with the patient safety incident management standard.

### **Duty to report safety risk and cease operations**

13-28 If a facility experiences an event which gives rise to a risk to patients, staff or public safety such as, but not limited to, significant structural damage or risk of exposure of hazardous materials as a result of flood, fire, or accident, the medical director must:

- (a) provide written notice to the registrar within 48 hours of the event, and
- (b) immediately cease operations at the facility until:
  - (i) the risk has been abated,
  - (ii) the facility has passed an inspection to the satisfaction of the registrar, and
  - (iii) the registrar has provided written authorization to the medical director that the facility may resume operations, with or without limits or conditions.

## **Division 10 - Application to amend certificate of accreditation**

### **Application to amend terms of accreditation**

- 13-29 (1) A medical director seeking to amend the terms of a certificate of provisional or full accreditation must provide to the registrar:
- (a) a completed application in the specified form,
  - (b) the applicable fee in [schedule I](#),
  - (c) payment of any outstanding amount owed or owing by the medical director, the facility, or facility owner(s) to CPSBC, and
  - (d) additional information or records the medical director is directed to provide.
- (2) The NHMSFAP Committee may direct an assessment at the facility's cost as part of the application process under subsection (1).

### **Decision on application to amend terms of accreditation**

13-30 (1) Following receipt of a completed application under section 13-29 of these Bylaws, the NHMSFAP Committee may:

- (a) amend the facility's certificate of provisional or full accreditation, as applicable, with or without limits and conditions, or
  - (b) deny the application for an amendment.
- (2) The NHMSFAP Committee must deliver notice of its decision under subsection (1)(b) with reasons to the medical director as soon as practicable.

## **Division 11 - Clinical trials**

### **Notice of proposed clinical trial**

13-31 A medical director must provide written notice to the NHMSFAP Committee in the specified form at least 90 days prior to permitting a facility to conduct or participate in a clinical trial together with:

- (a) records that verify the clinical trial will be conducted under the oversight of a research ethics board acceptable to the NHMSFAP Committee,
- (b) information that verifies the procedure or technology to be used in the clinical trial falls within the scope of procedures and/or technology authorized by the facility's certificate of provisional or full accreditation, as applicable,
- (c) information that confirms the medical director has approved the privileges of the licensee(s) who will perform the clinical trial, and
- (d) such additional information or records the medical director is directed to provide.

### **Prohibition on conducting clinical trial**

13-32 The NHMSFAP Committee may, in its discretion, deliver a notice to the medical director of a facility prohibiting the facility from conducting a proposed clinical trial if the written notice and/or supporting records and information do not comply with section 13-31 of these Bylaws.

## **Division 12 - Imposition of limits, conditions, suspension or revocation**

### **Imposition of limits, conditions, suspension or revocation**

13-33 At any point during the term of a certificate of provisional or full accreditation, the NHMSFAP Committee may, on its own initiative, amend a certificate, impose limits and conditions on a certificate, or suspend or revoke a certificate based on reasonable grounds to believe:

- (a) a medical director or facility has failed to comply with the terms of a certificate of provisional or full accreditation, as applicable,

- (b) a medical director or facility has failed to meet the requirements for accreditation set out in these Bylaws, including the applicable accreditation standards,
- (c) a medical director or facility has failed to cooperate with the NHMSFAP Committee or any of the requirements of the NHMSFAP,
- (d) a medical director has failed to meet the requirements of the medical director standard,
- (e) there are one or more unacceptable patient outcomes at the facility, or
- (f) the operations at the facility pose a risk to the safety of patients, staff, and/or the public.

### **Notice of proposed action and hearing**

- 13-34 (1) Before taking action under section 13-33 of these Bylaws, the NHMSFAP Committee must deliver written notice to the medical director not less than 30 days before the date of the hearing.
- (2) The notice of proposed action must:
- (a) name the facility as the respondent,
  - (b) outline the proposed action under consideration,
  - (c) set out the information which supports the proposed action under consideration,
  - (d) indicate if the hearing is to be an oral hearing:
    - (i) the date, time and place of the hearing, and
    - (ii) specify the NHMSFAP Committee is entitled to proceed with the hearing in the respondent's absence,and
  - (e) indicate if the hearing will be conducted in writing:
    - (i) the deadline for providing written submissions, and
    - (ii) specify the NHMSFAP Committee is entitled to proceed with the hearing if the respondent does not provide written submissions by the specified deadline.
- (3) If the respondent does not attend an oral hearing or fails to provide written submissions by a specified deadline, the NHMSFAP Committee may:
- (a) proceed with the hearing in the respondent's absence on proof that notice of the proposed action was provided in accordance with subsection (1), and
  - (b) without further notice to the respondent, take any action the NHMSFAP Committee is authorized to take under section 13-33 of these Bylaws.

- (4) Following the deadline for written submissions or completion of an oral hearing, the NHMSFAP Committee must deliver a decision with reasons to the medical director as soon as practicable.

## **Division 13 - Extraordinary action**

### **Extraordinary action**

- 13-35 (1) Despite section 13-33 of these Bylaws, if the registrar considers extraordinary action is necessary to protect the public, the registrar may:
- (a) impose limits or conditions on the certificate of provisional or full accreditation, or
  - (b) suspend the certificate of provisional or full accreditation.
- (2) The registrar's decision under subsection (1) must:
- (a) be in writing,
  - (b) include reasons for the decision,
  - (c) be delivered to the medical director, and
  - (d) advise the medical director of the right to seek review by the NHMSFAP Committee.
- (3) The registrar's decision under subsection (1) is not effective until the earlier of:
- (a) the time the medical director receives the decision under subsection (2), and
  - (b) three days after the decision is mailed to the medical director at the address recorded for the facility.
- (4) If the registrar determines that action taken under subsection (1) is no longer necessary to protect the public, the registrar must cancel the limits, conditions or suspension, as applicable, and must notify the medical director in writing of the cancellation as soon as practicable.

### **Review of extraordinary action by NHMSFAP Committee**

- 13-36 (1) A medical director may request a review of the registrar's decision under section 13-35(1) of these Bylaws within 30 days of receipt of the decision.
- (2) Upon receipt of a request for review, the NHMSFAP Committee will provide the medical director with an opportunity to be heard, which may be in writing.
- (3) Upon completing the review, the NHMSFAP Committee may:
- (a) affirm the registrar's decision,
  - (b) vary the registrar's decision, or
  - (c) set aside the registrar's decision.
- (4) Upon completing the review, the NHMSFAP Committee must deliver a written decision with reasons to the medical director as soon as practicable.

## **Division 14 - Reconsideration of adverse decisions**

### **Reconsideration of adverse accreditation decisions**

- 13-37 (1) A medical director or proposed medical director may request the NHMSFAP Committee to reconsider an adverse accreditation decision under sections 13-6, 13-12, 13-21 and 13-30 of these Bylaws by submitting a request for reconsideration in the specified form within 30 days of receipt of notice of the adverse decision.
- (2) Upon receipt of a request for reconsideration, the NHMSFAP Committee will provide the medical director with an opportunity to be heard, which may be in writing.
- (3) Upon completing the reconsideration, the NHMSFAP Committee may:
- (a) affirm the adverse accreditation decision,
  - (b) vary the adverse accreditation decision, or
  - (c) set aside the adverse accreditation decision.
- (4) Following completion of the reconsideration, the NHMSFAP Committee must deliver a written decision with reasons to the medical director as soon as practicable.

## **Division 15 - Change of ownership of facility**

### **Change of ownership**

- 13-38 (1) The medical director must provide written notice to the registrar at least 90 days before any proposed change of ownership of the facility.
- (2) Where the registrar receives notice of a proposed change of ownership in the facility, the NHMSFAP Committee may direct the medical director to provide additional information or records concerning the proposed change of ownership.
- (3) If the NHMSFAP Committee determines the proposed change of ownership requires a new application for provisional or full accreditation, it will provide written notice to the medical director that a new application will be required under section 13-4 or 13-10 of these Bylaws.
- (4) If, upon receiving notice under subsection (3), a medical director fails to submit an application for a new certificate, the NHMSFAP Committee may deliver notice of proposed action under section 13-34 and act under section 13-33 of these Bylaws if the change of ownership proceeds.

## Division 16 - Accreditation standards

### Accreditation standards

13-39 All accredited facilities must comply with each of the following accreditation standards identified as applicable to their certificate of accreditation:

- (a) Accessibility, Operations and Maintenance
- (b) Admission and Pre-procedure Care
- (c) Allografts
- (d) Anesthesia
- (e) Anesthesia Equipment Reprocessing
- (f) Blood Products and Blood Components
- (g) Class 1 General Anesthesia Facility Emergency Cart
- (h) Class 2 IV Sedation/Analgesia Facility Emergency Cart
- (i) Class 3 Local Anesthesia Facility Emergency Cart
- (j) Consent
- (k) CSA C282 Emergency electrical power supply for buildings
- (l) CSA Z317.1 Special requirements for plumbing installations in health care facilities
- (m) CSA Z317.13 Infection control during construction, renovation and maintenance of health care facilities
- (n) CSA Z317.2 Special requirements for heating, ventilation and air-conditioning (HVAC) systems in health care facilities
- (o) CSA Z32 Electrical safety and essential electrical systems in health care facilities
- (p) CSA Z7396.1 Medical gas pipeline systems - Part 1: Pipelines for medical gases, medical vacuum, medical support gases and anaesthetic gas scavenging systems
- (q) CSA Z8000 Canadian health care facilities
- (r) CSA Z8001 Commissioning of health care facilities
- (s) Discharge
- (t) Electrical Systems and Safety
- (u) Emergency Preparedness
- (v) Environmental Cleaning of Medical Device Reprocessing Department
- (w) Environmental Cleaning of Operating/Procedure Rooms and Sterile Core
- (x) Environmental Cleaning of Pre- and Post-Anesthesia Care Areas

- (y) Environmental Cleaning Program and Non-Clinical Areas
- (z) Equipment Management
- (aa) Fluid and Blanket Warming
- (bb) Food Safety
- (cc) Governance and Leadership
- (dd) Heating, Ventilation and Air Conditioning (HVAC)
- (ee) Human Resources
- (ff) Immediately Sequential Bilateral Cataract and Immediately Sequential Bilateral Refractive Lens Exchange Surgery
- (gg) Indigenous Cultural Safety, Cultural Humility and Anti-racism
- (hh) Infection Prevention and Control Program
- (ii) Intraoperative Care
- (jj) Intravenous Use of Ketamine for the Treatment of Mood Disorders
- (kk) IV Procedural Sedation and Analgesia for Adults
- (ll) Ketamine and Lidocaine Infusions for the Treatment of Chronic Pain
- (mm) Laparoscopic Adjustable Gastric Banding
- (nn) Laser Safety
- (oo) Latex Allergy
- (pp) Malignant Hyperthermia
- (qq) Medical Device Reprocessing
- (rr) Medical Director
- (ss) Medical Gas - Free-standing Tank System
- (tt) Medical Gas - Pipeline System
- (uu) Medical Records and Documentation
- (vv) Medication Management
- (ww) Occupational Health and Safety
- (xx) Overnight Stay
- (yy) Patient Safety Incident Management
- (zz) Pediatric Emergency Cart
- (aaa) Person-centered Care
- (bbb) Point-of-Care Testing
- (ccc) Post-anesthesia Care
- (ddd) Pre-admission Evaluation and Selection
- (eee) Procedural Pain Management

- (fff) Procedural Pain Management - Emergency Cart
- (ggg) Procedural Pain Management - Ultrasound Modality
- (hhh) Procedural Pain Management - X-ray Modality
- (iii) Quality Performance
- (jjj) Routine Practices and Additional Precautions
- (kkk) Single-use Devices and Multi-dose Vials
- (III) Specimen Handling
- (mmm) Surgical Safety Checklist
- (nnn) Surgical Site Infection Surveillance
- (ooo) Waste Management
- (ppp) X-ray and Radiation Safety

## Part 13.2 - Diagnostic Accreditation Program (DAP)

### Division 17 - DAP Committee

#### DAP Committee responsibilities

13-40 The DAP Committee is responsible for:

- (a) administering the DAP,
- (b) determining whether to grant initial applications, renewal applications, and amendment applications for certificates of provisional and full accreditation,
- (c) establishing accreditation standards and processes for the DAP which support and promote the delivery of quality and safe services in accredited facilities,
- (d) assessing, monitoring, auditing, evaluating, and investigating facility compliance with the requirements of these Bylaws, including accreditation standards and processes established for the DAP,
- (e) determining whether a certificate of provisional or full accreditation should be suspended, revoked or subject to limits and conditions, and
- (f) providing recommendations to the board regarding these Bylaws, including the setting of fees, for the DAP.

#### Requirement for accreditation

- 13-41 (1) A facility must have a certificate of provisional or full accreditation to provide a procedure in [schedule H](#).
- (2) A facility must comply with the requirements set out in these Bylaws, including the applicable accreditation standards for the DAP.

### Division 18 - Provisional accreditation

#### Application for provisional accreditation of new facility

- 13-42 (1) An applicant must provide a completed application for provisional accreditation for a new facility to the registrar in the specified form.
- (2) An applicant seeking provisional accreditation for a facility for more than one physical location must provide a completed application to the registrar in the specified form for each proposed location.
- (3) An applicant for provisional accreditation must provide to the registrar:
- (a) information confirming the applicant's identity and legal name,
  - (b) information confirming the identity and legal name of the proposed medical director for the facility,

- (c) business contact information, including a telephone number and unique email address,
- (d) business contact information for the proposed medical director for the facility, including a telephone number and unique email address,
- (e) information regarding the licensure status, education, qualifications and experience of the proposed medical director,
- (f) information regarding the ownership of the facility,
- (g) information regarding the physical location of the facility, including whether it is located on land owned or leased by the applicant or facility,
- (h) information regarding any other physical location for which a certificate of provisional accreditation is held or will be sought within 12 months of the date of the application, including ownership of the facility at such other location,
- (i) information confirming the facility meets the requirements for provisional accreditation set out in these Bylaws, including all patient safety accreditation standards, and substantially meets all other applicable accreditation standards,
- (j) a signed accreditation agreement,
- (k) a self-assessment and pre-assessment evidence,
- (l) a completed review of facility profile and scope of services,
- (m) consent to participate and cooperate with pre-accreditation assessments of the facility at the facility's cost during the application process,
- (n) the applicable fees in [schedule I](#),
- (o) payment of any outstanding amount owed or owing by the applicant, proposed medical director, facility, or facility owner(s) to CPSBC, and
- (p) additional information and records the applicant or proposed medical director is directed to provide.

### **Pre-accreditation assessments**

- 13-43 (1) Upon receiving a completed application for provisional accreditation under section 13-42 of these Bylaws, the DAP will schedule an assessment of the facility at a time to be agreed upon with the applicant.
- (2) If the assessment under subsection (1) reveals that the facility does not, or may not, meet the requirements for provisional accreditation set out in these Bylaws, including the patient safety accreditation standards, or substantially meet all other applicable accreditation standards, the DAP may, in its discretion, schedule a further assessment of the facility to determine whether the areas of concern and/or deficiencies have been adequately addressed.
- (3) The proposed medical director for the facility must:

- (a) cooperate with an assessment and promptly answer questions and provide information and records requested by the DAP or the appointed assessor(s), and
  - (b) ensure that the facility is available for on-site assessment at any time during regular business hours.
- (4) At the conclusion of an assessment, the assessor(s) must provide an assessment report to the proposed medical director for response, which response may be in writing.

### **Decision on application for provisional accreditation for new facility**

- 13-44 (1) On considering a completed application under section 13-42 of these Bylaws, the DAP Committee may:
- (a) grant a certificate of provisional accreditation with or without limits and conditions where:
    - (i) the applicant meets the requirements of section 13-42 of these Bylaws,
    - (ii) the facility has acceptable patient ready protocols in place demonstrating it is ready to safely commence patient care,
    - (iii) the assessment confirms the facility meets the patient safety accreditation standards,
    - (iv) the assessment confirms the facility substantially meets all other applicable accreditation standards, and
    - (v) the assessment confirms the facility meets all other requirements for provisional accreditation,or
  - (b) deny the application for a certificate of provisional accreditation where:
    - (i) the applicant fails to meet the requirements of section 13-42 of these Bylaws,
    - (ii) the facility does not have acceptable patient ready protocols in place demonstrating it is ready to safely commence patient care,
    - (iii) the assessment fails to confirm the facility meets the patient safety accreditation standards,
    - (iv) the assessment fails to confirm the facility substantially meets all other applicable accreditation standards, or
    - (v) the assessment fails to confirm that the facility meets all other requirements for provisional accreditation.
- (2) The DAP Committee must deliver notice of its decision under subsection (1)(b) with reasons to the applicant as soon as practicable.

## Certificate of provisional accreditation

13-45 A certificate of provisional accreditation must:

- (a) state the term of provisional accreditation which may not exceed two years,
- (b) identify the physical location at which an independent facility is authorized to operate or the physical locations at which a facility operated by, or subject to regulatory oversight of, a health authority is authorized to operate,
- (c) list each procedure, test and technology which is authorized to be provided at the facility, and
- (d) set out the limits and conditions on the operation of the facility.

### Extension of term

13-46 Despite section 13-45(a) of these Bylaws, the DAP Committee may extend the term of a certificate of provisional accreditation for a further period not to exceed one year if satisfied there are extenuating circumstances which warrant an extension.

## Division 19 - Full accreditation

### Eligibility to apply for certificate of full accreditation

13-47 Subject to the DAP Committee's discretion, a facility must hold a certificate of provisional accreditation in good standing for a period of not less than six months before it is eligible to apply for a certificate of full accreditation.

### Application for certificate of full accreditation

- 13-48 (1) A medical director applying on behalf of a facility for a certificate of full accreditation must provide a completed application to the registrar in the specified form.
- (2) A medical director seeking full accreditation for a facility for more than one physical location must provide a completed application to the registrar for each proposed location.
- (3) A medical director must provide to the registrar:
- (a) an updated self-assessment and pre-assessment evidence,
  - (b) an updated completed review of facility profile and scope of services,
  - (c) the applicable fees in [schedule I](#),
  - (d) payment of any outstanding amount owed or owing by the medical director, the facility, or facility owner(s) to CPSBC,
  - (e) information confirming the facility meets all requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards, and

- (f) additional information or records the medical director is directed to provide.

### **Assessments for application for full accreditation**

- 13-49 (1) Upon receiving a completed application under section 13-48 of these Bylaws, the DAP will schedule an assessment of the facility at a time to be agreed upon with the medical director.
- (2) If the assessment under subsection (1) reveals that the facility does not, or may not, meet the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards, the DAP may, in its discretion, schedule a further assessment of the facility to determine whether the areas of concern and/or deficiencies have been adequately addressed.
- (3) The medical director for the facility must:
- (a) cooperate with an assessment and promptly answer questions and provide information and records requested by the DAP or the appointed assessor(s), and
  - (b) ensure that the facility is available for on-site assessment at any time during regular business hours.
- (4) At the conclusion of an assessment, the assessor(s) must provide an assessment report to the medical director for response, which response may be in writing.

### **Decision on application for full accreditation**

- 13-50 (1) On considering an application under section 13-48 of these Bylaws, the DAP Committee may:
- (a) grant a certificate of full accreditation with or without limits and conditions where:
    - (i) the applicant meets the requirements of section 13-48 of these Bylaws, and
    - (ii) the assessment confirms the facility meets the requirements for full accreditations set out in these Bylaws, including the applicable accreditation standards,or
  - (b) deny the application for a certificate of full accreditation where:
    - (i) the applicant fails to meet the requirements of section 13-48 of these Bylaws, or
    - (ii) the assessment fails to confirm the facility meets the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards.
- (2) The DAP Committee must deliver notice of its decision under subsection (1)(b) with reasons to the applicant as soon as practicable.

## Certificate of full accreditation

13-51 A certificate of full accreditation must:

- (a) state the term of full accreditation which may not exceed five years,
- (b) identify the physical location at which an independent facility is authorized to operate or the physical location(s) at which a facility operated by, or subject to regulatory oversight of, a health authority is authorized to operate,
- (c) list each procedure, test, and technology which is authorized to be provided at the facility, and
- (d) set out the limits and conditions on the operation of the facility.

### Extension of term

13-52 Despite section 13-51(a) of these Bylaws, the DAP Committee may extend the term of a certificate of full accreditation for a further period not to exceed one year if satisfied there are extenuating circumstances which warrant an extension and no extension has been granted during a renewal process.

## Division 20 - Requirement for and responsibilities of medical director

### Requirement for medical director

- 13-53 (1) An accredited facility must at all times have a medical director who is a practising licensee in good standing with CPSBC with the education, credentials, qualifications, and experience required under the medical director standard.
- (2) The owner of the facility must immediately provide written notice to the DAP Committee if the medical director:
- (a) ceases to be a practising licensee in good standing with CPSBC,
  - (b) resigns from their position as medical director at the facility, or
  - (c) otherwise ceases to work at the facility.
- (3) If the facility ceases to have a medical director, the certificate of provisional or full accreditation, as applicable, is immediately suspended and the owner of the facility must cease operation until a new medical director who meets the requirements under subsection (1) is appointed.

### General responsibilities of medical director

- 13-54 (1) The medical director must meet the requirements of the medical director standard.
- (2) For greater certainty, the medical director is responsible for:
- (a) ensuring only authorized procedures are performed by medical staff privileged at the facility,

- (b) ensuring the facility complies with all requirements set out under these Bylaws, including the applicable accreditation standards,
- (c) ensuring other regulated health practitioners and regulated health service providers practising in the facility comply with the requirements set out in these Bylaws, including the applicable accreditation standards, and practice within the proper scope of their practice and demonstrated competence,
- (d) ensuring unregulated health service providers do not perform restricted activities or an aspect of practice unless they meet the requirements for delegation under the Act, the Regulations, and part 9 of these Bylaws,
- (e) ensuring proper supervision of licensed medical students, residents and fellows at an independent facility by a qualified preceptor who holds privileges at the independent facility,
- (f) ensuring temporary medical staff are properly privileged before providing and/or receiving education at an independent facility,
- (g) maintaining records of patient safety incidents and investigations which occur in an independent facility, including the outcomes and recommendations, and ensuring the DAP has access to those records on request,
- (h) ensuring the DAP has access to all records relating to the operation of the facility and the procedures performed there,
- (i) cooperating with the DAP and any requests or directions from the DAP Committee during the accreditation process, assessments, audits, inspections and investigations,
- (j) appointing, reappointing, and terminating the appointments of all medical staff who practise or work at an independent facility,
- (k) conducting re-appointments of all medical staff at an independent facility at least every two years and regularly documenting their performance,
- (l) investigating complaints regarding medical staff at an independent facility and/or procedures performed at the independent facility and reporting those complaints to the registrar,
- (m) maintaining annual records of statistics and details concerning procedures performed at an independent facility in the preceding year and providing that information to the DAP Committee on request,
- (n) reporting to the DAP Committee, in the specified form, at least annually and on request:
  - (i) information concerning the ownership of an independent facility, including any changes to ownership, including the name(s) of each owner and their respective legal and/or beneficial interest in the independent facility, and

- (ii) such other information and providing such records as the DAP Committee may direct.
- (3) The medical director's responsibilities under subsections (1) and (2) apply regardless of whether the medical director is also a member of the medical staff at the facility who performs procedures.

## **Division 21 - Assessments of accredited facilities**

### **Assessment of accredited facilities**

- 13-55
- (1) The DAP may conduct assessments of an accredited facility at any time during the term of the certificate of provisional or full accreditation at the facility's cost.
  - (2) Without limiting the generality of subsection (1), the DAP Committee will schedule an assessment of each accredited facility:
    - (a) not less than every four years, and
    - (b) prior to considering an application for a certificate of full accreditation or renewal of a certificate of full accreditation.
  - (3) The DAP may schedule assessments at different levels of frequency for different classes of accredited facilities.
  - (4) The medical director must:
    - (a) participate in and cooperate with an assessment and promptly answer questions and provide information and records requested by the DAP or the appointed assessor(s), and
    - (b) ensure that the facility is available for on-site assessment at any time during regular business hours.
  - (5) At the conclusion of an assessment, the assessor(s) must provide an assessment report to the medical director for response, which response may be in writing.

## **Division 22 - Renewal of certificate of full accreditation**

### **Notice of renewal requirements**

- 13-56 Not less than six months before the expiration of the term of a certificate of full accreditation, the registrar must:
- (a) deliver written notice to the medical director for the facility of:
    - (i) the renewal process and the consequences of failing to renew prior to the expiration of the term of the certificate, and
    - (ii) the requirement for a pre-renewal assessment, and
  - (b) provide access to a renewal application package.

### Application for renewal

- 13-57 (1) The medical director must provide a completed renewal application to the registrar in the specified form prior to the expiration of the certificate of full accreditation.
- (2) A medical director must provide to the registrar:
- (a) a completed declaration in the form specified by the DAP attesting to the facility's compliance with the Act, the Regulations, these Bylaws, including the applicable accreditation standards, and any limits and conditions imposed on the facility's certificate of full accreditation,
  - (b) any outstanding amount owed or owing by the medical director, the facility, or facility owner(s) to CPSBC, and
  - (c) additional information or records that the medical director is directed to provide.

### Decision on renewal application

- 13-58 (1) Upon receipt of an application for renewal, the DAP Committee may:
- (a) renew the certificate of full accreditation for a period not to exceed five years with or without limits and conditions where:
    - (i) the medical director meets the requirements of section 13-57 of these Bylaws, and
    - (ii) an assessment confirms the facility continues to meet the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards,or
  - (b) deny the application for renewal where:
    - (i) the medical director fails to meet the requirements of section 13-57 of these Bylaws, or
    - (ii) an assessment fails to confirm that the facility meets the requirements for full accreditation set out in these Bylaws, including the applicable accreditation standards.
- (2) The DAP committee must deliver notice of its decision under subsection (1)(b) with reasons to the medical director as soon as practicable.

### Failure to complete renewal process by deadline

- 13-59 (1) If a completed renewal application is not submitted by the deadline for renewal for a facility seeking to continue operations, the medical director must within 60 days of the expiration date for renewal:
- (a) complete the renewal process under section 13-57 of these Bylaws, and
  - (b) pay a late renewal fee in [schedule I](#) of these Bylaws.

- (2) If a medical director fails to complete the renewal process and/or fails to pay the late renewal fee within 60 days of the expiration date for renewal, the certificate of full accreditation immediately expires and the facility must immediately cease providing procedures.
- (3) Despite subsections (1) and (2), the DAP Committee may extend the term of a certificate of full accreditation for a period not to exceed one year to permit the medical director to complete the renewal process if satisfied there are extenuating circumstances which impeded the medical director's ability to complete the renewal process by the expiration date for renewal.
- (4) Subject to subsection (3), where a medical director fails to provide a completed renewal application and/or pay the late renewal fee within 60 days of the expiration date for renewal, the facility must apply for a new certificate of provisional accreditation, to which Division 18 will apply, if the facility seeks to continue providing procedures.

## **Division 23 - Mandatory notice requirements**

### **Duty to report changes in information and medical staff**

- 13-60 (1) Subject to subsections (2) and (3), the medical director must provide written notice to the registrar within 14 days of any change in information previously provided to the DAP regarding the facility including, without limitation, changes to the name of the facility, and change of business contact information including telephone number and email address.
- (2) The medical director of an independent facility must provide prior written notice to the registrar before the appointment of new medical staff at the facility.
  - (3) The medical director of an independent facility must provide written notice to the registrar within 48 hours if a licensee or regulated health practitioner at the facility resigns, is terminated while under investigation, or has their privileges restricted, suspended or revoked by the facility.

### **Duty to report proposed changes to program, procedure, or technology**

- 13-61 (1) The medical director must provide written notice to the registrar prior to:
- (a) adding a new program, procedure or technology,
  - (b) revising its authorized program, procedure or technology, or
  - (c) expanding services requiring accreditation within the facility.
- (2) An accredited facility must obtain written approval from the DAP Committee before making a proposed change under subsection (1).
  - (3) Upon receiving a written notice under subsection (1), the DAP Committee may:

- (a) approve a proposed change to a program, procedure or technology which does not fall within the scope of a program, procedure or technology authorized by the facility's certificate of provisional or full accreditation, as applicable, or
- (b) require the medical director to submit a new application for a certificate of provisional or full accreditation under section 13-42 or section 13-48 of these Bylaws.

### **Duty to report proposed construction or renovation**

- 13-62 (1) If major construction or renovation is planned for a facility, the medical director must provide written notice to the registrar at least 180 days in advance of the commencement of the construction or renovation, together with copies of the proposed construction or renovation plans and such other information and records as the DAP Committee may request.
- (2) Upon receipt of notice under subsection (1), the DAP Committee must determine whether the proposed construction or renovation will require:
- (a) an application for a new certificate of provisional accreditation under section 13-42 of these Bylaws,
  - (b) an application for a new certificate of full accreditation under section 13-48 of these Bylaws, or
  - (c) an application to amend the existing certificate of provisional or full accreditation, as applicable, under section 13-66 of these Bylaws.
- (3) The DAP Committee must deliver notice of its decision under subsection (2) with reasons to the medical director as soon as practicable.

### **Duty to report proposed change of location or proposed closure**

13-63 The medical director must provide written notice to the registrar:

- (a) at least 90 days before any proposed change to the location of the facility, and
- (b) at least 30 days before the proposed closure of the facility and provide information which outlines where the facility's clinical records will be stored together with copies of agreements for access to the clinical records.

### **Duty to report patient safety incidents in independent facility**

13-64 The medical director must provide written notice of patient safety incidents which occur in an independent facility to the registrar in accordance with the patient safety incident management standard.

### **Duty to report safety risk and cease operations**

13-65 If a facility experiences an event which gives rise to a risk to patients, staff or public safety such as, but not limited to, significant structural damage or risk of exposure of hazardous materials as a result of flood, fire, or accident, the medical director must:

- (a) provide written notice to the registrar within 48 hours of the event, and
- (b) immediately cease operations at the facility until:
  - (i) the risk has been abated,
  - (ii) the facility has passed an inspection to the satisfaction of the registrar, and
  - (iii) the registrar has provided written authorization to the medical director that the facility may resume operations, with or without limits and conditions.

## **Division 24 - Application to amend certificate of accreditation**

### **Application to amend terms of accreditation**

- 13-66 (1) A medical director seeking to amend the terms of a certificate of provisional or full accreditation, as applicable, must provide to the registrar:
- (a) a completed application in the specified form,
  - (b) the applicable fee in [schedule I](#),
  - (c) payment of any outstanding amount owed or owing by the medical director, facility, or facility owner(s) to CPSBC, and
  - (d) additional information or records the medical director is directed to provide.
- (2) The DAP Committee may direct an assessment at the facility's cost as part of the application process under subsection (1).

### **Decision on application to amend terms of accreditation**

- 13-67 (1) Following receipt of a completed application under section 13-66 of these Bylaws, the DAP Committee may:
- (a) amend the facility's certificate of provisional or full accreditation, as applicable, with or without limits and conditions, or
  - (b) deny the application for an amendment.
- (2) The DAP Committee must deliver notice of its decision under subsection (1)(b) with reasons to the medical director as soon as practicable.

## **Division 25 - Clinical trials**

### **Notice of proposed clinical trial**

- 13-68 (1) A medical director of an independent facility must provide written notice to the DAP Committee in the specified form at least 90 days prior to permitting an independent facility to conduct or participate in a clinical trial together with:
- (a) records that verify the clinical trial will be conducted under the oversight of a research ethics board acceptable to the DAP Committee,

- (b) information that verifies the procedure or technology to be used in the clinical trial falls within the scope of procedures and/or technology authorized by the facility's certificate of provisional or full accreditation, as applicable,
  - (c) information that confirms the medical director has approved the privileges of the licensee(s) who will perform or participate in the clinical trial, and
  - (d) such additional information or records the medical director is directed to provide.
- (2) Subsection (1) does not apply to:
- (a) the provision of tests or procedures that are standard of care, or
  - (b) the provision of testing or procedures for patients involved in clinical trials that originate outside of the independent facility.

### **Prohibition on conducting or participating in clinical trial**

13-69 The DAP Committee may, in its discretion, deliver a notice to the medical director of an independent facility prohibiting the facility from conducting or participating in a proposed clinical trial if the written notice and/or supporting records and information do not comply with section 13-68 of these Bylaws.

## **Division 26 - Imposition of limits, conditions, suspension or revocation**

### **Imposition of limits, conditions, suspension or revocation**

- 13-70 At any point during the term of a certificate of provisional or full accreditation, the DAP Committee may, on its own initiative, amend a certificate, impose limits and conditions on a certificate, or suspend or revoke a certificate based on reasonable grounds to believe:
- (a) a medical director or facility has failed to comply with the terms of a certificate of provisional or full accreditation, as applicable,
  - (b) a medical director or facility has failed to meet the requirements for accreditation set out in these Bylaws, including the applicable accreditation standards,
  - (c) a medical director or facility has failed to cooperate with the DAP Committee or any of the requirements of the DAP,
  - (d) a medical director has failed to meet the requirements of the medical director standard,
  - (e) there are one or more unacceptable patient outcomes at the facility, or
  - (f) the operations at the facility pose a risk to the safety of patients, staff, and/or the public.

**Notice of proposed action and hearing**

- 13-71 (1) Before taking action under section 13-70 of these Bylaws, the DAP Committee must deliver written notice to the medical director not less than 30 days before the date of the hearing.
- (2) The notice of proposed action must:
- (a) name the facility as the respondent,
  - (b) outline the proposed action under consideration,
  - (c) sets out the information which supports the proposed action under consideration,
  - (d) indicate if the hearing is to be an oral hearing:
    - (i) the date, time and place of the hearing, and
    - (ii) specify the DAP Committee is entitled to proceed with the hearing in the respondent's absence, and
  - (e) indicate if the hearing will be conducted in writing:
    - (i) the deadline for providing written submissions, and
    - (ii) specify the DAP Committee is entitled to proceed with the hearing if the respondent does not provide written submissions by the specified deadline.
- (3) If the respondent does not attend an oral hearing or fails to provide written submissions by a specified deadline, the DAP Committee may:
- (a) proceed with the hearing in the respondent's absence on proof that notice of the proposed action was provided in accordance with subsection (1), and
  - (b) without further notice to the respondent, take any action the DAP Committee is authorized to take under section 13-70 of these Bylaws.
- (4) Following the deadline for written submissions or completion of an oral hearing, the DAP Committee must deliver a decision with reasons to the medical director as soon as practicable.

**Division 27 - Extraordinary action****Extraordinary action**

- 13-72 (1) Despite section 13-70(1) of these Bylaws, if the registrar considers extraordinary action is necessary to protect the public, the registrar may:
- (a) impose limits and conditions on the certificate of provisional or full accreditation, as applicable, or
  - (b) suspend the certificate of provisional or full accreditation, as applicable.
- (2) The registrar's decision under subsection (1) must:
- (a) be in writing,

- (b) include reasons for the decision,
  - (c) be delivered to the medical director, and
  - (d) advise the medical director of the right to seek review by the DAP Committee.
- (3) The registrar's decision under subsection (1) is not effective until the earlier of:
- (a) the time the medical director receives the decision under subsection (2), and
  - (b) three days after the decision is mailed to the medical director at the address recorded for the facility.
- (4) If the registrar determines that action taken under subsection (1) is no longer necessary to protect the public, the registrar must cancel the limits, conditions or suspension, as applicable, and must notify the medical director in writing of the cancellation as soon as practicable.

### **Review of extraordinary action by DAP Committee**

- 13-73 (1) A medical director may request a review of the registrar's decision under section 13-72(1) of these Bylaws within 30 days of receipt of the decision.
- (2) Upon receipt of a request for review, the DAP Committee will provide the medical director with an opportunity to be heard, which may be in writing.
- (3) Upon completing the review, the DAP Committee may:
- (a) affirm the registrar's decision,
  - (b) vary the registrar's decision, or
  - (c) set aside the registrar's decision.
- (4) Upon completing the review, the DAP Committee must deliver a written decision with reasons to the medical director as soon as practicable.

## **Division 28 - Reconsideration of adverse decisions**

### **Reconsideration of adverse accreditation decisions**

- 13-74 (1) A medical director or proposed medical director may request the DAP Committee to reconsider an adverse accreditation decision under sections 13-44, 13-50, 13-58, and 13-67 of these Bylaws by submitting a request for reconsideration in the specified form within 30 days of receipt of notice of the adverse decision.
- (2) Upon receipt of a request for reconsideration, the DAP Committee will provide the medical director with an opportunity to be heard, which may be in writing.
- (3) Upon completing the reconsideration, the DAP Committee may:
- (a) affirm the adverse accreditation decision,
  - (b) vary the adverse accreditation decision, or

- (c) set aside the adverse accreditation decision.
- (4) Following completion of the reconsideration, the DAP Committee must deliver a written decision with reasons to the medical director as soon as practicable.

## **Division 29 - Change of ownership of independent facility**

### **Change of ownership of independent facility**

- 13-75
- (1) The medical director must provide written notice to the registrar at least 90 days before any proposed change of ownership of an independent facility.
  - (2) Where the registrar receives notice of a proposed change of ownership in an independent facility, the DAP Committee may direct the medical director to provide additional information or records concerning the proposed change of ownership.
  - (3) If the DAP Committee determines the proposed change of ownership in an independent facility requires a new application for provisional or full accreditation, it will provide written notice to the medical director that a new application will be required under section 13-42 or 13-48 of these Bylaws.
  - (4) If, upon receiving notice under subsection (3), a medical director fails to submit an application for a new certificate, the DAP Committee may deliver notice of proposed action under section 13-71 and act under section 13-70 of these Bylaws if the change of ownership proceeds.

## **Division 30 - Accreditation standards**

### **Accreditation standards**

- 13-76 All accredited facilities must comply with each of the following accreditation standards identified as applicable to their certificate of accreditation:
- (a) Community neurodiagnostics accreditation standards
  - (b) Home sleep apnea testing accreditation standards
  - (c) Indigenous cultural safety, cultural humility and anti-racism standard
  - (d) Laboratory medicine accreditation standards
  - (e) Medical imaging accreditation standards
  - (f) Neurodiagnostics accreditation standards
  - (g) Patient safety incident management standard
  - (h) Polysomnography accreditation standards
  - (i) Pulmonary function accreditation standards
  - (j) Spirometry standards

## Part 13.3 - General

### Division 31 - Fees and costs

#### Application and annual program fees

- 13-77 (1) The medical director must pay the application fees for a certificate of provisional or full accreditation, and fees for amendment of the certificate of provisional or full accreditation in [schedule I](#).
- (2) The medical director must pay the annual program fee in [schedule I](#) no later than February 28 in each year in which the facility holds a certificate of provisional or full accreditation.
- (3) Application and annual program fees under subsections (1) and (2) are non-refundable.
- (4) The failure to pay an annual program fee within 30 days of the due date will result in the suspension of the certificate of provisional or full accreditation, as applicable, and interest charges in [schedule I](#).

#### Assessment, inspection, audit, and other fees and charges

- 13-78 (1) The medical director must pay facility assessment, inspection, audit, clinical trial application, assessment rescheduling, and other fees and interest charges in [schedule I](#) on the terms directed by the NHMSFAP Committee or DAP Committee, as applicable.
- (2) The failure to pay facility assessment, inspection, audit, clinical trial application, and assessment rescheduling fees, or other fees within 30 days of the due date may result in denial of an application, or the suspension or revocation of the certificate of provisional or full accreditation, as applicable.

### Division 32 - Disclosure of information

#### Disclosure of information

- 13-79 (1) Where the registrar considers disclosure to be in the public interest in relation to any accredited facility, the registrar may, subject to the Act, these Bylaws and *FIPPA*, disclose any information about the medical director, medical staff, former medical director, former medical staff, the facility, or any other facility owned in whole or in part, by the facility owners, including but not limited to accreditation applications, accreditation decisions, and assessment reports, to the public.
- (2) Where the registrar considers disclosure to be necessary or advisable, the registrar may disclose any information about the medical director, medical staff, former medical director, former medical staff, the facility, or any other facility owned in whole or in part, by the facility owners, including but not limited to accreditation applications, accreditation decisions, and assessment reports, to:

- (a) one or more facility owners,
- (b) health authorities, colleges and other regulators of health practitioners and health services providers in and outside of British Columbia, and
- (c) the Ministry of Health.

## **Division 33 - Transitional provision**

### **Transition**

13-80 A certificate of provisional or full accreditation issued to a facility before the date of the coming into force of these Bylaws continues to be valid until it expires or is suspended, amended, or revoked in accordance with these Bylaws.

## Part 14 - Health monitoring

### Division 1 - Establishment of Health Monitoring Program

#### Definitions

14-1 In this part,

**“health condition”** includes a physical, cognitive or mental health condition or ailment or an emotional disturbance,

**“health monitoring”** means the accommodations, restrictions and/or limitations which a licensee voluntarily consents to in a health monitoring agreement to ensure their capacity to practise a designated health profession.

#### Health Monitoring Program

- 14-2 (1) The registrar may establish and administer a Health Monitoring Program which encompasses all of the designated health professions governed by CPSBC to:
- (a) encourage voluntary disclosure of information regarding a health condition which may adversely impact a licensee’s capacity to practise a designated health profession,
  - (b) facilitate medical evaluations and health monitoring, on a voluntary basis, of licensees who have health conditions which may adversely impact their capacity to practise a designated health profession, and
  - (c) facilitate the ongoing safe practice of designated health professions.
- (2) The registrar may establish guidelines, policies, and procedures for the Health Monitoring Program.

#### Who will be considered for health monitoring

- 14-3 The Health Monitoring Program will consider a licensee for health monitoring if the licensee:
- (a) has a health condition which may adversely impact their capacity to practise a designated health profession,
  - (b) is able to safely continue to practice a designated health profession with or without accommodations, restrictions and/or limitations in place, and
  - (c) voluntarily consents to participate in the Health Monitoring Program.

### Division 2 - Initiating inquiries

#### Initiating inquiries

- 14-4 The Health Monitoring Program may initiate an inquiry at any time to determine whether a licensee has a health condition which may adversely impact the licensee’s capacity to practise a designated health profession.

## Referrals

- 14-5 The Health Monitoring Program may consider referrals for medical evaluation and health monitoring from any source, including but not limited to:
- (a) a licensee who self-reports a health condition,
  - (b) a licensee's health-care provider,
  - (c) an organization which employs, contracts with, or privileges a licensee,
  - (d) the Licence Committee,
  - (e) the registrar, and
  - (f) any other person exercising a power or performing a duty under the Act.

## Sources of information

- 14-6 The Health Monitoring Program may act on information from any source, including but not limited to:
- (a) information self-reported by a licensee,
  - (b) information, opinions, and reports from a licensee's health-care provider(s) and independent medical assessors,
  - (c) information from third parties,
  - (d) information obtained from an organization which employs, contracts with, or privileges a licensee, and
  - (e) information obtained from a person exercising a power or performing a duty under the Act.

## Division 3 - Medical evaluations

### Request for medical information

- 14-7 (1) For the purposes of medical evaluation and assessing health monitoring requirements, the Health Monitoring Program may request a licensee to:
- (a) provide information regarding their health condition and its impact on their capacity to practise the designated health profession,
  - (b) authorize their attending health-care provider(s) to disclose information to the Health Monitoring Program concerning their health condition, including but not limited to current capacity to practise, diagnoses, impairments and disabilities, recommendations for treatment, treatment compliance, risk assessment, and requirements for ongoing safe practice of the designated health profession,
  - (c) provide a report or verification of capacity to practise from their attending health-care provider(s),
  - (d) provide a detailed medical evaluation of their health condition from their attending health-care providers(s),

- (e) participate in independent medical examinations,
  - (f) consent to the collection, use and disclosure of information from third parties concerning their capacity to practise the designated health profession, and
  - (g) take such other action as may be required to enable the Health Monitoring Program to evaluate their capacity to practice the designated health profession.
- (2) A licensee who does not consent to a request under subsection (1) may be referred to the registrar.
- (3) A licensee will be provided with a copy of any information, reports, verifications, and evaluations received from health-care providers under subsection (1) and an opportunity to respond, which may be in writing.

### **Considerations in requesting medical evaluation**

- 14-8 (1) The Health Monitoring Program will endeavour to:
- (a) use the means least intrusive to the privacy of a licensee when seeking medical evaluations and determining health monitoring requirements, and
  - (b) request only information which is relevant to its role in facilitating the licensee's capacity to practise the designated health profession.
- (2) In determining the type of medical information to request, the Health Monitoring Program may consider:
- (a) the severity and stage of the licensee's condition and the impact of that condition on patients and degree of risk to the public,
  - (b) whether the licensee's diagnosis is complex, unclear, or ambiguous,
  - (c) whether there is a disagreement about the diagnosis between health-care providers or the licensee and their health-care provider(s),
  - (d) whether there is a need to consider extensive collateral information to support a confident diagnosis,
  - (e) whether the implications of a diagnosis in terms of recommendations for safe continued practice of the designated health profession are complex and require specialized expertise,
  - (f) whether an opinion from the licensee's attending health-care provider or an independent clinician must be sought to:
    - (i) understand the licensee's health condition and risk posed to the public, and
    - (ii) make recommendations to ensure continued safe practise of the designated health profession.

## Division 4 - Health monitoring

### Request to transfer to non-practising licence

- 14-9 (1) The Health Monitoring Program may request a licensee to consent to the status of temporarily inactive where it determines that the licensee does not have capacity to practise the designated health profession with health monitoring in place.
- (2) A licensee who does not consent to a request under subsection (1) may be referred to the registrar.

### Return to practice

- 14-10 (1) Where a licensee who has transferred to the status of temporarily inactive seeks to return to practice, the Health Monitoring Program may request a medical evaluation for the purposes of determining whether the licensee has capacity to return to practice with or without health monitoring in place which may include recommendations for:
- (a) treatment to restore capacity,
  - (b) ongoing monitoring to ensure continued capacity, and
  - (c) any accommodations required by the licensee to return to practice.
- (2) A licensee who does not consent to a request under subsection (1) may be referred to the registrar.

### Health monitoring agreement

- 14-11 (1) Where the Health Monitoring Program determines that a licensee may practise the designated health profession safely with health monitoring in place, it may request the licensee to enter a health monitoring agreement on such terms as it specifies.
- (2) Upon receipt of a proposed health monitoring agreement, the licensee may make written submissions to the Health Monitoring Program on the need for, and/or terms of, the proposed health monitoring agreement.
- (3) After considering any submissions received from the licensee under subsection (2), the Health Monitoring Program must provide its decision with reasons on the need for, and terms of, a proposed health monitoring agreement to the licensee as soon as practicable.
- (4) A licensee who does not consent to a request for a proposed health monitoring agreement or does not consent to a proposed health monitoring agreement acceptable to the Health Monitoring Program may be referred to the registrar.

## **Division 5 - Protection of privacy and confidentiality**

### **Confidentiality**

- 14-12 (1) Subject to subsection (4), the Health Monitoring Program will maintain the confidentiality of health information of licensees.
- (2) The Health Monitoring Program will keep files containing licensee health information segregated from other CPSBC files.
- (3) The Health Monitoring Program files will only be accessible by CPSBC employees working in the program.
- (4) When making a referral to the registrar, the Health Monitoring Program may disclose information outlining the nature of the licensee's health condition and its impact on the licensee's capacity to practise, and the risk that it may pose to the public.

## Part 15 - Blood-borne Communicable Diseases Committee

### Definitions

15-1 In this part:

**“affected licensee”** means a licensee who has contracted a blood-borne communicable disease and whose clinical status is such that inadvertent or accidental exposure to the licensee’s blood would result in a risk of transmission of the blood-borne communicable disease to patients, and

**“exposure-prone procedures”** means procedures in which there is a risk that injury to a licensee may result in the exposure of a patient’s open tissues to a licensee’s blood, including procedures where a licensee’s gloved or ungloved hand may be in contact with sharp instruments, needle tips, and sharp tissues inside a patient’s open body cavity, wound, or confined anatomical space where the hands or fingertips may not be completely visible at all times.

### The Blood-borne Communicable Diseases Committee

15-2 The Blood-borne Communicable Diseases Committee is responsible for:

- (a) operationalizing the most current guidance from the Public Health Agency of Canada respecting the management of affected licensees who perform exposure-prone procedures,
- (b) establishing guidance for the practice of affected licensees,
- (c) establishing guidelines for protecting the identity and confidentiality of affected licensees to ensure that their identities are not disclosed unless authorized by these Bylaws, and
- (d) in relation to affected licensees:
  - (i) considering the specific blood-borne communicable disease of an affected licensee and periodically reviewing the relevant laboratory and other clinical investigations of an affected licensee,
  - (ii) meeting with an identified affected licensee, if necessary, to discuss the nature and details of their specific clinical practice,
  - (iii) advising an affected licensee of the requirements and guidance relevant to their clinical practice and of restrictions to their practice which must be implemented to minimize or prevent risk of transmission of the blood-borne communicable disease to patients,
  - (iv) recommending alterations to, or restrictions on, the focus or scope of an affected licensee’s practice, including restrictions on conducting exposure prone procedures,
  - (v) providing written recommendations to the affected licensee and/or their attending or treating clinician,

- (vi) advising an affected licensee and/or their attending or treating clinician how the affected licensee's health, as it relates to their practice, should be managed to minimize or prevent risk of transmission of the blood-borne communicable disease to patients,
- (vii) requesting an affected licensee to provide one or more written undertakings to minimize or prevent risk of transmission of the blood-borne communicable disease to patients, and
- (viii) reviewing new information indicating a change in the affected licensee's health or practice and advising the affected licensee and/or their attending or treating clinician of any revisions to the committee's recommendations and/or requirements and requiring revised undertakings to reflect those changes.

### **Consultation**

15-3 For the purposes in section 15-2, the Blood-borne Communicable Diseases Committee may retain and consult experts regarding communicable diseases.

### **Duty to report**

- 15-4 (1) An affected licensee who performs exposure-prone procedures must, as soon as they learn they have contracted a blood-borne communicable disease, report that fact in writing to the registrar.
- (2) A clinician attending or treating an affected licensee who performs exposure-prone procedures must, as soon as they learn the affected licensee has contracted a blood-borne communicable disease, report that fact in writing to the registrar.

### **Duty to provide information**

- 15-5 (1) An affected licensee and/or an attending or treating clinician must provide information concerning the affected licensee's serology and health status to the Blood-borne Communicable Diseases Committee:
- (a) at least annually or more frequently as directed by the committee, and
  - (b) promptly on request.
- (2) An affected licensee and/or an attending or treating clinician must respond promptly to requests from the Blood-borne Communicable Diseases Committee concerning the affected licensee's serology and health status and provide clinical records if requested.

### **Recommendations and undertakings**

- 15-6 (1) The Blood-borne Communicable Diseases Committee may:
- (a) make recommendations to an affected licensee, or
  - (b) direct the affected licensee to provide a written undertaking on such terms as it directs.

- (2) An affected licensee may apply for reconsideration of a decision under subsection (1)(b) by providing a written request to the registrar within ten days of receiving the decision.
- (3) Upon receipt of a request for reconsideration, the Blood-borne Communicable Diseases Committee will provide the affected licensee with an opportunity to be heard, which may be in writing.
- (4) The Blood-borne Communicable Diseases Committee must provide its reconsideration decision with reasons to the affected licensee as soon as practicable.
- (5) Subject to section 15-8(2) of these Bylaws, written undertakings provided by an affected licensee will be maintained in confidence.

### **New information**

- 15-7
- (1) An affected licensee may submit a written request at any time to present new information to the Blood-borne Communicable Diseases Committee with respect to any recommendations made or requirements imposed under section 15-6.
  - (2) The Blood-borne Communicable Diseases Committee will, after reviewing the new information, provide its decision with reasons to the affected licensee as soon as practicable.

### **Confidentiality and exceptions**

- 15-8
- (1) The Blood-borne Communicable Diseases Committee will conduct in camera meetings and all correspondence and documentation concerning an affected licensee's health status will be maintained in confidence except as provided in subsection (2).
  - (2) If the Blood-borne Communicable Diseases Committee has reasonable grounds to believe that an affected licensee has:
    - (a) failed to provide requested information and/or supporting records, or otherwise failed to cooperate with the Health Monitoring Program,
    - (b) failed or refused to comply with the Blood-borne Communicable Diseases Committee's recommendations or requirements, or
    - (c) failed or refused to comply with a written undertaking under section 15-6(1)(b) of these Bylaws,and the Blood-borne Communicable Diseases Committee concludes that action is necessary to protect the public, it must notify the registrar in writing who may treat the notification as a regulatory complaint.

## Part 16 - General

### Division 1 - Hearing process

#### Hearing process

- 16-1 (1) Subject to the Regulations, a hearing under these Bylaws may be conducted, in whole or in part, in person, electronically, or in writing, and may require the formal examination of witnesses under oath, or solemn affirmation, or on a culturally appropriate form of affirmation or ceremony which confirms the witness's commitment to speak the truth.
- (2) In an oral hearing:
- (a) the respondent and CPSBC may appear as parties and with legal counsel, and
  - (b) the respondent and CPSBC have the right to cross-examine witnesses and to call evidence.
- (3) The decision-maker may retain independent legal counsel for a hearing.

### Division 2 - Special fees

#### Special fees

- 16-2 (1) The board may approve the levy of a special fee in accordance with [schedule K](#) if CPSBC has insufficient funds to enable it to:
- (a) properly conduct its governance activities in accordance with the Act, the regulations, these Bylaws, and the performance standards established or adopted by the superintendent, or
  - (b) make a commitment or to pay an amount required for an extraordinary expenditure that:
    - (i) was not included in the annual budget for the fiscal year, and
    - (ii) was not reasonably foreseeable at the time the annual budget was prepared.
- (2) The board may not levy a special fee that will raise a total aggregate amount that is greater than the amount required to satisfy the requirements of subsection (1).
- (3) For the purposes of this section, the board may levy a special fee on all or any class of licensees in a proportionate amount required to satisfy the requirements of subsection (1).

## **Division 3 - Fees for reconsideration and review hearings**

### **Fees for reviews and reconsiderations**

16-3 CPSBC may charge the fees for reconsideration and review applications in [schedule J](#).

## **Division 4 - Additional administrative fees**

### **Administrative fees**

16-4 CPSBC may charge the administrative fees in [schedule K](#).

## Schedule A

### Board remuneration

Time	Rate
Daily maximum rate	\$1,339.03
Half day rate (3.5 hours)	\$669.52
Hourly rate	\$191.29

### Board reimbursement for travel and business expenses

Expense	Rate
Accommodation (for required travel greater than 50 km each way)	Best available rate as per government preferred hotel rates or negotiated CPSBC corporate rates
Meals	Breakfast \$25 Lunch \$25 Dinner \$65
Air travel	Best available rate equivalent to Air Canada Flex
Mileage	\$0.73 per km for the first 5,000 km \$0.67 per km thereafter
Taxis	Reimbursement based on submitted receipts
Parking	Reimbursement based on submitted receipts

## Schedule B

Fees for the fiscal year March 1 to February 28

### Application fees

Class of licence	Fee
Full licence	\$665
Provisional licence	\$665
Restricted licence	NIL
Osteopathic licence	\$665
Academic licence	\$665
Administrative licence under sections 6-37(1)(a), (b) and (c) for administrative purposes)	\$665
Administrative licence under section 6-37(1)(c) for teaching purposes and section 6-37(1)(d) for administrative or teaching purposes	NIL
Associate physician licence	\$340
Surgical assistant licence	\$665
Assessment - family licence or speciality licence	\$140
Educational - medical student licence	\$140
Educational - postgraduate (resident, resident elective, fellow, and trainee) licence (effective July 1)	\$140
Educational - postgraduate licence under section 6-46(3) resident - clinical associate (effective July 1)	\$340
Clinical observership licence	\$140
Visitor (unless application fee waived)	\$665
Full - podiatric surgeon licence	\$665
Educational - podiatric surgeon student (elective) licence	\$140

<b>Class of licence</b>	<b>Fee</b>
Educational - podiatric surgeon resident (elective) licence	\$140
Physician assistant licence	\$340

## Annual renewal fees unless otherwise specified

### a. Classes of licence renewal

<b>Class of licence</b>	<b>Fee</b>
Full licence	\$1,925
Provisional licence	\$1,925
Restricted licence	\$1,925
Special licence	\$1,925
Retired - life licence	NIL
Osteopathic licence	\$1,925
Academic licence	\$1,925
Administrative licence under sections 6-37(1)(a), (b) and (c) for administrative purposes	\$1,925
Administrative licence under section 6-37(1)(c) for teaching purposes and section 6-37(1)(d) for administrative or teaching purposes	\$300
Conditional - disciplined licence	\$1,925
Associate physician licence	\$960
Surgical assistant licence	\$1,925
Assessment licence	\$100
Educational - medical student licence	\$100
Educational - postgraduate (resident, resident elective, fellow, and trainee) licence (effective July 1)	\$150

<b>Class of licence</b>	<b>Fee</b>
Educational - postgraduate licence under section 6-46(3) resident - clinical associate (effective July 1)	\$960
Clinical observership licence	\$150
Locum (renewal fee per month)	\$300
Full - podiatric surgeon licence	\$1,925
Conditional - disciplined - podiatric surgeon licence	\$1,925
Educational - podiatric surgeon student (elective) licence	\$100
Educational - podiatric surgeon resident (elective) licence	\$150
Physician assistant licence	\$800
Conditional - disciplined - physician assistant licence	\$800

- b. Late fee for failure to pay the annual fee or submit completed annual renewal of licensure form by deadline

<b>Date period</b>	<b>Fee</b>
Failure to pay annual fee and/or submit completed annual renewal of licensure form before March 1	\$500 in addition to annual renewal fee
Failure to pay annual fee and/or complete annual renewal of licence form before April 1	\$800 in addition to annual renewal fee

- c. If an applicant is licensed after March 1 in any year or a retired - life licensee is returning to practice, the fee year is deemed to have commenced on March 1 in that year and fees will be prorated per month and must be paid in full at time of licensure.
- d. If a licence expires or is revoked during a year that a fee was paid, the licensee is entitled to a proportionate rebate of annual fees subject to the following conditions:
- i. rebates will only be paid upon application being made within two months of the expiration or revocation of licensure,
  - ii. no rebate will be made with respect to the revocation of licensure under section 147 or section 270 of the Act, and
  - iii. no rebate of less than \$100 will be paid.

**Continuing competency requirements fees**

<b>Fee type</b>	<b>Fee</b>
Fee for failure to meet continuing competency requirements	\$750
Fee for manual verification of continuing competency requirements	\$300

**Additional licensing fees**

<b>Fee type</b>	<b>Fee</b>
Preliminary assessment of qualification for licensure (unless waived)	\$650
Licensing assessment	\$12,000

## Schedule C

### Recognized podiatric medical education programs

The following programs are recognized podiatric medical education programs for the purposes of part 6:

- Barry University School of Podiatric Medicine
- Samuel Merritt University College of Podiatric Medicine (CPM)<sup>1</sup>
- College of Podiatric Medicine and Surgery (CPMS), Des Moines University (DMU)<sup>2</sup>
- Kent State University College of Podiatric Medicine (KSUCPM)<sup>3</sup>
- Arizona School of Podiatric Medicine (AZPod), Midwestern University (MWU)
- New York College of Podiatric Medicine (NYCPM)
- Dr. William M. Scholl College of Podiatric Medicine, Rosalind Franklin University of Medicine and Science (RFUMS)<sup>4</sup>
- Temple University School of Podiatric Medicine (TUSPM)<sup>5</sup>
- College of Podiatric Medicine, Western University of Health Sciences

### Notes

1. On May 10, 2002, Samuel Merritt University merged with the California College of Podiatric Medicine and became known as the California School of Podiatric Medicine (CSPM). Effective March 31, 2023, the CSPM at Samuel Merritt University changed its name to Samuel Merritt University College of Podiatric Medicine (CPM).
2. In 1981, the College of Podiatric Medicine and Surgery, the College of Biological Sciences (later renamed the College of Health Sciences) and the College of Osteopathic Medicine and Surgery, became the University of Osteopathic Medicine and Health Sciences (UOMHS). In 1999, the University was renamed Des Moines University (DMU), College of Podiatric Medicine and Surgery (CPMS).
3. On July 1, 2012, Kent State University acquired the Ohio College of Podiatric Medicine (OCPM) and was renamed the Kent State University College of Podiatric Medicine (KSUCPM).
4. The Illinois College of Chiropody and Orthopedics has gone through multiple name changes from the Illinois College of Podiatric Medicine to Dr. William M. Scholl College of Podiatric Medicine. In August 2001, the Dr. William M. Scholl College of Podiatric Medicine merged with Rosalind Franklin University of Medicine and Science (RFUMS).
5. In July 1998, the Pennsylvania College of Podiatric Medicine (PCPM) merged with Temple University and was renamed Temple University School of Podiatric Medicine (TUSPM).

## Schedule D

### Fees for health profession corporation permits

Fee type	Fee
Application for new health profession corporation permit	\$350 for each licensee in the health profession corporation
Application for continuation of a health profession corporation incorporated under the laws of another province	\$350 for each licensee in the health profession corporation
Notification of change for a health profession corporation	\$350 for each licensee in the health profession corporation as revised
Application to form a health profession corporation by way of an amalgamation	\$350 for each licensee in the new health profession corporation
Application for name change of a health profession corporation which holds a valid health profession corporation permit	\$350 for each licensee in the health profession corporation
Application to join an existing multi-physician health profession corporation	\$350 for each new applicant licensee who will join the health profession corporation
Application to repurpose a non-health profession corporation	\$350 per licensee
Application for reinstatement of a suspended health profession corporation permit	\$350 for each licensee in the health profession corporation
Application for restoration of a health profession corporation following dissolution under the <i>Business Corporations Act</i>	\$350 for each licensee in the health profession corporation
Annual health profession corporation permit fee	\$135

<b>Fee type</b>	<b>Fee</b>
Late renewal fee for failure to submit a completed renewal application form and/or pay the annual permit renewal fee before March 1	\$100 per corporation

## Schedule E

### Costs

#### Investigations tariff

For the purposes of calculating costs under this tariff, an investigation is deemed to commence on the earliest of the date:

- a. the registrar takes action under section 108 of the Act,
- b. the registrar makes a regulatory complaint under section 119 of the Act,
- c. the registrar receives a regulatory complaint under section 120 of the Act, or
- d. the Investigation Committee begins an investigation under section 124 of the Act.

The investigation continues until the date on which the registrar disposes of the matter under section 109 or 122 of the Act or the Investigation Committee terminates the investigation or disposes of the matter under section 136 of the Act.

Expense	Rate of indemnity
Legal representation for the purposes of the investigation	Up to 50% of actual legal fees
Other reasonable and necessary professional services contracted for the purposes of the investigation	100% of actual fees
Other reasonable and necessary disbursements incurred for the purposes of the investigation (including disbursements incurred by legal counsel and persons contracted to provide professional services)	100% of actual disbursements

#### Disciplinary hearing tariff

For the purposes of calculating costs under this tariff, qualifying expenses are those incurred from the time that the Investigation Committee requests the director of discipline to issue a citation under section 136(2) of the Act until the earlier of:

- a. the date on which the director of discipline approves a proposed disciplinary order under section 139(2) of the Act, or
- b. the date on which the discipline panel issues its final order following the conclusion of a discipline hearing under the Act.

Qualifying expenses for a disciplinary hearing include the expenses for the purposes of preparing for and prosecuting the hearing and any steps taken to resolve the matter under section 139 of the Act.

<b>Expense</b>	<b>Rate of indemnity</b>
Legal representation for the purposes of preparing for and prosecuting the hearing	Up to 50% of actual legal fees
Reasonable and necessary expert witness fees for the purposes of preparing for and prosecuting the hearing	100% of actual fees
Other reasonable and necessary disbursements incurred for the purposes of preparing for and prosecuting the hearing (including disbursements incurred by legal counsel and persons contracted to provide professional services)	100% of actual disbursements

## Schedule F

Support worker reimbursement for travel and business expenses

Expense	Rate
Accommodation (for required travel greater than 50 km each way)	Best available rate as per government preferred hotel rates or negotiated CPSBC corporate rates
Meals	Breakfast    \$25 Lunch        \$25 Dinner       \$65
Air travel	Best available rate equivalent to Air Canada Flex
Mileage	\$0.73 per km for the first 5,000 km \$0.67 per km thereafter
Taxis	Reimbursement based on submitted receipts
Parking	Reimbursement based on submitted receipts

## Schedule G

### **Procedures which must only be performed in an accredited non-hospital medical and surgical facility**

#### **Definitions**

In this schedule:

**“simple procedure”** means a superficial or other procedure that a competent licensee would reasonably anticipate will be safely completed using resources generally available in a physician office, and

**“superficial procedure”** means a procedure limited to the epidermis, dermis, and/or subcutaneous tissues that a competent licensee would reasonably anticipate will be safely completed using resources generally available in a physician office.

#### **Procedures which may only be performed in accredited NHMSFAP facility**

The procedures in table 1 may only be performed in an accredited non-hospital medical and surgical facility unless performed in a health authority facility or, where authorized by the British Columbia College of Oral Health Professionals, in another accredited facility.

#### **Performance of simple and superficial procedures**

Before performing a simple procedure or superficial procedure, a physician must assess the appropriate setting for the procedure having regard to the resources necessary to safely address unexpected complications in accordance with generally accepted standards of care in British Columbia and the Canadian Medical Association *Code of Ethics and Professionalism*.

**Table 1: Procedures which must only be performed in an accredited non-hospital medical and surgical facility unless performed in a health authority facility or, where authorized, in another accredited facility**

Service	Procedures
<b>Anesthesia</b>	<ul style="list-style-type: none"> <li>• This includes the use of drugs which are intended to, or which may, induce variable levels of sedation ranging from minimal procedural sedation to full general anesthesia requiring airway support and the monitoring of vital signs. This includes all uses of intravenously administered sedatives and narcotics, except in emergency circumstances.</li> <li>• This includes the use of drugs by injection which are intended to, or may, induce a major nerve block, or spinal, epidural, or intravenous regional block.</li> <li>• For the treatment of chronic pain, this includes:               <ul style="list-style-type: none"> <li>○ Intravenous ketamine infusion</li> <li>○ Intravenous lidocaine infusion</li> </ul> </li> <li>• For the treatment of mood disorders, this includes:               <ul style="list-style-type: none"> <li>○ Intravenous ketamine infusion</li> </ul> </li> </ul>
<b>Dental</b>	All dental procedures which require or involve sedation or general anesthesia.
<b>Dermatology</b>	Moh's micrographic surgery and removal of tumors greater than 5 cm.
<b>Ear, nose, and throat (ENT)</b>	<p><b>Ears</b></p> <ul style="list-style-type: none"> <li>• Exploratory tympanotomy</li> <li>• Labyrinthectomy</li> <li>• Myringotomy</li> <li>• Otoplasty</li> <li>• Tympanoplasty</li> <li>• Stapedotomy</li> <li>• Ossiculoplasty</li> <li>• Mastoidectomy (elective, adult only)</li> </ul> <p><b>Nose</b></p> <ul style="list-style-type: none"> <li>• Antral lavage</li> <li>• Cryosurgical treatment of turbinates</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Electrocoagulation of turbinates</li> <li>• Ethmoidotomy - intranasal (anterior/posterior)</li> <li>• Nasal fracture reduction (beyond simple)</li> <li>• Rhinoplasty</li> <li>• Septal reconstruction</li> <li>• Sinus sphenoidotomy (intranasal)</li> <li>• Spheno-ethmoidotomy - intranasal - endoscopic - revision</li> <li>• Turbinectomy</li> <li>• Maxillary antrostomy</li> <li>• Frontal sinusotomy</li> <li>• Eustachian tube dilation</li> <li>• Nasal polypectomy</li> </ul> <p><b>Head and neck</b></p> <ul style="list-style-type: none"> <li>• Excision facial neuroma (beyond superficial procedure)</li> <li>• Excision of skin lesion (beyond superficial procedure)</li> <li>• Blepharoplasty - lower</li> </ul> <p><b>Throat</b></p> <ul style="list-style-type: none"> <li>• Adenoidectomy</li> <li>• Bronchoscopy/microlaryngoscopy</li> <li>• Direct laryngoscopy</li> <li>• Excision - cysts, soft tissue tumour (beyond superficial)</li> <li>• Flexible fiberoptic nasopharyngolaryngoscopy</li> <li>• Esophagoscopy - rigid/flexible</li> <li>• Parotidectomy - total</li> <li>• Tonsillectomy and/or adenoidectomy</li> <li>• Uvulopalatopharyngoplasty - laser</li> </ul>
<b>Gastroenterology</b>	<ul style="list-style-type: none"> <li>• Flexible colonoscopy - diagnostic/procedural</li> <li>• Flexible sigmoidoscopy - diagnostic/procedural</li> <li>• Gastroscopy - diagnostic +/- biopsy</li> </ul>
<b>General surgery</b>	<b>Integumentary</b>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Surgical management of benign and malignant skin conditions (beyond superficial procedure)</li> <li>• Surgical management of benign soft tissue conditions (beyond superficial procedure)</li> </ul> <p><b>Upper GI</b></p> <ul style="list-style-type: none"> <li>• Biopsy and aspiration</li> <li>• Drainage abscess, cyst</li> <li>• Excision lesion</li> <li>• Gastroscopy - diagnostic +/- biopsy</li> </ul> <p><b>Neck</b></p> <ul style="list-style-type: none"> <li>• Biopsy - lymph glands - neck</li> <li>• Biopsy - thyroid</li> </ul> <p><b>Groin</b></p> <ul style="list-style-type: none"> <li>• Biopsy - lymph glands - groin</li> <li>• Inguinal hernia repair (primary, recurrent)</li> <li>• Umbilical hernia repair (primary, recurrent)</li> <li>• Epigastric hernia repair (primary only)</li> <li>• Incisional hernia repair (from laparoscopic procedure, &lt;= 4 cm defect)</li> </ul> <p><b>Vascular</b></p> <ul style="list-style-type: none"> <li>• Endovenous laser therapy (EVLT)</li> <li>• Venous ligation and strippings</li> <li>• Venous access port - implantable - revision/removal/reinsertion</li> </ul> <p><b>Abdomen</b></p> <ul style="list-style-type: none"> <li>• Cholecystectomy - laparoscopic</li> </ul> <p><b>Lower GI</b></p> <ul style="list-style-type: none"> <li>• Aspiration - cyst</li> <li>• Surgical management of benign perianal disease</li> <li>• Examination under anesthesia</li> <li>• Excision - rectal</li> <li>• Sigmoidoscopy - flexible, including biopsy</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Colonoscopy - flexible, including biopsy</li> </ul> <p><b>Breast</b></p> <ul style="list-style-type: none"> <li>• Surgical management of benign breast disease</li> </ul> <p><b>Breast cancer procedures</b></p> <ul style="list-style-type: none"> <li>• Axillary dissection</li> <li>• Biopsy - lymph glands - axilla</li> <li>• Biopsy or segmental resection of non-palpable breast lesion</li> <li>• Breast biopsy - excisional, incisional, core</li> <li>• Mastectomy</li> <li>• Mastectomy with immediate implant placement (breast implant/tissue expander) by plastic surgery</li> <li>• Nipple exploration</li> <li>• Sentinel lymph node biopsy</li> <li>• Fine wire localization</li> </ul>
<b>Gynecology</b>	<ul style="list-style-type: none"> <li>• Abscess - irrigation and debridement (beyond simple procedure)</li> <li>• Bartholin's cyst/abscess marsupialization (beyond simple procedure)</li> <li>• Biopsy - cervix - with D&amp;C</li> <li>• Bladder - tension-free vaginal tape insertion, revision, Monarch TOT, urodynamics</li> <li>• Cervical/vaginal lacerations</li> <li>• Cervix - repair, biopsy, cryosurgery, cone biopsy</li> <li>• Loop electrosurgical excision procedure (LEEP)</li> <li>• Colposcopy</li> <li>• Cystocele/urethrocele/rectocele repair</li> <li>• Dilation and curettage</li> <li>• Examination under anesthetic</li> <li>• Hydrotubation</li> <li>• Hymenoplasty</li> <li>• Hysteroscopy - procedural - ablation</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Hysteroscopy - procedural - myomectomy</li> <li>• Hysteroscopy - procedural - polypectomy</li> <li>• Labiaplasty</li> <li>• Laparoscopic oophorectomy/salpingectomy</li> <li>• Laparoscopic ovarian cystectomy</li> <li>• Laparoscopic tubal ligation</li> <li>• Laparoscopy - diagnostic, biopsies, lysis of adhesions, cauterly of endometriosis, aspiration</li> <li>• Micro salpingostomy</li> <li>• Myomectomy (vaginal)</li> <li>• Pelvic examination under GA</li> <li>• Perineal, sphincter, vaginal repair</li> <li>• Salpingolysis via laparoscope</li> <li>• Salpingostomy via laparoscopy</li> </ul> <p><b>Fertility treatment</b></p> <ul style="list-style-type: none"> <li>• Transvaginal egg retrieval</li> <li>• Transabdominal egg retrieval</li> <li>• Embryo transfer</li> <li>• Microsurgical tubal reanastomosis</li> <li>• Percutaneous epididymal sperm aspiration - PESA</li> <li>• Testicular sperm aspiration - TESA</li> <li>• Testicular sperm extraction - TESE</li> <li>• Microdissection testicular sperm extraction - Micro-TESE</li> </ul>
<b>Hair transplant</b>	<ul style="list-style-type: none"> <li>• Follicular unit grafting</li> <li>• Robotic</li> </ul>
<b>Neurosurgery</b>	<ul style="list-style-type: none"> <li>• Anterior cervical decompression/discectomy with fusion (maximum 2 levels)</li> <li>• Lumbar discectomy</li> <li>• Laminectomy - cervical (maximum 2 levels)</li> <li>• Laminectomy - lumbar (maximum 2 levels)</li> </ul>

Service	Procedures
<b>Ophthalmology</b>	<ul style="list-style-type: none"> <li>• Aspiration needle biopsy</li> <li>• Biopsy - orbital tumour</li> <li>• Blepharoplasty - lower</li> <li>• Cataract extraction</li> <li>• Intraocular lens implant - primary or secondary</li> <li>• Clear lens extraction with intraocular lens implant</li> <li>• Intraocular lens exchange</li> <li>• Intraocular lens repositioning</li> <li>• Cautery of corneal ulcer</li> <li>• Ectropion/entropion</li> <li>• Eyelid reconstruction</li> <li>• Intraocular foreign body - removal (beyond simple procedure)</li> <li>• Pterygium excision</li> <li>• Ptosis repair</li> <li>• Snip procedure, two or three</li> <li>• Strabismus</li> </ul> <p><b>Refractive surgery</b></p> <ul style="list-style-type: none"> <li>• Automated lamellar keratoplasty</li> <li>• Epi-LASIK</li> <li>• LASEK</li> <li>• LASIK</li> <li>• Limbal relaxing incisions</li> <li>• Phakic intraocular lens implant</li> <li>• Photorefractive keratectomy</li> <li>• Radial keratotomy</li> </ul>

Service	Procedures
<b>Oral and maxillofacial surgery</b>	<p><b>Face</b></p> <ul style="list-style-type: none"> <li>• Biopsy (beyond superficial)</li> <li>• Chin augmentation</li> <li>• Cleft lip - bilateral complete</li> <li>• Debridement - joint</li> <li>• Drainage/aspiration</li> <li>• Excision - scar</li> <li>• Excision - tumour, cyst, soft tissue mass</li> <li>• Facelift</li> <li>• Irrigation and debridement</li> <li>• Malar augmentation</li> <li>• Mandibular osteotomy - internal fixation - bilateral</li> <li>• Maxillary fracture zygomatic - arch - open reduction and wiring</li> <li>• Maxillary fracture zygomatic - reduction</li> <li>• Nasal fracture - wire plate fixation - open reduction</li> <li>• Orbital floor open reduction</li> <li>• Osteotomies, mandibular maxillofacial - bilateral</li> <li>• Repair lacerations</li> <li>• Scar revision</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Temporomandibular joint (TMJ) arthroscopy</li> </ul>
<b>Orthopedics</b>	<p><b>Aspiration/injection</b></p> <ul style="list-style-type: none"> <li>• Injection/aspiration - facet joint</li> </ul> <p><b>Tendon</b></p> <ul style="list-style-type: none"> <li>• Open tendon lengthening</li> <li>• Repair (beyond simple procedure)</li> <li>• Reconstruction (beyond simple procedure)</li> <li>• Soft tissue release - muscle or tendon (above percutaneous)</li> <li>• Tendon transfer/transplant</li> </ul>

Service	Procedures
	<p><b>Shoulder</b></p> <ul style="list-style-type: none"> <li>• Acromioplasty</li> <li>• Arthroscopy</li> <li>• Arthrotomy</li> <li>• Bankart repair</li> <li>• Biopsy (beyond superficial procedure)</li> <li>• Bone grafting - clavicle</li> <li>• Capsular shrinkage</li> <li>• Excision - soft tissue mass, cyst (beyond superficial procedure)</li> <li>• Excision distal head of clavicle</li> <li>• Hemiarthroplasty</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Manipulation (under anesthesia)</li> <li>• Open reduction internal fixation (no IM nailing)</li> <li>• Rotator cuff repairs/revisions - arthroscopic or open</li> <li>• Stabilization</li> <li>• Subacromial decompression</li> </ul> <p><b>Arm</b></p> <ul style="list-style-type: none"> <li>• Biceps/triceps tendon</li> <li>• Bone grafting - radius/ulna/humerus</li> <li>• Closed reduction - ulna, radius, distal humerus, glenohumeral, humeral epicondyle (under anesthesia)</li> <li>• Excision - soft tissue mass, neuroma, cyst (beyond superficial procedure)</li> <li>• External fixation</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Manipulation (under anesthesia)</li> <li>• Open reduction internal fixation - glenohumeral, humeral epicondyle, radius, ulna</li> <li>• Osteotomy - ulna, radius</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Shoulder, clavicle and humerus - internal fixation device - removal (beyond single screw removal through small skin incision)</li> </ul> <p><b>Elbow</b></p> <ul style="list-style-type: none"> <li>• Arthroscopy</li> <li>• Arthrotomy - joint</li> <li>• Bone grafting - olecranon</li> <li>• Closed reduction (under anesthesia)</li> <li>• Excision - soft tissue mass, cyst (beyond superficial procedure)</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Manipulation (under anesthesia)</li> <li>• Open reduction internal fixation</li> <li>• Proximal radius/ulna - release</li> <li>• Ulna nerve transposition</li> </ul> <p><b>Hand and wrist</b></p> <ul style="list-style-type: none"> <li>• Amputation - finger(s), transmetacarpal</li> <li>• Artery repair</li> <li>• Arthrodesis</li> <li>• Arthroplasty</li> <li>• Arthroscopy</li> <li>• Arthrotomy - metacarpophalangeal/proximal interphalangeal/distal interphalangeal joints</li> <li>• Biopsy (beyond superficial)</li> <li>• Bone grafting - metacarpal/phalanx</li> <li>• Capsulotomy/capsulolysis</li> <li>• Closed reduction (under anesthesia)</li> <li>• Distal ulna/radius resection/arthroplasty</li> <li>• Excision - soft tissue mass, neuroma, cyst (beyond superficial procedure)</li> <li>• External fixation</li> <li>• Ganglia excision (beyond superficial procedure)</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Hand and wrist - internal fixation device - removal (beyond single screw removal through small skin incision)</li> <li>• Implant arthroplasty - metacarpal/phalangeal joint</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Ligament reconstruction</li> <li>• Manipulation (under anesthesia)</li> <li>• Median nerve release (endoscopic or open)</li> <li>• Needle aponeurotomy - hand deformity</li> <li>• Nerve block (beyond distal)</li> <li>• Nerve repair</li> <li>• Neurolysis (beyond cyroneurolysis for spasticity)</li> <li>• Open reduction internal fixation - carpal bone, scaphoid, carpus, phalangeal fracture</li> <li>• Osteotomy</li> <li>• Palmar fasciectomy</li> <li>• Removal loose body (beyond superficial procedure)</li> <li>• Scapholunate reconstruction</li> <li>• Tendon release (beyond percutaneous)</li> <li>• Tenosynovectomy</li> <li>• Triangular fibrocartilage complex (TFCC) repair</li> <li>• Ulna shortening osteotomy</li> </ul> <p><b>Spine</b></p> <ul style="list-style-type: none"> <li>• Anterior cervical decompression/discectomy with fusion (maximum 2 levels)</li> <li>• Lumbar discectomy</li> <li>• Laminectomy - cervical (maximum 2 levels)</li> <li>• Laminectomy - lumbar (maximum 2 levels)</li> </ul> <p><b>Hip</b></p> <ul style="list-style-type: none"> <li>• Arthroscopy - unilateral</li> <li>• Arthroplasty - unilateral</li> <li>• Arthrotomy - anterior approach only</li> <li>• Biopsy (beyond superficial procedure)</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Excision - soft tissue mass, cyst (beyond superficial procedure)</li> <li>• Hip spica</li> <li>• Iliac crest autograft</li> <li>• Injection/aspiration - tendon sheath/bursa, joint</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> </ul> <p><b>Leg</b></p> <ul style="list-style-type: none"> <li>• Bone grafting - distal tibia</li> <li>• Excision - soft tissue mass, cyst (beyond superficial procedure)</li> <li>• Fasciotomy - chronic compartment syndrome</li> <li>• Fracture - fibular shaft</li> <li>• Gastrocnemius repair</li> <li>• Hematoma - femur/knee joint/tibia/fibula</li> <li>• Irrigation and debridement - femur, knee joint/tibia/fibula (beyond superficial procedure)</li> <li>• Manipulation (under anesthesia)</li> <li>• Metaphysis femur - closed reduction</li> <li>• Quadriceps tendon rupture repair</li> </ul> <p><b>Knee</b></p> <ul style="list-style-type: none"> <li>• Amputation - below the knee</li> <li>• Arthroplasty - unilateral</li> <li>• Arthroscopy/biopsy - diagnostic or procedural</li> <li>• Arthrotomy</li> <li>• Biopsy - needle or open (beyond superficial procedure)</li> <li>• Debridement (beyond superficial procedure)</li> <li>• Excision - soft tissue mass, cyst (beyond superficial procedure)</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Anterior cruciate ligament repair/revision</li> <li>• Medial collateral ligament repair/revision</li> <li>• Posterior cruciate ligament repair/revision</li> <li>• Loose body removal (beyond superficial procedure)</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Manipulation (under anesthesia)</li> <li>• Meniscal repair / Meniscectomy</li> <li>• Osteochondral bone graft femur</li> <li>• Patella tendon repair/tenolysis</li> <li>• Patellar fracture - open reduction internal fixation</li> <li>• Quadriceps tendon rupture repair</li> <li>• Revision of knee ligament reconstruction repair</li> <li>• Synovectomy</li> <li>• Tendon transfer, transplant - patella</li> </ul> <p><b>Ankle and foot</b></p> <ul style="list-style-type: none"> <li>• Achilles tendon lengthening, repair</li> <li>• Amputation - midtarsal, single metatarsal/ray resection, Syme amputation, transmetatarsal</li> <li>• Arthrodesis</li> <li>• Arthroplasty</li> <li>• Arthroscopy</li> <li>• Biopsy (beyond superficial procedure)</li> <li>• Bone grafting - malleolus</li> <li>• Bunionectomy, hallux valgus correction</li> <li>• Closed reduction (under anesthesia)</li> <li>• Excision - soft tissue mass, neuroma, cyst (beyond superficial procedure)</li> <li>• Fasciotomy - chronic compartment syndrome</li> <li>• Flexor/extensor tendon repair - ankle/foot (beyond simple procedure)</li> <li>• Ganglia excision (beyond superficial procedure)</li> <li>• Implant arthroplasty - metatarsal phalangeal joint</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Ligament repair and/or reconstruction</li> <li>• Manipulation (under anesthesia)</li> <li>• Open reduction internal fixation - ankle/foot</li> <li>• Osteotomy</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Reconstruction</li> <li>• Removal of internal fixation device (beyond single screw removal through small skin incision or k-wire)</li> <li>• Removal of loose body (beyond superficial procedure)</li> </ul>
<b>Plastic surgery</b>	<ul style="list-style-type: none"> <li>• Autologous fat transfer (greater than 50 ml total volume).</li> <li>• Skin grafts - split thickness or full thickness</li> </ul> <p><b>Face</b></p> <ul style="list-style-type: none"> <li>• Biopsy (beyond superficial procedure)</li> <li>• Blepharoplasty - lower</li> <li>• Browlift</li> <li>• Chin augmentation</li> <li>• Cleft lip - bilateral complete</li> <li>• Debridement - joint</li> <li>• Drainage/aspiration (beyond superficial procedure)</li> <li>• Excision - scar (beyond superficial procedure)</li> <li>• Excision - tumour, cyst, soft tissue mass (beyond superficial procedure)</li> <li>• Facelift</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Malar augmentation</li> <li>• Mandibular osteotomy - internal fixation</li> <li>• Maxillary fracture zygomatic - arch - open reduction and wiring</li> <li>• Maxillary fracture zygomatic - reduction</li> <li>• Nasal fracture - wire plate fixation - open reduction</li> <li>• Neck lift</li> <li>• Orbital floor open reduction</li> <li>• Osteotomies, mandibular maxillofacial - bilateral</li> <li>• Otoplasty</li> <li>• Removal forehead wrinkles</li> <li>• Rhinoplasty</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Scalp lift</li> <li>• Suction lipectomy</li> </ul> <p><b>Abdomen</b></p> <ul style="list-style-type: none"> <li>• Abdominal panniculectomy</li> <li>• Abdominoplasty</li> <li>• Biopsy (beyond superficial procedure)</li> <li>• Drainage/aspiration (beyond superficial procedure)</li> <li>• Excision - tumour, cyst, soft tissue mass (beyond superficial procedure)</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Suction lipectomy</li> </ul> <p><b>Upper extremities</b></p> <ul style="list-style-type: none"> <li>• Biopsy (beyond superficial procedure)</li> <li>• Brachioplasty</li> <li>• Drainage/aspiration (beyond superficial procedure)</li> <li>• Excision - tumour, cyst, soft tissue mass (beyond superficial procedure)</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Suction lipectomy</li> <li>• Tenolysis</li> </ul> <p><b>Breast</b></p> <ul style="list-style-type: none"> <li>• Breast construction/augmentation</li> <li>• Capsulectomy/capsulotomy</li> <li>• Chest construction – removal of breast tissue with or without contouring</li> <li>• Drainage/aspiration (beyond superficial procedure)</li> <li>• Excision - tumour, cyst, soft tissue mass (beyond superficial procedure)</li> <li>• Excision gynecomastia</li> <li>• Insertion tissue expanders</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Mastopexy</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Nipple areolar reconstruction</li> <li>• Reduction mammoplasty</li> <li>• Suction lipectomy</li> </ul> <p><b>Groin, buttock and lower extremities</b></p> <ul style="list-style-type: none"> <li>• Biopsy (beyond superficial procedure)</li> <li>• Buttock lift</li> <li>• Drainage/aspiration (beyond superficial procedure)</li> <li>• Excision - tumour, cyst, soft tissue mass (beyond superficial procedure)</li> <li>• Hymenoplasty</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Labiaplasty</li> <li>• Suction lipectomy</li> <li>• Thigh lift</li> </ul> <p><b>Hand and wrist</b></p> <ul style="list-style-type: none"> <li>• Amputation - finger(s), transmetacarpal</li> <li>• Arthrodesis</li> <li>• Arthroplasty - finger joint</li> <li>• Arthroscopy</li> <li>• Arthrotomy - metacarpophalangeal/proximal interphalangeal/distal interphalangeal joints</li> <li>• Biopsy (beyond superficial procedure)</li> <li>• Bone grafting - metacarpal/phalanx</li> <li>• Closed reduction (under anesthesia)</li> <li>• Debridement - joint (beyond superficial procedure)</li> <li>• Excision - tumour, cyst, soft tissue mass (beyond superficial procedure)</li> <li>• External fixation</li> <li>• Ganglia excision (beyond superficial procedure)</li> <li>• Hand and wrist - internal fixation device - removal</li> <li>• Implant arthroplasty - metatarsal phalangeal joint</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Ligament reconstruction</li> <li>• Manipulation (under anesthesia)</li> <li>• Median nerve release (endoscopic or open)</li> <li>• Needle aponeurotomy - hand deformity</li> <li>• Nerve block (beyond distal)</li> <li>• Nerve repair</li> <li>• Neurolysis (beyond cyroneurolysis for spasticity)</li> <li>• Open reduction internal fixation - carpal bone, scaphoid, carpus, phalangeal fracture</li> <li>• Osteotomy</li> <li>• Palmar fasciectomy</li> <li>• Removal loose body (beyond superficial procedure)</li> <li>• Scapholunate reconstruction</li> <li>• Tendon release</li> <li>• Tendon repair (beyond superficial procedure)</li> <li>• Tendon transfer</li> <li>• Tenolysis</li> <li>• Tenoplasty</li> <li>• Tenosynovectomy</li> <li>• Triangular fibrocartilage complex (TFCC) repair</li> </ul> <p><b>Skin</b></p> <ul style="list-style-type: none"> <li>• Biopsy (beyond superficial procedure)</li> <li>• Drainage/aspiration (beyond superficial procedure)</li> <li>• Excision - tumour, cyst, soft tissue mass (beyond superficial procedure)</li> <li>• Irrigation and debridement (beyond superficial procedure)</li> <li>• Skin resurfacing (under anesthesia)</li> </ul> <p><b>Tendon</b></p> <ul style="list-style-type: none"> <li>• Open tendon lengthening</li> <li>• Repair and reconstruction</li> <li>• Soft tissue release - muscle or tendon</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Tendon repair (beyond superficial procedure)</li> <li>• Tendon transfer/transplant</li> </ul>
<b>Podiatry</b>	<p><b>CORE II - Elective soft tissue and osseous procedures</b></p> <ul style="list-style-type: none"> <li>• Amputation - toe, single metatarsal</li> <li>• Biopsy - bone</li> <li>• Biopsy - soft tissue (beyond subcutaneous tissue)</li> <li>• Excision - soft tissue masses (superficial or deep)</li> <li>• Excision - fibroma (beyond subcutaneous tissue)</li> <li>• Excision - ganglion</li> <li>• Excision - metatarsal</li> <li>• Excision - sesamoid</li> <li>• Excision - benign bone cyst</li> <li>• Excision - bone tumor</li> <li>• Excision or decompression - neuroma, nerve (including minimally invasive)</li> <li>• Excision - Morton's neuroma</li> <li>• Neurolysis or nerve decompression - surgical</li> <li>• Bunion procedures - bunionectomy</li> <li>• Bunion procedures - hallux valgus correction - distal metatarsal head procedures (imaging may be required)</li> <li>• Bunion procedures - hallux valgus correction - ligidus or base of metatarsal procedures (imaging required)</li> <li>• Bunion procedures - 5th metatarsal</li> <li>• Hammertoe correction</li> <li>• Bone/heel spur resection</li> <li>• Syndactylization</li> <li>• Polydactylism</li> <li>• Capsulotomy</li> <li>• Exostectomy</li> <li>• Loose body, foreign body or fragment - removal (more than superficial - beyond subcutaneous tissue)</li> </ul>

Service	Procedures
	<p><b>CORE III - Traumas and reconstructive procedures</b></p> <ul style="list-style-type: none"> <li>• Open reduction internal fixation (ORIF) in relation to <ul style="list-style-type: none"> <li>○ phalanges and metatarsals</li> <li>○ forefoot</li> <li>○ rearfoot and calcaneal</li> <li>○ ankle</li> </ul> </li> <li>• Fracture and dislocation treatment and management - open reduction; use of hardware - phalanges and metatarsals</li> <li>• Fracture and dislocation treatment and management - open reduction; use of hardware - forefoot</li> <li>• Fracture and dislocation treatment and management - open reduction; use of hardware - rearfoot and calcaneal</li> <li>• Fracture and dislocation treatment and management - open reduction; use of hardware - ankle</li> <li>• Removal internal fixation device (hardware removal) (beyond single screw removal through small skin incision)</li> <li>• External fixation (multiplane) confined to the foot</li> <li>• Arthroereisis - subtalar joint (STJ)</li> <li>• Arthroereisis - Extra-Osseous TaloTarsal Stabilization (EOTTS)</li> <li>• Arthroereisis - implant devices: HyProCure® BIOARCH</li> <li>• Tendon procedures - lengthening</li> <li>• Tendon procedures - repair</li> <li>• Tendon procedures - release (tenotomy)</li> <li>• Tendon procedures - transfer (tenodesis)</li> <li>• Ligament repair</li> <li>• Osteotomy</li> <li>• Plantar fasciotomy (including endoscopic)</li> <li>• Flaps and grafts - selection, harvest or application of basic grafts</li> <li>• Tarsal coalition repair</li> <li>• Accessory ossicles excision</li> <li>• Arthroscopy - diagnostic or therapeutic</li> </ul>

Service	Procedures
	<ul style="list-style-type: none"> <li>• Arthrotomy</li> <li>• Arthrodesis (fusion)</li> </ul> <p><b>CORE IV - Amputation prevention and wound care procedures</b></p> <ul style="list-style-type: none"> <li>• Wound/ulcer irrigation and debridement - deep, large, multi-level, muscle, bone</li> <li>• Incision and drainage - deep, multi-level</li> <li>• Advanced wound technologies, grafts, devices</li> <li>• Treatment of deep wound infections, osteomyelitis</li> <li>• Partial foot amputations</li> <li>• Amputation - ray resection</li> <li>• Amputation - transmetatarsal</li> <li>• Amputation - Syme</li> <li>• Charcot foot and ankle management</li> <li>• Osteomyelitis resection and management</li> </ul> <p><b>Non-core privileges</b></p> <p>Total ankle arthroplasty</p>
<p><b>Procedural pain management</b></p>	<p><b>Intermediate</b></p> <ul style="list-style-type: none"> <li>• Caudal and interlaminar lumbar epidural</li> </ul> <p><b>Advanced I</b></p> <p><b>Epidural injections</b></p> <ul style="list-style-type: none"> <li>• Lumbar transforaminal/nerve root block</li> <li>• Thoracic interlaminar</li> <li>• Thoracic transforaminal/nerve root block</li> </ul> <p><b>Medial branch blocks and facet joints</b></p> <ul style="list-style-type: none"> <li>• Lumbar</li> <li>• Thoracic</li> </ul> <p><b>Sympathetic nerve blocks</b></p> <ul style="list-style-type: none"> <li>• Lumbar sympathetic nerve block</li> <li>• Celiac plexus and splanchnic nerve block</li> <li>• Stellate ganglion block</li> <li>• Ganglion impar block</li> </ul>

Service	Procedures
	<p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Intercostal nerve blocks</li> <li>• Paravertebral block of the lumbosacral plexus</li> </ul> <p><b>Advanced II</b></p> <p><b>Chemical neurolytic procedures</b></p> <ul style="list-style-type: none"> <li>• Peripheral non-neuraxial blocks, intercostal nerves, autonomic nerves or plexus</li> </ul> <p><b>Epidural injections (class 1 general anesthesia facilities only)</b></p> <ul style="list-style-type: none"> <li>• Cervical interlaminar</li> <li>• Cervical transforaminal/nerve root block</li> <li>• Epiduroscopy and/or epidural adhesiolysis</li> </ul> <p><b>Medial branch blocks and facet joints</b></p> <ul style="list-style-type: none"> <li>• Cervical</li> </ul> <p><b>Thermal neurolysis</b></p> <ul style="list-style-type: none"> <li>• Use of radiofrequency technology</li> <li>• Cryoablation</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Deep cranial nerve blocks (trigeminal branches, sphenopalatine, etc.) (class 1 general anesthesia facilities only)</li> <li>• Intradiscal injections</li> </ul>
<p><b>Surgical uterine evacuation</b></p>	<ul style="list-style-type: none"> <li>• Surgical uterine evacuation up to 13 weeks + 6 days. This includes procedures for: <ul style="list-style-type: none"> <li>○ Abortion</li> <li>○ Management of miscarriage</li> <li>○ Non-viable pregnancy</li> <li>○ Retained products of conception</li> </ul> </li> <li>• Surgical uterine evacuation 14 weeks up to 17 weeks + 6 days. This includes procedures for: <ul style="list-style-type: none"> <li>○ Abortion</li> <li>○ Non-viable pregnancy</li> </ul> </li> </ul>

Service	Procedures
<b>Urology</b>	<ul style="list-style-type: none"> <li>• Biopsy (beyond superficial procedure)</li> <li>• Bladder fulguration with cystoscopy</li> <li>• Circumcision (beyond newborn)</li> <li>• Cystoscopy - flexible</li> <li>• Cystostomy</li> <li>• Epididymovasostomy or reanastomosis of vas</li> <li>• Excision - cyst, soft tissue mass (beyond superficial procedure)</li> <li>• Incision/drainage - abscess (beyond superficial procedure)</li> <li>• Orchidectomy - simple, inguinal</li> <li>• Removal of foreign body - transurethral</li> <li>• Spermatocele or hydrocele - excision</li> <li>• Stricture of urethra</li> <li>• Transurethral resection bladder neck</li> <li>• Transurethral resection bladder tumour</li> <li>• Tension free vaginal tape (TVT)</li> <li>• Ureteral stent - internal - insertion</li> <li>• Ureteroscopy - ureteral calculus</li> <li>• Varicocele resection</li> <li>• Vasectomy</li> <li>• Vasovasectomy</li> <li>• Water vapour thermal therapy</li> </ul> <p><b>Fertility treatment (also see gynecology)</b></p> <ul style="list-style-type: none"> <li>• Percutaneous epididymal sperm aspiration (PESA)</li> <li>• Testicular sperm aspiration (TESA)</li> <li>• Testicular sperm extraction (TESE)</li> <li>• Microdissection testicular sperm extraction (micro-TESE)</li> </ul>

Service	Procedures
<b>Vascular</b>	<ul style="list-style-type: none"><li>• Fasciotomy - chronic compartment syndrome</li><li>• Venous ligation and strippings</li><li>• Stripping saphenous - long and short</li><li>• Non thermal endovenous closure (e.g VenaSeal™)</li><li>• Non thermal endovenous ablation (e.g. ClariVein™)</li><li>• Endovenous radiofrequency treatment (EVRF) (e.g. ClosureFast™)</li><li>• Endovenous laser therapy (EVLT)</li><li>• Venous access port - implantable - revision/removal reinsertion</li></ul>

## Schedule H

### Procedures which must only be performed in an accredited diagnostic facility

The diagnostic services/procedures in table 2 may only be performed in an accredited diagnostic facility.

**Table 2: Procedures to be performed in an accredited diagnostic facility**

Program	Services/procedures
Medical imaging	<ul style="list-style-type: none"> <li>• Radiology</li> <li>• Mammography               <p><b>Note:</b> The provincial screening mammography program is accredited by the Canadian Association of Radiologists.</p> </li> <li>• Ultrasound               <p><b>Note:</b> Accreditation is not required when point of care ultrasound guides or informs the individual physician conducting the procedure, and no formal diagnostic report is required for other physicians or health-care professionals to utilize in managing patient care.</p> </li> <li>• Echocardiography</li> <li>• Computed tomography</li> <li>• Magnetic resonance imaging</li> <li>• Nuclear medicine - single photon emission</li> <li>• Bone densitometry</li> <li>• Fluoroscopy               <p><b>Note:</b> Accreditation is not required when fluoroscopy guides or informs the individual physician conducting the procedure, and no formal diagnostic report is required for other physicians or health-care professionals to utilize in managing patient care.</p> </li> <li>• Nuclear medicine - positron emission</li> </ul>

Program	Services/procedures
Laboratory medicine	<ul style="list-style-type: none"> <li>• Anatomic pathology</li> <li>• Chemistry</li> <li>• Cytogenetics</li> <li>• Cytology</li> <li>• Hematology</li> <li>• Microbiology</li> <li>• Molecular diagnostics</li> <li>• Specimen collection, transportation and management</li> <li>• Transfusion medicine</li> <li>• All point-of-care testing</li> </ul> <p><b>Note:</b> The following exceptions apply to physicians performing diagnostic tests in the course of treating their own patients or in the course of treating a patient who has been referred to them by another physician. Point-of-care (POCT) diagnostic tests performed in a physician’s office may be performed by the ordering physician or delegated to other health-care providers under the direction of the ordering physician, provided the delegate(s) have received adequate training on the testing. The DAP Committee and the board have limited the approved diagnostic tests to those that are simple point-of-care procedures that require minimal technology, training, and have a low rate of erroneous results. In addition, for any device used for the POCT, it is the responsibility of the user to be knowledgeable and follow the manufacturer’s instructions for use (MIFU) for maintenance of the device, reprocessing requirements and to discard any components of the device that are considered single use disposable.</p> <p>Significant clinical decisions made on the basis of the POCT results may require confirmation testing performed at a DAP-accredited clinical laboratory.</p>

Program	Services/procedures
	<ul style="list-style-type: none"> <li>• The approved diagnostic tests are:               <ul style="list-style-type: none"> <li>○ blood glucose by a semi-quantitative method or by a device specific to glucose monitoring</li> <li>○ blood ketone measurement by meter</li> <li>○ hemoglobin</li> <li>○ INR by a device specific to INR monitoring</li> <li>○ HIV 1/2 antibody by point of care immunoassay</li> <li>○ pregnancy test by point of care immunoassay</li> <li>○ rupture of fetal membrane/ROM by point-of-care immunoassay</li> <li>○ urinalysis by dipstick</li> <li>○ urinalysis by microscopy performed by nephrologists</li> <li>○ urine drug screen by point-of-care immunoassay</li> </ul> </li> </ul>
Community spirometry	<ul style="list-style-type: none"> <li>• Spirometry</li> <li>• Flow volume loops</li> </ul>
Pulmonary function	<ul style="list-style-type: none"> <li>• Spirometry</li> <li>• Flow volume loops</li> <li>• Diffusing capacity</li> <li>• Lung volumes</li> <li>• Respiratory muscle testing</li> <li>• Conductance/resistance</li> <li>• Reactive airways (methacholine challenge testing)</li> <li>• Exercise induced asthma testing</li> <li>• Cardiopulmonary exercise testing</li> <li>• Pulse oximetry/overnight oximetry</li> <li>• Exercise testing: duration test or six-minute walk test category</li> </ul>
Polysomnography	<ul style="list-style-type: none"> <li>• Polysomnography (level 1)</li> </ul>

<b>Program</b>	<b>Services/procedures</b>
Home sleep apnea testing	<ul style="list-style-type: none"><li>• Home sleep apnea testing (level 3)</li></ul>
Neurodiagnostic services	<ul style="list-style-type: none"><li>• Electroencephalography</li><li>• Evoked potentials</li><li>• Electromyography</li><li>• Nerve conduction studies</li></ul>
Community neurodiagnostics	<ul style="list-style-type: none"><li>• Electromyography</li><li>• Nerve conduction studies</li></ul>

## Schedule I

### NHMSFAP fees and other charges

Fee type	Fee
Application fee for certificate of provisional accreditation <b>Note:</b> During the initial application process, a change to the facility location or scope of services will be treated as a new application and subject to the full application fee. After three submissions, an additional fee of \$1,000 applies to each additional submission after that required to complete the limited verification process.	\$3,000
Late renewal fee	10% of applicable annual program fee
Late payment fee	2% interest charge per month
Accreditation assessment, investigation, inspection, and audit costs	100% cost recovery
Assessment rescheduling fee	\$500 plus 100% of costs incurred
Application to amend certificate fee	\$500
Clinical trial application fee	\$250

### Annual program fee by class

Class	Annual program fee
Class 1 - GA single service 1 room	\$24,448
Class 1 - GA multi-service 1 room	\$26,797
Class 1 - GA single service 2 rooms	\$28,211
Class 1 - GA multi-service, 2 rooms, annual procedure volume ≤1,500 per year	\$33,846
Class 1 - GA multi-service 2 rooms, annual procedure volume >1,500 but <3,500 per year	\$38,775

<b>Class</b>	<b>Annual program fee</b>
Class 1 - GA multi-service 2 rooms, annual procedure volume $\geq 3,500$ per year	\$58,027
Class 1 - GA major multi-service 3 rooms or more	\$90,231
Class 2 - IV Sedation GI, 1 room	\$22,551
Class 2 - IV Sedation GI, 2 rooms	\$24,741
Class 2 - IV Sedation IVF, 1 room	\$22,553
Class 2 - IV Sedation IVF, 2 rooms	\$24,741
Class 2 - IV Sedation Other single service, 1 room	\$22,553
Class 2/3 - Ophthalmology single service 1 room	\$26,316
Class 2/3 - Ophthalmology multi-service 1 room	\$30,150
Class 2/3 - Ophthalmology multi-service 2 rooms or more	\$33,078
Class 2/3 - Ophthalmology single service 1 room with EVLT	\$31,966
Class 3 - Local EVLT	\$5,647
Class 3 - Local single service 1 room	\$17,565
Class 3 - Local Dermatologic	\$22,552
Class 3 - Local Dermatologic, 2 rooms or more	\$27,143
Class 3 - Local Hair Transplant	\$24,560
Class 3 - Podiatry Local single service 1 room	\$17,565
Class 4 - IV Sedation TA	\$21,087
Class 6 - Chronic Pain Infusion	\$8,788
Cat 1 PPM single room $\leq 500$ procedures per year	\$1,897
Cat 2 PPM single room 501 to 1,499 procedures per year	\$2,907
Cat 3 PPM single room 1,500 to 2,500 procedures per year	\$3,427

<b>Class</b>	<b>Annual program fee</b>
Cat 4 PPM multi-room, or >2,500 procedures per year	\$3,958

### DAP fees and other charges

<b>Fee type</b>	<b>Fee</b>
Application fee for certificate of provisional accreditation	\$3,000
Late renewal fee	10% of annual fee
Late payment fee	2% interest charge per month
Accreditation assessment, investigation, inspection, and audit costs	100% cost recovery
Assessment rescheduling fee	\$500 plus 100% of actual costs incurred
Application to amend certificate fee	\$500
Clinical trial application fee	\$250

### Annual program fee by facility description

<b>Facility description</b>	<b>Annual program fee</b>
Facilities operated or subject to regulatory oversight of a health authority (centralized billing administered through the Ministry of Health)	Proportionate share based on health authority revenue relative to total Ministry of Health billing
Independent facility - laboratory medicine - <15 test modalities	\$2,162 per test modality
Independent facility - laboratory medicine - => 15 test modalities	\$1,649-\$1,775 per test modality
Independent facility - medical imaging	\$3,460 per test modality

<b>Facility description</b>	<b>Annual program fee</b>
Independent facility - neurodiagnostics	\$939 per facility
Independent facility - pulmonary function	\$939 per facility
Independent facility - polysomography	\$3,516 per facility
Independent facility - home sleep apnea testing	\$2,886 per facility
Independent facility - home sleep apnea testing - remote	\$750 per facility

## Schedule J

### Reconsideration and review fees

Fee type	Fee
Application for reconsideration or review	\$100

## Schedule K

### Administrative fees

Fee type	Fee
Certificate of professional conduct	\$100
Duplicate copy of record previously issued by CPSBC	\$50
Returned payment fee for non-sufficient funds (NSF), dishonoured cheque, cannot trace, etc.	\$50
Use of the CPSBC seal	\$50