

Our values

Ta ae

- Regulatory processes and policies are clear, accessible and applied consistently
- Information about the mandate and work of the College is readily available and easy to understand
- Relevant information about registrants and accredited facilities is accessible to the public
- Public is involved in regulatory proceedings
 and policy development

Ob ec e

- Regulatory decisions are evidence-based and rationale is clearly explained and defensible
- Board and committee membership is diverse, reflective of the public, and inclusive of a broad range of opinion, perspective, quali cation and experience

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- Regulatory processes and decisions are unprejudiced and free of bias
- Board and committee members identify and address perceived or real conflict of interest in advance of proceedings
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This past year was unlike any other. The COVID-19 pandemic brought extraordinary challenges, testing each one of us like never before.

Despite the strain, the College was able to adapt and continue its important regulatory work. We are very grateful for the leadership provided by the College Board and the professionalism of sta , who remained engaged and committed throughout times of immense uncertainty. It has been a true demonstration of teamwork and testament to the resilience of many.

One of the most notable demands on the College during the early days of the COVID-19 pandemic was the need to pivot from operating as an o ce-based organization to functioning seamlessly while remote. Not only were changes It involved amending bylaws and regulations, including creating new classes of registration, reappointing a board, moving records, conducting a regulatory and nancial audit, and identifying the types of activities performed by podiatric surgeons to ensure compliance with existing standards. Leading up to the amalgamation, and to ensure an e ective transition, the College hosted a series of biweekly webinars to introduce podiatric surgeons to College programs, the Bylaws, and processes.

The College looks forward to working with the provincial government in the coming year to build a more e ective regulatory framework to serve BC patients.

While much work remains to be done, the College has taken important steps over the past year to address Indigenous-speci c racism in the health-care system. The signi cance of this work was underscored by the ndings from the

independent investigation led by Dr. Mar peyveh Ofdwhimuch ee thh et tohimucyv Indigenous-59 (pes)10/i c)10/r)10/ax)10/i)10/s) En (h e) 5/c)9.9 (i)10/s) En R Maxise ha(y)1 Mvlc

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The College closes its o ce to external visitors and

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The A practice standard is amended for the duration of the COVID-19 public health emergency to ensure access is not impeded.





COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

New associate physician class

In May 2020, the College Bylaws were amended to include a new associate physician class of registration.

This restricted licence allows practitioners with some medical training to work under the supervision of attending physicians or surgeons in acute care settings to increase capacity and service delivery. This is similar to other classes of registration in Alberta, Saskatchewan, Manitoba and Nova Scotia. At the request of Dr. Bonnie Henry, BC's provincial health o cer, the College initiated emergency registration in response to the COVID-19 outbreak. Emergency registration was established as a short-term licence granted in extreme situations when there is potential for a strain on health-care resources.

Mac Je

The College initiated emergency registration in March and contacted eligible physicians who retired within the last two years to see if they were available to support health authority resourcing during the COVID-19 pandemic. From March 17 to June 20, the College licensed 75 physicians in the emergency class, including retired registrants, physicians from other jurisdictions and registrants who were eligible to be transferred from educational classes.

Decer•be

The College initiated a second wave of emergency registration to support COVID-19 activities such as contact tracing, providing telephone advice, and immunizations. Licences were granted to ve registrants during this wave.

Feb a

On February 26, the College contacted eligible physicians who retired within the last three years to invite them to re-register to assist with COVID-19 vaccinations.

Age distribution of professionally active registrants

Figures calculated as of February 28, 2021

<29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

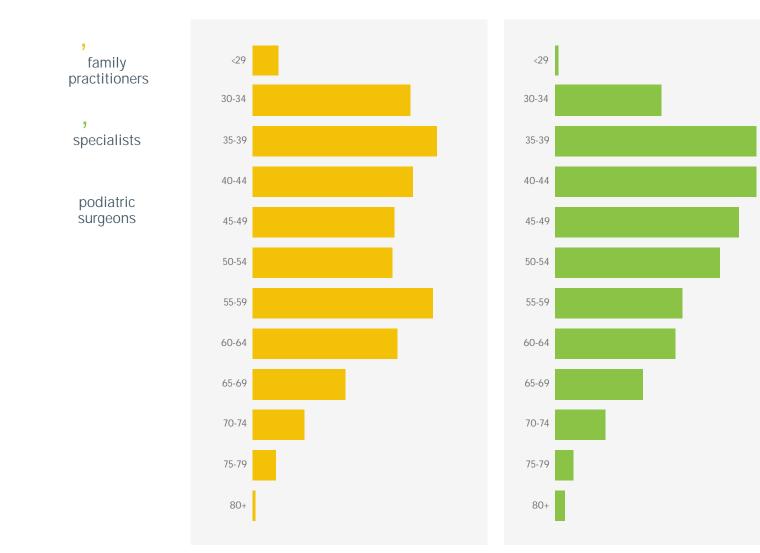
70-74

75-79

80+

9

9

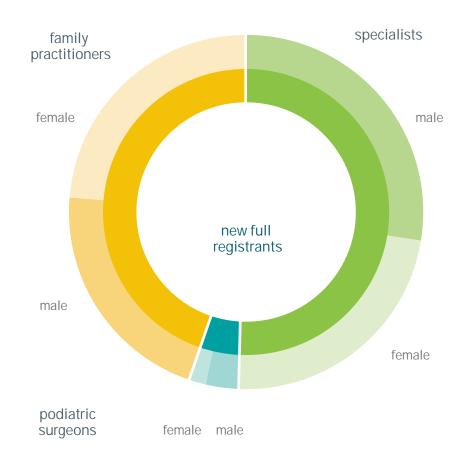


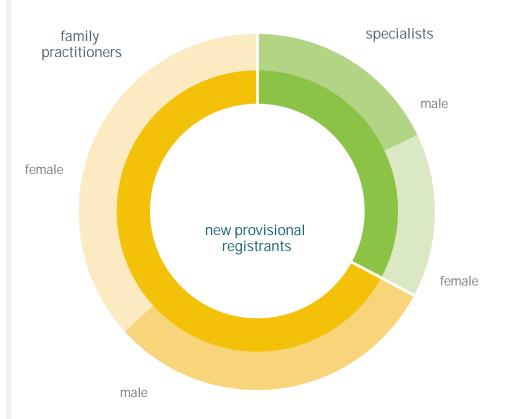
Geographic distribution of professionally active registrants

Specialties of professionally active registrants

	F	м	Та	
Anatomical Pathology	52	81	133	
Anesthesiology	163	437	600	
Cardiac Surgery	1	21	22	
Cardiology	1	7	8	
Cardiothoracic Surgery	0	1	1	
Cardiovascular and Thoracic Surgery	0	4	4	
Child and Adolescent Psychiatry	1	0	1	
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New registrants





Note: Podiatric surgeons became registrants of the College as of August 31, 2020.

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Pursuant to the A , a registrant or an individual seeking to become a registrant may apply to the HPRB for a review of a decision of the Registration Committee (reviewable registration decisions) within 30 days of the day on which written notice of the decision was delivered.

All of the decisions made by the HPRB can be found at <u>www.hprb.gov.bc.ca.</u>

		Crrs a c c ded							
Complaints opened	Complaints concluded	B bca e		B d					
,		C ca Diagnosis Prescribing Consent Surgical complication Case management Other complication Clinical – other treatment complication	60 27 21 44 240 28 32	N (e m) c c m 33(6)(a) & 32(3)(c) C c m Advice/written criticism 33(6)(b) & 32(3)(c) 337 Remediation by consent 36(1)(a)/(b)/(d) 66 Reprimand 36(1)(c) 11 Citation issued 33(6)(d) 2 Consent agreement 37.1 4					
clinical	clinical	Documentation	8	Aba d ed/w d aw -					
		C d c Communication Breach of con dentiality	140 18	D v• edb e a 32(3)(a) & 32(3)(b) I e a a fe f e −					
conduct boundary	conduct boundary	Conflict of interest Medical records and third party medical reports Practice management Advertising Conduct – other concern Discrimination/access to care	10 44 77 17 90 25	Refefad wede 25.2 aev≪e					
other	other	B da Spoken/written communication Relationship Physical contact Boundary – other concern	7 1 6 3						
		O e Duty to report registrant Criminal/quasi-criminal Review of practice Breach of undertakings Outside jurisdiction Unprofessional conduct	29 3 49 5 1 3						

Unlicensed practice

The College's public protection mandate includes ensuring that people who are not registered or licensed with the College do not provide any service or treatment that is considered the practice of medicine.

In 2020/21, the College successfully petitioned the Supreme Court of BC for a nding of contempt against the following unlicensed practitioner.

E e a c 🗝 e e ce

The College's quality assurance programs ensure that registrants remain competent through continuing professional development, that they adhere to practice standards and professional guidelines, and that they full the duties and obligations outlined in the Canadian Medical Association's *C*

The programs are collegial, supportive and designed to proactively assess and educate registrants by highlighting areas of excellence and identifying opportunities to guide lifelong learning.



Physician Practice Enhancement Program

All registrants who provide community-based care in private

o ces or multi-practitioner clinics, or who work as long- and short-term locums, will participate in the Physician Practice Enhancement Program (PPEP) at some point in their career. During a PPEP assessment, a registrant may be required to participate in ve assessment components:

- peer practice assessment of recorded care
- multi-source feedback assessment
- review of their PharmaNet prescribing
 pro le
- o ce assessment
- physician interview with feedback and coaching

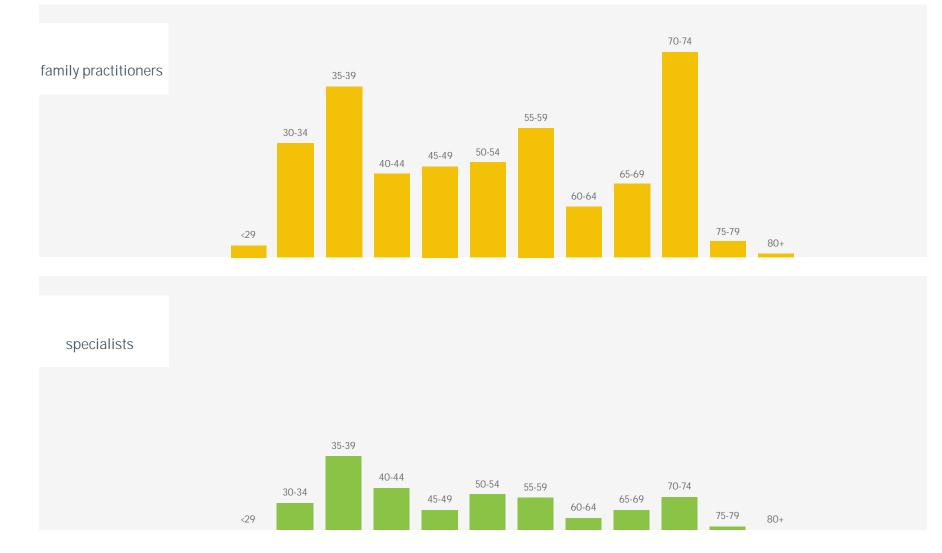
PPEP assessments provide external evaluation using multiple measures to assess performance, knowledge, and skills, as well as initial educational support for registrants to ensure they meet appropriate and current standards of practice throughout their professional lives.

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			Family practitioners	Specialists	Total
D	C	Vancouver Island, South			
D	C	Vancouver Island, Central and Northern			
D	C	Vancouver and surrounding area			
D	C	Fraser			
D	C	Thompson-Okanagan			
D	C	Kootenays			
D	C	Northern			
Ga	d	a			

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Figures calculated as of February 28, 2021



PPEP remote assessme

Accreditation programs

The College administers two programs that accredit all of BC's diagnostic and private medical/surgical facilities. The College's accreditation programs establish accreditation and performance standards, procedures and guidelines to ensure the delivery of high-quality health system services.

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The Diagnostic Accreditation Program (DAP) accredits eight diagnostic services that cover 34 distinct tests or modalities within diagnostic imaging, laboratory medicine, neurodiagnostic services (communityand health authority-based), pulmonary function, community spirometry, polysomnography, and home sleep apnea testing.

private diagnostic facilities operate in BC

public diagnostic facilities operate in BC

assessments performed

focussed assessments

site assessments

initial assessments

relocation assessments

Home sleep apnea testing

From February 2019 to June 2020, the Ministry of Health completed a detailed review of the service delivery environment for the provision of sleep medicine in BC. This includes facilities providing homebased, overnight diagnostic testing for obstructive sleep apnea, commonly known as "four-channel" or "level 3" home sleep apnea testing (HSAT). As of March 1, 2020, there were roughly 250 unregulated HSAT facilities in BC.

Following consultation with the ministry, the DAP formally added HSAT to the list of diagnostic services that are accredited by the program. All HSAT facilities were required to enrol by September 30, 2020 to continue to provide services in BC. In January 2021, the College's DAP Committee approved accreditation standards for HSAT. Enrolled facilities will now take part in the accreditation process, which will include a full on-site assessment for all facilities within the next four years.

Preparations for laboratory medicine evaluation to ISO

The DAP submitted a substantive application to the Asia Paci c Accreditation Cooperation (APAC) to request an initial evaluation of its laboratory medicine accreditation program. DAP's policies, processes, procedures and relevant evidence were gathered and aligned with the International Standards Organization (ISO) 17011 Conformity Assessment – Requirements.

This material was collated and submitted with the program's application in June 2020 to request a peer evaluation against ISO 17011 requirements and, if successful, become a full member and signatory on the APAC Mutual Recognition Agreement. The acceptance of this application, and the upcoming evaluation, represents the next step on the multi-year journey in alignment with the 2013 Laboratory Services Plan. The plan, developed for the Ministry of Health, includes recommendation 28 to "adopt the International Standard Association Quality standard 15189 (ISO 1 randan, deag (SerCH) 50)

standard 15189 (ISO 1 randan, dea9 (Ser@\$t)\$@s)\$n)]J\$or)--\$(, bec)15 (h)]J\$dern21889r therine ac@ation C@)\$edit)1@t-@w p-1.3y3d[inc)\$lude)g\$s)@ainsrd 1518

Partnerships

A top priority for the College is to work collaboratively with key partners such as government, universities, hospitals, associations, and other organizations to address provincial and national issues such as:

- modernizing BC's health regulatory framework
- addressing Indigenous-speci c racism in BC's heath-care system
- planning for the changes to Bill C-7 (Medical Assistance in Dying) to ensure alignment of the College's practice standard

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G d e fe

Developing practice standards and professional guidelines

The College is committed to sharing information and consulting widely with stakeholders on matters of mutual interest and importance. In 2020/21, the College engaged numerous stakeholders in the development and ongoing review of various practice standards and professional guidelines.

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Consulting with registrants during the development of new or revised practice standards provides insight into various perspectives on speci c issues, including how to operationalize standards in a clinical setting.

Bringing the patient's voice to the consultation process assists the College in developing public resources to further clarify expectations contained in practice standards.

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In 2020/21, the following new or revised practice standards and professional guidelines were published on the College website.

Practice standards

Professional guidelines



Pa e e ce

The following patient resources were developed and published on the College website:





Sexual misconduct and non-sexual boundary violations

The dra standards were reviewed and revised by the Patient Relations, Professional Standards and Ethics Committee, then shared for broader consultation with registrants, the public, and health partners including the Ministry of Health, the Canadian Medical Protective Association, the University of British Columbia Faculty of Medicine, Vancouver Coastal Health, the Rural and Remote Division of Family Practice, and external legal counsel.

Videos

The College published two videos to convey key principles in new and updated practice standards:

Β,



Shaleen Jamal, legal counsel, speaks about the key principles of the ', ..., and ', ..., and ', ..., ', ..., B', ..., ', ..., practice standards.

Library

The College library positions itself as a prime source of clinical information for practising registrants to support their e orts to remain current and competent throughout their careers. Core services are in-depth literature searches, delivery of documents, and teaching registrants to locate evidence-based medical information.

During this past year, the library responded to emerging social and health issues by creating or updating reading lists on topics including pain management, race and health equity, pandemic management, and trauma-informed care with more planned such as virtual care, and sexual and gender diversity.

- , individual registrants served (excluding self-serve through the website)
- , total contacts between sta and registrants
- , literature search requests
- , articles downloaded from library online subscriptions
- , ebook chapters viewed

Providing support

The College's contact centre receives phone and email inquiries from registrants and members of the public about

2020

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Statement of operations

	Annual registrant and incorporation fees		\$ 24,961
in thousands of dollars)	Annual accreditation fees Application fees	9	4,913 1,428
ed February 28, 2021, with comparative on for 2020.	Investment income Other income Rental income	,	1,540 1,162 312
plete audited nancial statements with		,	34,316
n be found on the <u>College website</u> .	E e e Salaries and bene ts Amortization Assessments, accreditations and reviews General and administrative	9 9 9	17,474 2,283 3,261 2,417

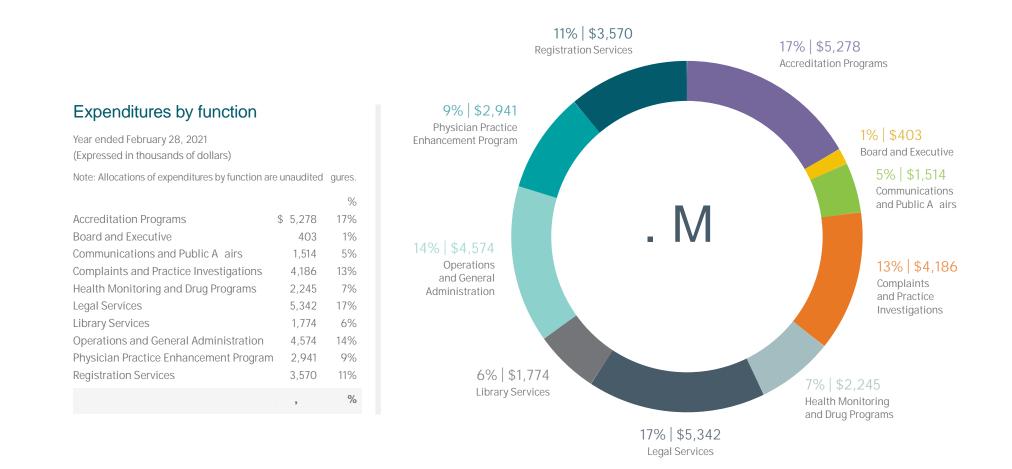
Information technology

Ree e

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Year ended information

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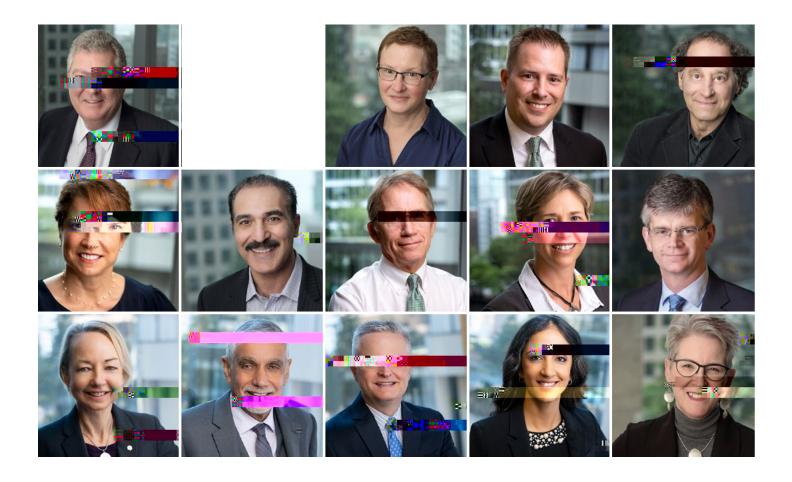
As of February 28, 2021

College Board

The role of the College and its authority and powers are set out in the A , RSBC 1996, c.183, the Regulations and the Bylaws made under the Act. A Board of 10 peer-elected registrants and six members of the public appointed by the Ministry of Health govern the College. Under the legislation, the College has many committees made up of board members, medical professionals and public representatives who review issues and provide guidance and direction to the Board and the College sta , ensuring a well-balanced and equitable approach to regulation. The daily operations of the College are administered by the registrar and CEO, and other medical and professional sta .

> Annual General Meeting

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Top row (le to right): Mr. B.C. Bell (President), Dr. G. Parhar (Vice-president), Dr. B.A. Priestman (Treasurer), Dr. J.J. Kingsley, Dr. R.R. Abrahams Middle row (le to right): Dr. C.S. Leger, Dr. L.F. Dindo, Dr. W.D. Sanden, Dr. A. Du Preez, Dr. P.D. Rowe Bottom row (le to right): Ms. J.W.E. Dyson, Mr. T.T.S. Mann, Mr. B.D. Penner, QC, Ms. H.N. Purewal, QC, Ms. S.F.J. Ross

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

College committees

The Board establishes standing committees made up of board members, subject matter experts and public representatives who review issues and provide guidance and direction to the Board and College sta , ensuring a balanced and equitable approach to professional regulation.

E ec e C veve ee

Mr. B.C. Bell*+ Dr. G. Parhar* Mr. T.T.S. Mann* Mr. B.D. Penner, QC* Dr. B.A. Priestman* Dr. P.D. Rowe*

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- Dr. B.A. Priestman*+
- Mr. B. Sangherace
- Mr. B.C. Bell*
- Dr. C.S. Leger*

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College departments and contacts

Ot ce f e Re a Dr. H.M. Oetter, Registrar and CEO

Re a Ms. C. de Bruin, Executive Director

Crsa a dPaccel e a

Dr. D.G. Puddester, Deputy Registrar Dr. J.G. Wilson, Senior Deputy Registrar (retired in April 2020) Mr. D. Martinig, Director

Hea M a d D P art

Dr. D.A. Unger, Deputy Registrar

P ca Pac ce E a cerse P ars

Dr. M.J. Murray, Deputy Registrar Ms. N. Castro, Director

Acc ed a P ar

Dr. M.J. Murray, Deputy Registrar Dr. J. Agnew, PhD, Director

Le a Se ce

Mr. G. Keirstead, Deputy Registrar, Chief Legal Counsel Ms. C.S. Gulabsingh, Legal Counsel Ms. S. Jamal, Legal Counsel Ms. M. Stimac, Legal Counsel

Professional Medical Corporations Ms. S. Jamal, Legal Counsel

Records, Information and Privacy Ms. J. Liu, Director

O e a

Mr. M. Epp, Chief Operating O cer

Finance and Corporate Services Mr. J. Pesklevits, Director

Human Resources Ms. A. Horton, Director

Information Technology Mr. C. Telford, Director

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Ms. S. Prins, Director

C e e L b a Dr. K. MacDonell, PhD, Director



The College has been recognized as one of BC's Top Employers since 2011, and one of Canada's Top Employers since 2014. As one of Canada's most respected annual awards, the Canada's Top 100 Employers competition recognizes excellence in companies that provide exceptional workplaces and bene ts to their employees.