Board Meeting

College of Physicians and Surgeons of British Columbia

MINUTES

REGULAR

OPEN

Minutes of the Board of the College of Physicians and Surgeons of British Columbia scheduled November 29, 2013 in the 8th floor Board Room, 669 Howe Street, Vancouver, BC

Members Present:

• Dr. L.C. Jewett (President)
• Dr. J.R. Stogryn (Vice-President)
• Dr. G.A. Vaughan (Treasurer)
• Mr. W.M. Creed
• Ms. L. Charvat
• Dr. A.I. Clarke
• Dr. M. Corfield (DM)
• Dr. M.A. Docherty
• Dr. D.J. Etches
• Mr. S.S. Gill
• Dr. D.M.S. Hammell
• Ms. V. Jenkinson
• Dr. P.D. Rowe

Regrets:

• Dr. N.D. James
• Dr. G. Parhar

Staff Present:

• Dr. H.M. Oetter (Registrar)
• Dr. W.R. Vroom (Senior Deputy Registrar)
• Dr. A.J. Burak (Deputy Registrar)
• Mr. G. Keirstead (Chief Legal Counsel)
• Ms. S. Prins (Director of Communications)

Regrets:

• Dr. A.M. McNestry (Deputy Registrar)
• Dr. J.G. Wilson (Deputy Registrar)
• Mr. M. Epp (Chief Operating Officer)

Recorder of Minutes:

Ms. J. Bergen, Executive Assistant to the Registrar

Summary of Resolutions and Actions discussed at meeting of November 29, 2013

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item</th>
<th>November 29, 2013 Resolutions</th>
<th>Resolution No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Adoption of the Agenda</td>
<td>RESOLVED that the agenda for the Board open regular meeting scheduled November 29, 2013, be adopted as circulated.</td>
<td>13-860</td>
</tr>
<tr>
<td>2.</td>
<td>Adoption of the Minutes: September 19, 2013</td>
<td>RESOLVED that the minutes of the Board open regular meeting held September 19, 2013 be adopted as amended.</td>
<td>13-861</td>
</tr>
</tbody>
</table>
**Item #** | **Item** | **November 29, 2013 Resolutions** | **Resolution No.**
---|---|---|---
7.1.1 | Ethics Committee – appointment of Dr. Michael W.H. Suen, PAR-BC representative | RESOLVED that Dr. Michael W.H. Suen be appointed as a member of the Ethics Committee. | 13-862
7.1.2 | Methadone Maintenance Committee | RESOLVED that Dr. Anne I. Clarke be appointed as Chair of the Methadone Maintenance Committee. | 13-863
7.1.2 | Methadone Maintenance Committee | RESOLVED that Kenneth Tupper, PhD., be appointed as a member of the Methadone Maintenance Committee. | 13-864

**ACTION ITEMS**

<table>
<thead>
<tr>
<th>RFA #</th>
<th>Item #</th>
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<th>Responsible</th>
<th>Action / Comments</th>
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<tr>
<td>Board O-13-11-29-001</td>
<td>7.1.1</td>
<td>Ethics Committee – appointment of Dr. Michael W.H. Suen, PAR-BC representative</td>
<td>HMO</td>
<td>Letter to be sent to Dr. Michael W.H. Suen</td>
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<td>Board O-13-11-29-002</td>
<td>7.1.2</td>
<td>Methadone Maintenance Committee</td>
<td>HMO</td>
<td>Letter to be sent to Dr. Paul Sobey</td>
</tr>
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<td>Board O-13-11-29-003</td>
<td>7.1.2</td>
<td>Methadone Maintenance Committee</td>
<td>HMO</td>
<td>Letter to be sent to Dr. Kenneth Tupper</td>
</tr>
</tbody>
</table>

**Meeting Convened**

A quorum being present, Dr. L.C. Jewett, President, called the meeting to order at 9:08 a.m. Friday, November 29, 2013.

1. **Adoption of the Agenda**

The following resolutions were MOVED, SECONDED and CARRIED:

**RESOLUTION 13-860**

RESOLVED that the agenda for the Board open regular meeting scheduled November 29, 2013, be adopted as circulated.
2. **Adoption of the Minutes: September 19, 2013**

The following resolutions were MOVED, SECONDED and CARRIED:

**RESOLUTION 13-861**
RESOLVED that the minutes of the Board open regular meeting held September 19, 2013 be adopted as amended.

3. **Report of the Registrar**

The registrar read the following resolutions passed at the closed session of the Board meeting held on November 28 and 29, 2013.

**RESOLVED** that the annual license renewal fee be increased from $1500 to $1542 for 2014/2015.

**RESOLVED** that the monthly licensure fee be increased from $125 to $130 for 2014/2015.

**RESOLVED** that all registration fees be increased by $15 for 2014/2015.

**RESOLVED** that the Non-Hospital Medical and Surgical Facilities Program 2014/2015 annual fees be increased by 7% for all facilities, except “Class 4 IV Sedation TA” which will be subject to the same funding formula consistent with all other facilities.

**RESOLVED** that there be no increase in Diagnostic Accreditation Program (DAP) annual fees for 2014/2015.

**RESOLVED** that After-Hours Coverage Standard be approved, as attached.

**RESOLVED** that the Medical Certificates and Other Third Party Reports Standard be approved, as attached.

**RESOLVED** that the Telemedicine Standard be approved, as attached with the addition of the development of Frequently Asked Questions (FAQs).

4. **Report of the President**

The president reported on the following:

- On October 31, 2013, the registrar and president met with the Minister of Health, Honourable Terry Lake. For future meetings with the Minister, the president recommended that a public member of the Board attend these meetings as many of
the questions pertained to protecting the public. Other items discussed included telemedicine and the Diagnostic Accreditation Program.

- On November 7, 2013, the president attended a meeting of the Non-Hospital Medical and Surgical Facilities Committee.

5. **Unfinished Business**

5.1 **Family Medicine Practice Ready Assessments (PRA)**

- **IMG pre-screening and registration**

  *Excerpt from Board Regular Open Minutes re Family Medicine Practice Ready Assessment Standards document and Resolution # 13-416, May 31, 2013*

The National Assessment Collaboration (NAC) Practice Ready Assessment (PRA) project for family physicians is scheduled to “roll-out” in April 2014. The main objective of the NAC-PRA program is to design and propose a pan-Canadian assessment process to determine whether an international medical graduate (IMG) physician has the required medical knowledge, technical skills and clinical competencies necessary to enter practice in the capacity of a most responsible physician under a provisional license. The pan-Canadian NAC-PRA process consists of two key steps: the screening and selection of candidates to enter a PRA route and the assessment process to ensure the IMG candidate is ready for practice in a Canadian context prior to provisional licensure.

The Board was advised that Dr. Oetter is a member of the NAC PRA Steering Committee and Dr. Burak is a member of the BC IMG PRA Steering Committee. On December 2-4, 2013, Dr. Burak will be attending a NAC-PRA workshop in Victoria. The College is drafting proposed bylaw amendments to section 2-15 (Provisional-general/family class) and section 2-16 (provisional-specialty) to address the need for a new class of registration for assessment for IMG PRA candidates. The method for selecting qualified applicants to enter the BC IMG PRA program has not yet been decided. Ms. Barb Porter from the College of Physicians and Surgeons of Saskatchewan will be attending the workshop to provide information concerning the Saskatchewan International Physician Practice Assessment (SIPPA) and how that program selects their candidates for assessment.

Dr. Burak responded to questions from various members of the Board.

5.2 **Education Day 2013**

- **Summary report to the Board “2013 Education Day and Annual General Meeting – The Complete Physician: Anachronism or Imperative”**

Ms. Prins provided an overview of the recent Education Day and Annual General Meeting of September 20, 2013. The following were included in the summary:
288 people attended the day, of which 92% were full registrants and 3% were conditional registrants and 2% provisional registrants. The registration fee was $75 which covered catering costs. The College’s subsidy for the day was $18,801. Only 27 of the 288 people who registered in advance did not attend. Ms. Prins provided a breakdown of statistics by specialty, regions represented, cost analysis and recovery, age group and gender.

Following the Education Day, attendees were sent an online survey to complete. The results were very favorable and thoughtful comments with good feedback were provided.

The Annual Education Day and Annual General Meeting is booked for September 26, 2014 at the Vancouver Trade and Convention Centre.

Ms. Prins responded to questions from the Board.

5.3 Education Day 2014 – appointment of program planning committee

Drs. Rowe, Parhar, Docherty and Ms. Jenkinson volunteered to be members of the planning committee.

Given that the topic for the Education Day in 2014 is quality assurance, the Board recommended that Dr. Doug Cochrane in his role as Chair and Provincial Patient Safety and Quality Officer of the BC Patient Safety and Quality Council, be asked to be a member of the program planning committee.

6. Committee Reports

6.1 Executive Committee: October 25, 2013 meeting minutes

- Executive Committee Open Meeting minutes October 25, 2013

Board members were provided with the October 25, 2013 open Executive Committee minutes for information.

6.2 Diagnostic Accreditation Program – report of Dr. Vroom

Dr. Vroom reported that the Diagnostic Accreditation Program (DAP) conducted the following on-site accreditation surveys from September 9 to November 29, 2013.
Diagnostic imaging
- 19 on site accreditation surveys
- 112 distance medical assessments

Laboratory medicine
- 12 onsite accreditation surveys

Pulmonary function
- Five on site accreditation surveys

6.3 Non-Hospital Medical and Surgical Facilities Program – report of Dr. Vroom

Dr. Vroom reported that the Non-Hospital Medical and Surgical Facilities Program conducted the following accreditations:

- 35 accreditation visits were planned for 2013 and the program is on target to complete all by December 31, 2013.
- Four facilities have been awarded four year accreditation terms since September 2013.
- Six new facility accreditations are in program and will likely open before December 31, 2013.

6.4 Registration Committee – report of Dr. Corfield, Chair

- *Registration Committee Information Update Report, dated November 2013*

Dr. Corfield, Chair of the Registration Committee, provided the Board with a report of the committee’s meetings of October 10, 2013 and November 25, 2013.

October 10, 2013
- 34 applicants were granted registration in full general/family practice class and 27 were granted registration in full specialist class.
- Six applicants were granted registration in provisional general/family practice class and nine applicants were granted registration in the provisional specialist class.
- One applicant was granted registration in conditional practice class.

November 25, 2013
- 23 applicants were granted registration in full general/family practice class and 17 were granted registration in full specialist class.
• 12 applicants were granted registration in provisional general/family practice class and eight applicants were granted registration in the provisional specialist class.
• Four applicants were granted registration in conditional practice class.

Legislative Authority for section 25.3 waivers
Under section 25.3(1) of the Health Professions Act, a registrant who leaves British Columbia and practices medicine or surgery, must provide the College of Physicians and Surgeons of British Columbia with a certificate of professional conduct or equivalent document from each and every jurisdiction in which they have trained or practised prior to resuming the practice of medicine or surgery in British Columbia.

Under section 25.3(2) of the Health Professions Act, the Board may waive the requirement for a certificate of professional conduct or equivalent to be provided.

Under section 1-15 of the bylaws made pursuant to the Health Professions Act, the duties and powers of the Board to waive the requirement for a certificate of professional conduct or equivalent are delegated to the Registration Committee.

Process prior to October 2013
When a registrant is practicing in more than one jurisdiction regularly, the registrant can fill out a section 25.3 waiver form which, once approved, allows the registrant to provide a certificate of professional conduct once every six months instead of every time the registrant returns to British Columbia from practicing medicine or surgery out of the province.

Once the waiver is completed, this form is provided to the Registration Committee for approval. The approval from the Registration Committee enables the registrant to provide the certificate of professional conduct every six months. Once approved, the registrant signs undertakings that indicate their responsibilities regarding the provision of certificates of professional conduct.

Issues with current Section 25.3 Process
As a result of a meeting that the registrar and deputy registrar attended with the Canadian Medical Protective Association (CMPA), questions were raised as to whether the current process for ensuring that a physician practising out of the province is in good standing is the most effective way to determine if there are any issues regarding a registrant that the College of Physicians and Surgeons of BC (the College) should be aware of from a public safety perspective.

The current process is onerous on registrants and staff in terms of follow-up and the compliance level is low (there is a lot of follow-up required to ensure that the certificates of professional conduct are provided as required every six months or upon return to the province of British Columbia).
Additionally, the College can achieve the same goal of being advised of any issues that may be of concern regarding public safety by streamlining and changing the process for registrants and College staff.

New Section 25.3 Process
After review by College staff and legal counsel, the Registration Committee, at its October meeting, approved the following policy.

Any registrant practising medicine or surgery regularly outside of the British Columbia who applies for an exemption under section 25.3 of the *Health Professions Act* must:

1. provide a certificate of professional conduct as part of the annual licensure renewal process,

2. sign undertakings that would include the following professional and ethical requirements:
   - advise the College of Physicians of Surgeons of British Columbia immediately if the registrant has:
     - had their license to practice medicine revoked, suspended, or restricted in any way,
     - become the subject of a complaint which remains open (i.e. under investigation) or complaint which has resulted in a formal investigation or a disciplinary action by a medical regulatory authority,
     - voluntarily surrendered their license for any reason,
     - been subject to a coroner’s inquest or similar inquiry with respect to their conduct, personal behavior or competence,
     - had hospital privileges revoked, suspended, or restricted in any way other that for non-completion of hospital charts,
     - been charged with or convicted of a criminal or similar offence,
     - had a civil court make a finding against them arising out of medical practice, or
     - agreed to a settlement to avoid proceedings or disciplinary action arising out of their medical practice.

1. Health Professions Review Board – registration decision
   - *Health Professions Review Board Matters – Report to Board, October 31, 2013*

The Board was provided with a report from Ms. S. Hellman, staff lawyer, of appeals to the Health Professions Review Board (HPRB) regarding registration from 2009 to 2013. This was received for information and is appended to the minutes.
6.5 Inquiry Committee – Panels A, B, C, D & E

- On-table Report to the Board regarding Panel E, dated November 26, 2013

Mr. B. Fishbook, director of complaints, submitted an aggregate report of complaints concluded by Inquiry Committee panels since the September 2013 Board meeting. This was received for information and is appended to the minutes.

Inquiry Committee Panel A
Dr. L.C. Jewett, Chair of the Inquiry Committee Panel A, advised the Board that the committee met on October 24, 2013.

Dr. Jewett highlighted the following:

- 13 new complaints were reviewed of which ten were concluded and three are ongoing.
- The committee accepted three consent agreements.
- One theme that emerged was two complaints that involved poor examination techniques by older physicians.

Inquiry Committee Panel B
Dr. P.D. Rowe, Chair of the Inquiry Committee Panel B, provided the Board with a verbal report of the committee’s meeting on November 26, 2013. The committee reviewed 15 ongoing complaints and 25 new complaints. Six were not critical of the physician and the remaining complaints were critical to some degree. Out of the critical complaints, one file was referred for a reprimand. The other critical complaints were concluded by correspondence, various remediation and registrar staff interviews.

The committee reviewed complaints with the following themes:

- Prescribing of narcotics which led to adverse outcomes and patient complaints.
- Concerns regarding prescribing of medical marijuana.
- Consent issues before proceeding to surgery.

Dr. Rowe acknowledged and thanked the senior management team and staff of the College for their support in collating, collecting and delivering to the committee the material required for the Inquiry Committee Panel B agenda.

Inquiry Committee Panel C
In Dr. N.D. James’ absence, Dr. Etches Vice-Chair of the Inquiry Committee Panel C, advised the Board that the committee met on November 25, 2013. The committee reviewed 11 new complaints of which nine were critical of the physician and two were not critical.
The committee reviewed complaints with the following themes:

- One physician had five complaints from lawyers and ICBC for not completing forms and/or reports over a two year period.
- A physician who wrote a note for a patient to be off work based on the patient’s comments only and then proceeding to bill the employer for the letter.

**Inquiry Committee Panel D**

Dr. Etches, Chair of Inquiry Committee Panel D, provided the Board with a verbal report on the committee’s recent activities. The committee reviews complaints on a monthly basis.

**Inquiry Committee Panel E**

Dr. Vaughan, Chair of Inquiry Committee Panel E, provided the Board with a written report on the committee’s first meeting held on November 26, 2013. Inquiry Committee Panel E was conceived earlier in 2013 and approved by the Board in March 2013, following a presentation describing the need to centralize the management and adjudication of practice investigations that address the “higher stakes” issues i.e. those with the potential of significant sanctions, including license suspension. A need for consistency was identified, as was a need to train a cadre of investigators who would use consistent tools, aided by portable IT solutions.

On November 26, 2013, the committee considered seven files, six practice investigation reports referred from Panels B and C and one regarding an aged physician slated for a practice investigation in January 2014.

Minor issues were found in two of these were to be concluded by correspondence. An aging surgeon was asked to enroll in the medical record keeping course and to seek mentorship from a respected surgical colleague, as well as to avoid prescribing to family members. Two physicians will be interviewed by registrar staff, one to discuss a high patient volume distractor and the other to discuss the grave concern the committee had regarding practice quality and the requirement that the physician would attend the Clinical Competence Program, the prescribing course and the chronic pain symposium.

Two of the seven files were closed. Five remain open pending the results of interviews as well as remediation and further assessment.

Two cases demonstrated the ongoing need for a formal competency assessment tool, to replace the Clinical Competence Program when it expires in 2014.
1. Health Professions Review Board – complaints dispositions

- *Health Professions Review Board Matters – Report to Board, October 31, 2013*
- *Briefing Note from Ms. Hellmann re B.C. Supreme Court sets aside HPRB Decision, dated November 2013*

The Board was provided with a report from Ms. S. Hellman, staff lawyer, on the status of appeals to the Health Professions Review Board (HPRB) regarding complaint dispositions from 2009 to 2013. This was received for information and is appended to the minutes.

On November 18, 2013, the B.C. Supreme Court released its decision on a judicial review of a decision of the HPRB initiated by the registrant. The Court held that the HPRB failed to show deference to the Registrar and the Inquiry Committee of the College. The decision of the Review Board was set aside and the decision of the Registrar restored.

The underlying complaint related to a prescription decision made by the registrant working in a correctional facility. The complainant, an inmate at the time, alleged that the registrant had discontinued his prescription based on a Correctional Service Canada guideline and not his medical needs. The College reviewed the records and response of the registrant and had no criticism. He denied the allegation, noted that the prescription was not helpful to the complainant’s back pain, and subsequently tried a series of alternative medications. The Review Board found that the College had not adequately addressed inconsistencies in the evidence and directed the College to make specific further inquiries of the registrant.

The decision of the B.C. Supreme Court is a clear expression of support for the College’s expertise and complaint process. It recognizes the need for the College to manage its resources responsibly and affirms the authority of the Registrar and Inquiry Committee to evaluate the nature of a complaint and determine the depth of inquiry needed in the circumstances. The Review Board must intervene only where there is either no investigation or only a cursory investigation that is inconsistent with the nature of the complaint, or where even though there has been a proper, full investigation the disposition of the College is unreasonable.

6.6 Quality Assurance Committee – report of Dr. Docherty, Chair

Dr. Docherty, Chair of the Quality Assurance Committee, reported that the committee met on November 26, 2013.

Dr. Vroom provided the Board with a powerpoint presentation on the Quality Assurance Program in the closed session of the meeting. A copy of his presentation is attached to the minutes.
6.7 Library Committee – report of Dr. Rowe, Chair

Dr. P.D. Rowe, Chair of the Library Committee, provided the Board with a written report of the committee’s meeting on November 27, 2013.

Dr. Rowe highlighted the following:

**Key Performance Indicators (KPI)**
The committee reviewed the Library’s 2013 KPI initiative, which intends to generate performance-oriented data to determine if the Library is positively affecting clinical practice. A survey of College registrants was conducted in October to solicit names of influential physicians in terms of knowledge, caring attitude, and educator’s role. Past use of the library by those identified is currently being assessed. A follow-up survey of the influential physicians will be conducted in early 2014 to gather feedback on library services.

**Library Committee Terms of Reference**
The Library Committee’s Terms of Reference have been reviewed and a new draft was presented and revised. The final draft will be presented to the Board for review.

**Canada QBank / Outreach to UBC medical students and new College registrants**
Canada QBank is an exam-preparation tool. As a low-cost promotional tool to introduce medical students to the College Library, and build a user base as they become registrants, access to this resource will be extended to medical students.

**Continuing professional development - CPD Hub and support for College Quality Assurance & Practice Assessments department**
A group hosted by UBC Division of CPD is planning a new CPD initiative: a hub for orienting physicians to CPD opportunities. The Library has been involved in these discussions, and opportunities have been identified. The Library’s role will not be to identify gaps in knowledge but to find existing directories for consideration and to support “mentors” within the hub.

**College Library Circulation and Collection Use Policy**
The committee reviewed an updated draft of the Library’s Circulation and Collection Use Policy, incorporating the criteria for extension of services to the “Former, resigned” category of College registrants. The proposed changes were accepted and will be posted on the Library website.

**Ejournal subscriptions**
The Library reviewed its electronic resources and identified 46 e-journals previously only available in-house that could be extended to all registrants, and 19 new e-journals that fill gaps in the collection. These adjustments were implemented within the Library’s budget.
7. New Business

7.1 Appointment of members to committees:

1. Ethics Committee – appointment of Dr. Michael W.H. Suen, PAR-BC representative
   - Briefing note from Ms. Charvat re Professional Association of Residents of BC representative on the Ethics Committee, dated November 2013
   - Email from Jason Wong, President, Professional Association of Residents of BC, dated August 28, 2013
   - Curriculum Vitae - Dr. Michael W.H. Suen

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 13-862
RESOLVED that Dr. Michael W.H. Suen be appointed as a member of the Ethics Committee.

Request for Action: RFA # Board O-13-11-29-001
Letter to be sent to Dr. Michael W.H. Suen

2. Methadone Maintenance Committee
   - Appointment of Dr. A. Clarke as Chair
   - Briefing note from Dr. McNestry, re Methadone Maintenance Committee – committee appointments, dated November 2013
   - Letter to Dr. McNestry from Dr. Paul W. Sobey, dated October 23, 2013

The current Chair of the Methadone Maintenance Committee (MMC), Dr. Paul Sobey, has resigned.

The following resolution was MOVED, SECONDED and CARRIED:

RESOLUTION 13-863
RESOLVED that Dr. Anne I. Clarke be appointed as Chair of the Methadone Maintenance Committee.

Request for Action: RFA # Board O-13-11-29-002
Letter to be sent to Dr. Paul Sobey

   - Appointment of new member – Kenneth Tupper, Ph.D.

The following resolution was MOVED, SECONDED and CARRIED:
RESOLUTION 13-864
RESOLVED that Kenneth Tupper, PhD., be appointed as a member of the Methadone Maintenance Committee.

Request for Action: RFA # Board O-13-11-29-003
Letter to be sent to Dr. Kenneth Tupper

8. Information Items

8.1 Ministerial Order No. M226 re public members to the Board
   • Ministerial Order No. M 226, dated September 14, 2013

The Board was provided with the Ministerial Order of the Minister of Health reappointing Michelle Corfield and Valerie Jenkinson as public members of the Board of the College for a term ending September 30, 2015.

This was provided to the Board for their information.

8.2 Journal of American Medical Association article “The evolving role and value of librarian and librarians in health care”
   • Article “The evolving role and value of librarian and librarians in health care” from the Journal of American Medical Association, dated September 25, 2013

This was received for information.

8.3 College of Physicians and Surgeons of BC Medical Entrance Bursary
   • Letter to Dr. Oetter, from Dr. Gavin C.E. Stuart, Dean, Faculty of Medicine, dated October 10, 2013

On October 10, 2013, Dr. Gavin Stuart, Dean, Faculty of Medicine, University of BC, wrote a letter of thank you to the College for its recent donation of $20,000 to the College of Physicians and Surgeons Medical Entrance Bursary.

This was provided to the Board for their information.
8.4 The Globe and Mail article “Health care’s fix for a generation is a disappointment, report says”
   • Article “Health care’s fix for a generation is a disappointment, report says” from The Globe and Mail, dated September 19, 2013

This was received for information.

8.5 The New England Journal of Medicine article “Surgical Skill and Complication Rates after Bariatric Surgery”
   • Article “Surgical Skill and Complication Rates after Bariatric Surgery” from The New England Journal of Medicine, dated October 10, 2013

This was received for information.

8.6 Grey Areas newsletter article “A Futurist Looks at Professional Regulation”
   • Article “A Futurist Looks at Professional Regulation” from Grey Areas newsletter, dated October 2013

This was received for information.

8.7 New Gender Policy
   • New Gender Policy from the BC Services Card Program

The multi-partner BC Services Card program (i.e. Ministry of Health, Insurance Corporation of BC, Ministry of Technology, Innovation and Citizens’ Services) now have a unified New Gender Policy that recognizes that transition is varied and an individual is not limited to sex reassignment surgery/gender confirming surgery.

This was provided to the Board for their information.

8.8 National Post article “Ontario loosens ban on health professionals treating their spouses”
   • Article “Ontario loosens ban on health professionals treating their spouses” from the National Post, dated November 3, 2013

This was received for information.
8.9  **The Future of Medical Education in Canada Postgraduate Project**
- *The Future of Medical Education in Canada Postgraduate Project Implementation Progress updated, dated November 2013*

An update on the activities of the Future of Medical Education in Canada Postgraduate (FMEC PG) Implementation Project dated November 2013 was provided to the Board for their information.

8.10 **Canadian Medical Protective Association: Good Practices to advance patient safety**

The Canadian Medical Protective Association has adopted the Canadian Patient Safety Institute Safety Competencies framework and mapped it to the Royal College’s CanMEDS Physician Competencies framework in creating the CMPA Good Practices Guide. The CMPA Good Practices Guide is available online as a self-study tool to assist medical trainees in preparing for their medical exams, while helping them understand the medico-legal implications of medical practice.

This was provided to the Board for information.

9.  **Next Meeting**
The next open regular meeting of the Board of the College of Physicians and Surgeons of British Columbia is scheduled for January 24, 2014.

**Conclusion**
The open regular meeting of the Board of the College of Physicians and Surgeons of British Columbia held November 29, 2013 concluded at 9:57 a.m. on Friday, November 29, 2013.

H.M. Oetter, MD
Registrar

HMO/jb
Legal Department – Report on Health Professions Review Board Matters
(November 27, 28 and 29, 2013)
Health Professions Review Board (HPRB) Matters - Report to the Board
October 31, 2013

Inquiry Committee (IC) Matters

Complainants have the right to request: 1) a review of a final disposition of the IC; or, 2) a review of a delay in the completion of the investigation. Since January 1, 2013 to the date of this report, we have received 87 applications for a review, 5 of which relate to delayed investigations.

<table>
<thead>
<tr>
<th>January 1, 2013 – October 31, 2013</th>
<th>HPRB Applications re: IC Disposition</th>
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</thead>
<tbody>
<tr>
<td>Panel A</td>
<td>3</td>
</tr>
<tr>
<td>Panel B (Clinical)</td>
<td>8</td>
</tr>
<tr>
<td>Panel C (Conduct)</td>
<td>10</td>
</tr>
<tr>
<td>Panel D (Clinical)</td>
<td>43</td>
</tr>
<tr>
<td>Panel D (Conduct)</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>87</td>
</tr>
</tbody>
</table>

The number of applications received in the year to date is consistent with statistical information from previous years at 10% of the total decisions issued by the College that may be the subject of a review (8% in 2012, 10% in 2011, and 8% in 2010). See table for further details:

**IC Statistical Information by Year**

<table>
<thead>
<tr>
<th></th>
<th>01/01/2013 to 10/31/2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
<th>06/01/2009 to 12/31/2009</th>
<th>Combined Totals</th>
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<tbody>
<tr>
<td>Number of appealable IC decisions CPSBC issued</td>
<td>903</td>
<td>1045</td>
<td>788</td>
<td>941</td>
<td>248</td>
<td>3925</td>
</tr>
<tr>
<td>Number of applications filed with HPRB</td>
<td>87</td>
<td>83</td>
<td>78</td>
<td>79</td>
<td>30</td>
<td>357</td>
</tr>
<tr>
<td>Review rate</td>
<td>10%</td>
<td>8%</td>
<td>10%</td>
<td>8%</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Number of reviews returned (for further investigation or new decision)</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Rate of return for new decision</td>
<td>7%</td>
<td>6%</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Department and Program Report to the Board
College of Physicians and Surgeons of British Columbia

Registration Committee (RC) Decisions
We have not received any applications for review of a decision of the RC since the date of the last report to the Board. To recap, we have received 3 applications in 2013 for review of a decision of the RC. One of the three applications was voluntarily withdrawn by the applicant, one was filed outside the time period permitted and the HPRB denied the applicant an extension, and one is tentatively scheduled for mediation. As illustrated in the Table the number of applications for review of a RC decision is slightly higher than in previous years, but it is still relatively low.

<table>
<thead>
<tr>
<th>RC Statistical Information by Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Number of appealable RC decisions</td>
</tr>
<tr>
<td>CPSBC issued</td>
</tr>
<tr>
<td>Number of applications filed with HPRB</td>
</tr>
<tr>
<td>Review rate</td>
</tr>
<tr>
<td>Number of reviews returned</td>
</tr>
<tr>
<td>Rate of return for new decision</td>
</tr>
</tbody>
</table>

HPRB Decisions Issued in 2013
From January 1, 2013 to the date of this report, the HPRB has issued 59 decisions in respect of the College:

- 10 = Extension to file application denied
- 1 = Extension to file application granted (decision summarized below)
- 42 = Confirmation of College’s disposition
- 6 = Matters remitted back to the College with direction for further investigation or reconsideration of disposition, 4 of which have been summarized (Board Report dated August 28, 2013) and 2 of which are summarized below

1) 2013-HPA-109(a) – Panel D
The Review Board allowed the complainant to submit an application for review after the stipulated deadline. In making the decision the Review Board considers whether or not there is merit in the application, based on a preliminary assessment of the information available. The decision is made prior to the production of the College’s record and the Review Board found that it was not clear that the application was bound to fail based solely on the application and disposition letter.
2) 2010-HPA-170(a) – Panel D

The initial complaint to the College involved an allegation that the subject of the complaint, a radiologist, had misread a CT scan and failed to identify a brain tumor. The College obtained an expert report which described the finding as not obvious, but visible. The College concluded that the error was isolated and not indicative of incompetence. In her application, the complainant raised a new allegation: she stated that she called the registrant to discuss the CT scan, shortly after it was conducted and after reviewing it again, he still reported it as normal.

At this point, the College advised the parties that this new information was worth pursuing and sought a further response from the registrant. Following receipt of an explanation from the registrant in which he stated he had no specific recollection of the call and provided an account of his usual practice, the College advised the Board that there was no substantive new information that would impact the original decision.

The Review Board considered this brief letter to be the final disposition of the Registrar. While the Review Board viewed the re-opening of the complaint and further investigation as appropriate, practical and cost-effective; it did not find it to be adequate, and suggested that this new allegation made this a serious matter that warranted referral to the inquiry committee. The Review Board therefore directed the matter back to the College for additional investigation and consideration by the inquiry committee.

Steps to implement the direction of the Review Board are in progress.

3) 2011-HPA-120(c) – Panel C

The complainant, a physician, requested a review of the College’s disposition regarding his complaint of unprofessional conduct by another physician. The complainant alleged that the other physician had made false statements and insinuations concerning him to other colleagues and hospital administrators. The Review Board found that the College had failed to recognize its jurisdiction in matters of alleged unprofessional conduct, and professional ethics amongst registrants. The Review Board further directed the College to investigate the allegations more diligently, including interviews to determine the accuracies of the conflicting evidence.

Steps to implement the direction of the Review Board are in progress.

In addition to the above noted decisions, three applications were withdrawn since the last report to the Board:

- 1 = the complainant learned of new information and decided to withdraw.
- 1 = following a mediation.
- 1 = subsequent to receipt of apology from registrant.

Sarah Hellmann
Staff Lawyer
1. General Update

Since the report provided to the Board at its last meeting, the Complaints and Practice Investigations Department has opened 139 new complaint files, concluded 161 complaint files, and currently has 195 complaints being investigated beyond the 255 day benchmark defined by the Health Professions Act.

![Complaints Received, Concluded, & Delayed](image.png)
Files concluded since the last meeting of the Board were concluded in the following manner:

### November 2013 - January 2014

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No (or minor) Criticism</td>
<td>89</td>
</tr>
<tr>
<td>Dismissed by Registrar</td>
<td>39</td>
</tr>
<tr>
<td>Correspondence/Interview</td>
<td>19</td>
</tr>
<tr>
<td>Reprimand/Undertakings</td>
<td>2</td>
</tr>
<tr>
<td>Citation</td>
<td>2</td>
</tr>
<tr>
<td>Abandoned / Withdrawn</td>
<td>10</td>
</tr>
</tbody>
</table>

**2. Practice Investigations**

Since the last report to the Board, the Inquiry Committee has passed 7 resolutions under section 33(4) of the HPA, authorizing the investigations of registrants' practices.

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Brayden Fishbook  
Director, Complaints & Practice Investigations
Quality Assurance Program
Report to the Quality Assurance Committee

Dr. W. Robbert Vroom, MD, CM, CCFP(EM)
Senior Deputy Registrar
November 2013

Appendix to Agenda Item 6.6

College of Physicians and Surgeons of British Columbia

<table>
<thead>
<tr>
<th>Medical Practice Assessments</th>
<th>2012</th>
<th>2013 YTD Assigned</th>
<th>2013 YTD Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Practice Assessments (GP, psychiatry, diagnostic imaging)</td>
<td>332</td>
<td>571</td>
<td>410</td>
</tr>
<tr>
<td>Multi-Source Feedback Assessments</td>
<td>0</td>
<td>553</td>
<td>362</td>
</tr>
<tr>
<td>Summative Assessments</td>
<td>28</td>
<td>79</td>
<td>47</td>
</tr>
</tbody>
</table>
PPEP Assessments (scheduled & completed)
January – November 2013

2013 Annual Licence Renewal Form (ALRF)
Currency & Scope of Practice
(section 2-8 of the Bylaws under the HPA, RSBC 1996, c. 183)
Peer Practice Assessment

Categories:

1 = Satisfactory records, satisfactory care
2 = Minor criticisms
3 = Deficient records but satisfactory care
4 = Records deficient – care could not be assessed
5 = Inadequate care

Peer Practice and Multi-Source Feedback
January to November 2013

Peer Practice Assessments (339)

Multi-Source Feedback Assessments (349)
Remediation Activities

- Interview by MPAC committee members;
- Referral to Quality Assurance consultants;
- Referral to Prescription Review committee;
- Referral to Medical Record Keeping course;
- Follow-up visit / exercise for peer review categories 3, 4 and 5.

Quality Assurance Program Outcomes
January – November 2013
Medical Record Keeping for Physicians
January – November 2013

- Referred from QA: 32
- Referred from other depts.: 23
- Self-referred: 17

Total: 72