



Serving the public through excellence
and professionalism in medical practice

College Quarterly

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Decisions on matters of standards, policies and guidelines for all registrants of the College.

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Enclosed with this edition of the *College Quarterly*:

- The College library's *Cites & Bytes*

www.cpsbc.ca

This bulletin is forwarded to every physician and surgeon registered with the College. Decisions of the College on matters of standards, policies and guidelines are published in this bulletin. The College therefore assumes that each registrant is aware of these matters.

Message from the Registrar

This fall, the College Board and the senior leadership team held a facilitated strategic planning workshop to establish the College's strategic priorities for 2011-2013. The challenges faced by the College are significant. We are in the midst of profound change, and to deliver on our mission of serving the public through excellence and professionalism in medical practice, the College has established both short and long term priorities to maintain and enhance confidence in our service to the public.

The College is only just beginning to experience the full impact of the complexities of the Health Profession Review Board (HPRB) and the implementation of labour mobility legislation arising from the Agreement on Internal Trade. Cost pressures require the College to be highly effective and efficient in our business practices across a range of regulatory duties including registration, complaint resolution, discipline, quality assurance and accreditation. The Board's strategic priorities ensure that the College delivers on its statutory commitment to serve and protect the public.

The privilege of professionally led regulation is not without significant responsibility, including the obligation to ensure that the College is appropriately resourced. The College Board has approved an annual fee of \$1,300 for 2011. Please note that BC continues to have the third lowest licence fee in Canada. (See page 4 for more information.)

Strategic Priorities for 2011-2013

1. Enhance complaints management

The complexities of an independent tribunal review of complaint dispositions requires the College to enhance and expand its resolution processes. This has included the hiring of additional legal and administrative staff to ensure timely and thorough investigations, as well as prepare for and participate in mediations and hearings.

2. Enhance registration processes

In addition to the complexity of an independent tribunal review of registration decisions, the College must also adhere to the requirements of new Canadian labour mobility legislation. Significant effort is underway at the national level to harmonize registration standards across Canada as well as develop a framework for competency-based assessments.

3. Enhance quality assurance activities

The College will make considerable investments over the next three years to enhance and expand proactive peer review activities.

4. Enhance information technology

The College will over the next two years implement electronic document and record management technology to support both day-to-day business as well as Board and committee activities.

5. Building acquisition

The College has outgrown its current leased space. Since selling its building in 2002, commercial lease rates in Vancouver have increased significantly and rent is now subject to HST. The Board has authorized the College to acquire suitable commercial space in the Vancouver area that will meet the needs of the College for the next 15-20 years. We are optimistic this transition will take place in 2011.

6. Improve College governance

As the Board and its committees adjust to their new roles, responsibilities and functions under the *Health Professions Act*, the Board has committed to implement ongoing evaluation and continuous improvement through regular review and educational sessions.

Heidi M. Oetter, MD
Registrar

Communication

Sound Bites

Reportable communicable disease regulations revisions

A new *Public Health Act* (2009) replaces three statutes, including the former *Health Act* and, with it, the Health Act Communicable Disease Regulation (CD Reg). In review, the CD Reg sets out which infectious diseases are reportable (by physician and/or laboratory) to a Medical Health Officer. A patient's infectious disease laboratory information may only be disclosed beyond the clinician who ordered the test and a Medical Health Officer with explicit patient consent.

Adoption of the new Act coincides with the current transition to the use of electronic databases for the distribution and sharing of laboratory results. Those charged with implementing the Provincial Laboratory Information System (PLIS) have been frustrated by existing CD Reg language that essentially prohibits posting of a significant amount of important clinical information, including many infectious diseases.

Timely access to diagnostic data is clearly in the public interest. Even so, the College Board continues to be concerned that some patients may opt not to access care if they cannot be assured of absolute confidentiality for at least a subset of personal and socially-sensitive communicable diseases, such as STIs, HIV and hepatitis B and C.

The College is advised that the new regulations will retain provision for anonymous HIV testing for patients who want it. Citing the HIV precedent, the Board has respectfully suggested that this option be extended to diseases listed as STIs and to hepatitis B and C. While acknowledging pragmatic challenges, the Board also encouraged all parties to attempt to formulate protocols that reflect the principle that, wherever possible, the explicit consent of patients should be sought before sensitive information is disclosed to other parties. At a minimum, patients should be fully informed about who will have access to their health information.

These views were submitted to the working group drafting the new regulations.

New online application process for IMGs

The Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Medical Council of Canada (MCC) are collaborating to create a single, streamlined online application for international medical graduate (IMG) physicians applying for medical licensure in Canada.

The project will provide an effective web-based physician application process for the registration of IMGs, and eventually for all physicians, which will be valid for all 13 provincial and territorial medical regulatory authorities.

Each province and territory sets its own licensing standards as there are differences in what each jurisdiction requires. The new online system will build on the current repository that allows IMG candidates to permanently store verified electronic copies of all of their credentials in one place and give access to those stored credentials to medical organizations.

The Application for Medical Registration in Canada project will benefit from the medical regulatory authorities' current efforts to harmonize their licensure requirements, and will better facilitate physician labour mobility between provinces and territories as required by the federal/provincial/territorial Agreement on Internal Trade.

The Application for Medical Registration is expected to launch in Canada in 2012.

DriveABLE assessment tool

The *2010 BC Guide in Determining Fitness to Drive* recognizes DriveABLE as the appropriate assessment tool for identifying cognitive impairments in experienced drivers.

The Office of the Superintendent of Motor Vehicles (OSMV) currently advises drivers identified as having possible cognitive impairment to see their treating physician for a referral for a DriveABLE assessment.

Effective December 1, 2010, the OSMV will refer drivers with possible cognitive impairment directly to DriveABLE for assessment. Physicians will no longer be required to refer their patients for a DriveABLE assessment.

Drivers will receive a letter from the OSMV together with an information fact-sheet describing the DriveABLE assessment process, and will be advised to contact DriveABLE directly to set up an appointment.

While physicians will no longer be part of the referral process, the OSMV will ensure that physicians continue to receive their patients' DriveABLE assessment results.

Special Feature – annual licence renewal begins January 1, 2011

Important dates to note

- **January 1, 2011** – online licence renewal and payment of fees begins
- **February 1, 2011** – deadline for online licence renewal and payment of fees
- **March 1, 2011** – penalties for late licence renewal and payment of fees
- **April 1, 2011** – suspension for non-renewal of licence or non-payment of fees

Professional Medical Corporations – new penalty for late payment

In 2010, the due date for the annual corporation permit fee was aligned with the annual licence renewal fee schedule. The 2011 annual corporation permit fee is due on February 1, 2011. Incorporated registrants can submit their payment electronically by logging in to the College website. Failure to pay the corporation permit fee before March 1, 2011 will now result in a \$100 penalty, which reflects the administrative costs associated with collecting late payments.

Changes in 2011

»Fee increase:

The College's Board has approved a licensing fee increase to \$1,300* (from \$1,200) to cover rising administrative costs associated with transitioning to new legislation, to adequately fund the development of existing and new quality assurance programs, and to pay for the launch of a significant initiative to shift to electronic document and records management. *The new amount will be reflected on the payment screen of the online form.*

*This College's licence renewal fees continue to be one of the lowest across the country.

Comparison of 2010 licensing fees across Canada

Alberta	\$1,600
Nova Scotia	\$1,555
Newfoundland	\$1,450
Prince Edward Island	\$1,415
Ontario	\$1,410
Saskatchewan	\$1,350
Manitoba	\$1,350
British Columbia	\$1,200
Quebec	\$1,183
Average	\$1,399
Median	\$1,410

»Discontinuation of pre-authorized payment:

The College has discontinued Pre-Authorized Payment (PAP) as a method of paying licence renewal fees. Payment options include credit card (VISA, MasterCard, and American Express), online banking, and the newly introduced Interac® Online (currently available to those with TD, BMO, RBC, or Scotiabank debit accounts).

Four steps to licence renewal

NOTE: all four steps must be completed in order to renew licensure

1

LOGIN to www.cpsbc.ca

For a smooth login:

- Ensure the College has an accurate and current email address on record
- Know your **CPSID** number
- Know your **web security code**
- Know your **password**

TIP: There are steps and PDF tutorials on the College website illustrating how to retrieve your web security code and to reset your password. Tutorials can be found at: www.cpsbc.ca/login-qa

2

Address update or confirmation

Registrants are required by statute to provide current contact information to the College, including a business address and telephone number. This information is made available to the public upon request. For completion of the annual licence renewal process, registrants must also provide an email address, which is confidential and used for College purposes only.

TIP: Go to www.cpsbc.ca to familiarize yourself with logging in to the site. Once logged in, click "Update your profile" from the right sidebar to make updates to your address and email if necessary. This will save you time come January 1, 2011.

3

Questions for renewal

- There are approximately 20 questions
- Last year, most registrants completed the questions in less than 15 minutes; it should take about 20 minutes
- After the questions have been answered, there is an opportunity to view the entire form and make changes prior to final submission

TIP: If you are in an office-based practice with other physicians, there is a question that asks you to list your associates. Know your colleagues' names (first and last) before you begin.

4

Payment

Once all of the questions are complete, the payment screen will appear. Payments can be made by:

- **Credit Card** (Visa, MasterCard, American Express)
- **Online Banking** (go to your online bank, add the College as a payee and pay your fees)
- **Interac® Online** (pay with your debit card directly; currently only available to those with RBC, BMO, TD and Scotiabank debit accounts)

TIP: Payments made through online banking can take three to five business days to process.

Technology

- The College website and the online renewal process is best experienced using Windows XP or better with Internet Explorer 6 or better. Lower versions, other operating systems and web browsers may cause some viewing problems. The site has been optimized for a screen resolution of 1024 x 768 or better.
- To view and print a copy of the online form, registrants will need Adobe Reader 6 or higher. (<http://get.adobe.reader>)

TIP: It is best practice to have the most recent version of a web browser installed on your computer.

Technical support

In 2010, the first year for mandatory online renewal, the College responded to approximately 2,000 emails and phone calls from registrants focused on technical support questions with the online form. Help desk hours were extended during this period. If needed this year, the College will extend its technical support hours to assist registrants with renewal of licensure.

Continuing professional development

Registrants are reminded of the mandatory requirement to enrol in a Continuing Professional Development (CPD) program with either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. The 2011 Annual Licence Renewal Form will confirm enrolment by way of a declaration.

Announcements and Events

2011 – notice of election for all board members

In accordance with the Bylaws made under the *Health Professions Act*, an election will be held in March 2011 for all 10 of the elected board member positions. The Board recently passed a resolution to conduct the upcoming election using an electronic process rather than a paper-based process, which will include emailed notifications, a dedicated area on the College website for information about nominated candidates, and online voting. More information about the election will be sent to registrants starting in early January.

2011 Award of Excellence – call for nominations

Nominations are being accepted for the 2011 Award of Excellence program, which recognizes registrants or former registrants who have made an exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy.

Eligibility

Candidates must be current or former registrants of the College in good standing, and with no history of disciplinary action.

Criteria

- Exceptional contribution to the practice of medicine whether in teaching, research, clinical practice, administration or health advocacy
- Contribution to the practice of medicine in her/his community
- Character, integrity and ethics beyond reproach
- Demonstrated leadership
- Collegiality and professionalism in all interactions within the profession and with patients

Written nominations of candidates, from a minimum of two current registrants, must include the name and biography of the nominee, and should describe in detail his/her fulfillment of the above criteria. A current curriculum vitae of the nominee, along with letters of support are also recommended. Nominations should be provided to the registrar no later than **March 4, 2011**.

Award Recipients

Selected award recipients will be recognized at the College's Annual Dinner in May 2011, and announced in the summer issue of the *College Quarterly*.

Please note that previous nominations are not carried over from year to year.

Courses and Workshops – mark your calendars

Medical record keeping workshop – Vancouver

This course is primarily directed at general/family practitioners and other physicians providing primary care. It is an interactive program using real case examples and simulated patient encounters to demonstrate the practice of effective clinical record keeping. Six to eight weeks after the course, attendees are asked to submit files to the instructor for review to ensure that the newly learned techniques are being incorporated into daily practice.

Date:	Wednesday, February 9, 2011
Location:	400-858 Beatty Street, Vancouver, BC
Time:	8:30 a.m. to 4:00 p.m.
Registration fees:	\$481.60 (\$430 + \$51.60 HST) for registrants \$593.60 (\$530 + \$63.60 HST) for non-registrants

A registration form is available on the College website. For more information, please call 604-733-7758 extension 2234.

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been awarded 6 Mainpro-M1 credits. Those completing the post-course feedback exercise qualify for 8 Mainpro-C credits.

Other Locations

Registrants should contact the College if they have a group interested in holding the course in their community (class size 8-12 participants).

Pain and suffering symposium: the assessment and management of the patient with complex chronic pain – Vancouver

This course is designed to assist clinicians in managing patients with complex chronic pain. Complex chronic pain infiltrates multiple dimensions of the patient's life. Because of this, opioids are less effective in treating them. The course focuses on defining the proper role of opiates in the management of complex chronic pain and describes other, more effective therapies. Participants will also acquire new techniques for recognizing and managing cognitive and behavioral factors in pain, and treating chronic pain syndromes including fibromyalgia.

Date:	Friday, March 11 and Saturday, March 12, 2011
Location:	Hyatt Regency Hotel, 655 Burrard Street, Vancouver, BC
Time:	7:30 a.m. to 4:30 p.m.
Registration fees:	\$425 CAD

A registration form is available on the College website. For more information, please contact the Foundation for Medical Excellence at www.tfme.org.

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been awarded up to 9.5 Mainpro-M1 credits.

Record attendance at 2010 education day

The College thanks all physicians who attended this year's Education Day and Annual General Meeting. The educational content was rated very positively. Next year's event will be held on Friday, September 16 at the Vancouver Convention Centre.

A Word from the College Library

The answer is out there, but where?

Scenario: the patient, a clean, well dressed elderly woman, presents with a wound on her arm which she declares is a spider bite. A careful assessment suggests that the lesion is probably not a spider bite, but an abscess due to methicillin-resistant *Staphylococcus aureus*. The existence of a recent guideline comes to mind, but memory does not extend to its actual location. It appears that an evidence-based update on the diagnosis and treatment of MRSA is in order. Where to start? The College library has a suite of resources designed to provide quick answers as well as to facilitate in-depth research. A search for evidence-based information on MRSA might involve the following steps:

1. Log in to the College website using your CPSID, web security code and password.
2. Click on the Library tab along the top menu bar.
3. Click on "Point of Care and Drug Tools."
4. Select "BMJ Point of Care with Epocrates."
5. Enter "MRSA" in the search box, and browse through the evidence-based information on diagnosis, treatment and prevention.

Need a fuller explanation of a particular treatment? Try another point of care tool, ACP PIER, from the American College of Physicians.

Interested in a Canadian perspective on drugs and treatment? Navigate down the page to "E-Therapeutics+," which includes e-CPS and Therapeutic Choices.

For an online systematic review, click on "Clinical Evidence" and browse through the key points, links to full text articles and guidelines.

Still determined to find that Canadian guideline? Navigate back to the left side of the library home page and click on "Guidelines." Links to national, provincial, and international guidelines are provided.

If patient resources on MRSA treatment and prevention would be useful, a number of authoritative, reliable websites are presented under "Patient Information." The patient may explore these sites herself, or handouts may be downloaded and printed for useful take-home information.

Links to Ovid Medline and Pubmed with full text access to thousands of journals are provided under "Search Medline, etc." If being a do-it-yourselfer does not suit, call or email the library and ask one of the reference librarians to provide a current bibliography.

And, if there is still some question in the patient's mind about the possibility of a spider bite, the library has an illustrated copy of *The Physician's Guide to Arthropods of Medical Importance* for loan.

Quality Assurance

New directions in revalidation

Revalidation: *The process by which physicians demonstrate to their peers and the public that they participate in life-long learning activities and are competent in their scope of practice.*

The Board recently approved a recommendation from the Quality Assurance Committee to enhance the College's successful medical peer practice review under the Medical Practice Assessment Committee (formerly known as COMPA). As a first step, recruitment and training of new physician assessors is underway with the goal of markedly increasing the number of practice assessments each year. Refinements are being made to the assessment process, including improved questionnaires, development of electronic/web-based data exchange, and removing redundant practice reviews by consolidating visits for multi-physician clinics. Further enhancements such as the use of patient surveys are also being considered.

Initially, practice peer reviews will be directed at family medicine practices. In the near future, peer reviews will include community-based specialty practices. Peer reviews are intended to aid registrants in maintaining and enhancing standards of care.

The information obtained by peer assessors is confidential, and is seen only by the committee. It is not used for disciplinary purposes. However, under the *Health Professions Act*, if an egregious concern is uncovered during the review, notification to the registrar is required.

Registrants are reminded that participation in practice reviews is an educational activity, eligible for CME credits.

Important reminder for methadone maintenance prescribers

The Methadone Maintenance Committee regularly reviews deaths of BC patients where methadone alone or in combination with other drugs or substances is implicated as an immediate cause of death. The committee is disturbed to note that often no communication occurs between the deceased patient's methadone prescriber and his/her primary physician. As detailed in the *Methadone Maintenance Handbook*, methadone maintenance prescribers should be collaborating with all the patient's prescribers in order to avoid dangerous cross prescribing.

The Methadone Maintenance Committee reminds registrants who are exempted to prescribe methadone for the treatment of opioid dependency that they must communicate regularly with their patients' regular attending family physicians. In addition, PharmaNet profiles should be regularly reviewed. These program requirements are designed to ensure patient safety and are in accordance with best practices.

The Prescription Review Program

The *Health Professions Act* affords privileged status to the correspondence and meetings that registrants have with both the College's quality assurance staff and committees. The current Prescription Review Program is an educational and remedial activity, supported by the Prescription Review Committee. Committee membership is drawn from the ranks of BC physicians who are active in relevant fields, including chronic pain consultation, addiction medicine, palliative care, and community family practice. Upcoming issues of the *College Quarterly* will include observations from the work of the committee that may be useful to practising physicians.

Committee Cases and Recommendations

Ethics

Policy and guidelines

Registrants are asked to familiarize themselves with the six new or amended documents, which have recently been published in the online Physician Resource Manual:

1. Advertising and Communication with the Public
2. Conflict of Interest
3. Ending the Patient-Physician Relationship
4. Sale of Products in the Office
5. Social Media and Online Networking Forums
6. Third Party Requests for Medical Reports

College guidelines and policies can be found on the College website under Publications and Resources>Resource Manual.

Physician Resource Manual

Policy

A policy reflects the position of the College on a topic or issue, which is considered a mandatory requirement due to its sufficient importance, or its basis being substantially defined by the Bylaws of the College pursuant to the *Health Professions Act*.

Guideline

A guideline contains a recommended course of action, which is endorsed by the College. Registrants should exercise reasonable discretion in their decision-making based on the guidance contained in the Resource Manual. Registrants are encouraged to become familiar with and follow the College's guidelines whenever possible.

Inquiries and Complaints

Appropriate conversations in the operating room

The College received a complaint from a patient who had undergone an elective ophthalmologic procedure in the local hospital's operating room. The patient had received the appropriate local anesthetic, and was still awake. He alleged that during the entire procedure the physicians and nursing staff discussed ice hockey, which made him very uncomfortable. He expressed his concern that this "idle chatter" could have disrupted his surgeon's concentration and resulted in an operative mistake. Fortunately, this was not the case; however, the situation serves as a useful reminder to all registrants to be discrete in the operating room or any open area when chatting with colleagues about non-medical subjects which are not relevant to the important task at hand.

Recommendations from a coroner's inquest

When a 22-year-old man was driven by paranoid delusions to slip away from the emergency department and take his own life in a hospital washroom, the grief his family suffered was compounded by frustration and regret. They had lived every parent's worst nightmare for several years. Their son, a gifted scholar, had been taken from them by severe mental illness. Along the way, a blend of intelligence and charm had enabled the patient to persuade some physicians that he wasn't that ill. Substance use and personality traits were too often seen as primary diagnoses. The young man suffered from paranoid schizophrenia. Some physicians were reluctant to commit him, when, in hindsight, he might have benefited from treatment for his psychotic disorder—treatment he would not accept voluntarily.

The young man's parents realized that many patients with severe mental illness fail to respond to drug therapy, especially those whose delusions drive them away from care and into substance use. Their contention at the eight day inquest was that their son was allowed to deteriorate and die without adequate trials of therapy. While acknowledging that personal and clinical factors conspired to make their son a diagnostic challenge, the parents believed that inadequate knowledge of current *Mental Health Act (MHA)* provisions for committal on the part of some of his physicians also played a role. (To be clear, the young man was committed when he died. These concerns relate mostly to events in the weeks, months and years prior to his final admission.)

Continued on next page

Committee Cases

and Recommendations *continued*

A Coroner's jury agreed. The first two of 43 recommendations were directed to the College of Physicians and Surgeons of BC:

1. That physicians be provided with refresher courses... with respect to the legal test for committal under section 22 of the *MHA*.
2. That registrants be reminded of the importance of obtaining collateral information from family and other caregivers when assessing such patients.

The inquest determined that, while most physicians are familiar with *MHA* provisions for committal of patients in circumstances that call for protection of themselves and others, many seem unaware of the alternative criterion: the prevention of "...substantial mental or physical deterioration." (See sidebar on right.)

Striking a balance between competing obligations to prevent harm and respect patient autonomy in the challenging environment of a crowded acute care setting is invariably difficult. These situations are often infused with shades of grey.

In response to these events, the College is asking registrants involved in the assessment of patients for involuntary admission to review sections 16 and 22 of the *Mental Health Act* as a CME activity, and to revisit relevant portions (particularly page 9 and Appendix 2) of the Guide to the *Mental Health Act*, posted online at: [www.health.gov.bc.ca/library/publications/Mental Health Guide](http://www.health.gov.bc.ca/library/publications/Mental_Health_Guide).

The criteria for the prevention of substantial mental or physical deterioration are clearly noted in the margin of Form 4 (Medical Certificate: Involuntary Admission):

1. In my opinion, this person:
Has a disorder of the mind that requires treatment and which seriously impairs the person's ability to react appropriately to his/her environment or to associate with others (section 1 of the *Mental Health Act*);
2. In my opinion, this person:
 - a. Requires treatment in or through a designated facility; and
 - b. Requires care, supervision and control in or through a designated facility to prevent his/her substantial mental or physical deterioration or for the protection of the person or for the protection of others; and
 - c. Cannot suitably be admitted as a voluntary patient.

The schedule of Coroners inquests and jury findings are available for public viewing at the Ministry of Public Safety and Solicitor General's website at www.pssg.gov.

Disciplinary Actions

Dr. Pankaj DHAWAN, Vancouver, BC

Dr. Dhawan, a specialist in physical medicine and rehabilitation, admitted unprofessional conduct with a medical student whom he was teaching in 2008. There were inappropriate discussions on two occasions and physical contact, namely hugging and kissing the student, on one occasion.

The College imposed the following penalty:

The name of Dr. Pankaj Dhawan will remain registered in the Conditional – Disciplined; Specialty Practice class, effective 2400 hours, July 30, 2010, subject to additional limits and conditions, including:

- (a) a formal reprimand pursuant to section 39(2)(a) of the *HPA*;
- (b) restricting his clinical practice to a private office setting;
- (c) not seeking renewal of a university appointment or hospital privileges without first disclosing this disciplinary action and notifying the College;
- (d) attending for assessment and counselling acceptable to the College;
- (e) establishing a mentorship;
- (f) providing a written apology to the medical student in a form acceptable to the College;
- (g) complying with monitoring of his practice;
- (h) paying costs to the College in the amount of \$4,000.00.



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