

ACCREDITATION SCOPE

LABORATORY SERVICES

The Diagnostic Accreditation Program (DAP) has a mandate to assess the quality of diagnostic services in the province of British Columbia through accreditation activities. The scope, mandate and authority of the DAP is derived from section 5-25 of the Bylaws made under the

- anatomic pathology
- cytogenetics
- cytology
- hematology
- microbiology
- molecular genetics
- point-of-care testing
- transfusion medicine
- COVID-19 testing and specimen collection services

LABORATORY SERVICES

- anatomic pathology/chemistry
- cytogenetics
- cytology
- hematology
- microbiology
- molecular genetics
- point-of-care testing
- transfusion medicine
- COVID-19 testing and specimen collection services

RESPIRATORY SERVICES

- spirometry
- flow volume loops
- diffusing capacity
- lung volumes
- respiratory muscle testing
- conductance/resistance
- reactive airways (methacholine challenge testing)
- exercise-induced asthma testing
- cardiopulmonary exercise testing
- pulse oximetry/overnight oximetry
- exercise testing – duration test or six-minute walk test category

RESPIRATORY SERVICES

- spirometry
- flow volume loops

SLEEP DISORDER SERVICES

- polysomnography (level 1)
- home sleep apnea testing (level 3)

SLEEP DISORDER SERVICES

- home sleep apnea testing (community)

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The DAP conducted assessments of facilities in 2021/22 as follows:

- 225 reassessments scheduled
 - laboratory medicine: 115
 - regional: 1
 - COVID-19 laboratories: 3
 - sample collection sites: 42
 - facilities: 69
 - diagnostic imaging: 63
 - neurodiagnostics: 11
 - neurodiagnostics (community): 23
 - pulmonary function: 12
 - polysomnography: 1
 - home sleep apnea testing: 13 (desktop audits following up on initial attestation)
- 219 reassessments completed
 - laboratory medicine: 115
 - regional: 1
 - COVID-19 laboratories: 3
 - sample collection sites: 40
 - facilities: 69
- 98% reassessments completed
- 4 reassessments deferred/revised award
- 116 initial assessments completed
 - 100 COVID-19
 - 3 laboratory medicine facilities
 - 7 diagnostic imaging facilities
 - 1 neurodiagnostic facility
 - 4 community diagnostic facilities
 - 1 home sleep apnea testing facility

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DAP position statements are the result of analysis of currently available information and research, stakeholder review including



The scope of the Finance and Audit Committee is set out in section 1-14 of the Bylaws made under the [College of Physicians and Surgeons of British Columbia Act](#), R.S.B.C. 1996, c.183.

The Finance and Audit Committee helps the Board fulfill its mandate by developing the College's budget, regularly reviewing operational and capital expenditures, governing the annual external audit and regularly reviewing the College's systems of financial control.



The College owns 59,295 square feet of office space at 669 Howe Street, Vancouver, BC and currently leases out approximately 4,000 square feet to two tenants. One lease agreement ends in February 2024 with an option to renew for another one-year period and the other lease agreement ends in June 2022.

During the COVID-19 pandemic, the College required many of its employees to work remotely and much of the College's office space remained vacant. The College has now implemented a permanent hybrid work plan that meets the College's regulatory and business needs while maximizing flexibility for staff to the degree possible. This potentially reduces the need for office space over the medium-to-long-term. An evaluation will be conducted in 2022/23 to determine if any remaining unoccupied space could be leased out to other tenants until it is needed for future College use.



CEDAR (College Electronic Documents and Records), the

In addition to the ongoing COVID-19 pandemic, the implications of rising inflation and the Russian invasion of Ukraine have increased economic uncertainty and risk that may have financial implications for the College. These situations present uncertainty over future cash flows. Potential impacts on the College may include decreases in investment income and valuation of investments. The College does not hold any Russian investments in its portfolio.

 MD, FRCPC

For more information regarding this report, please contact:

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Chief Operating Officer

J. Pesklevits, CMA (IMA)
Director, Finance and Corporate Services



The scope of the Inquiry Committee is set out in section 1-16 of the Bylaws made under the *Medical Practice Act*, R.S.B.C. 1996, c.183 and the *Act* itself.

The committee performs three regulatory functions central to the mandate of the College:

1. Investigation of complaints and reports concerning registrants, received from a variety of sources.
2. Practice investigations initiated by the Inquiry Committee on its own motion.
3. Oversight when a physical or mental health disorder may impair the ability of the registrant to practise safely and effectively. In such circumstances, if the registrant is appropriately engaged and compliant with treatment to the satisfaction of the confidential College health monitoring program, the Inquiry Committee is not required to take further action. The College explicitly treats health matters therapeutically.

The Inquiry Committee is composed of 30 members (19 registrants and 11 public members) who participate in five specialized panels. Concerns brought to the attention of the College are initially triaged and categorized as primarily matters of clinical performance, registrant conduct, boundary



The mission of the library is to provide physicians in British Columbia with easily accessible, high-quality, reliable, and current clinical information to protect the public.

In support of the library's mission and College strategic priorities, the Library Committee and library staff engaged in the following activities.

Curating and disseminating relevant and valid information resources

The library sought to curate and disseminate relevant and valid information resources on cultural safety and humility and other emerging social and clinical issues. Seven reading lists were revised or created including race and health equity, sexual and gender diversity, trauma-informed care, pain management, virtual care, pandemic management, and point-of-care ultrasound.

The [Medscape](#) was added to the library's collection of online resources for registrants use. The tool provides recommendations for mitigating risk and monitoring therapeutic effectiveness of numerous medications prescribed to adults in primary and secondary care. [Medscape](#) content is evidence-graded and gives actionable advice on what to monitor and why, defined frequencies for monitoring, and detailed information on tests and their interpretation.

Supporting registrants' needs

During the COVID-19 pandemic, the library continued to focus on supporting registrants' needs to access clinical information at pre-pandemic levels as close as possible. Library staff primarily worked remotely for most of 2021 except for weekly processing of physical book loans on site. Approximately the same number of registrants contacted the library as in the first year of the pandemic. Fewer individual requests were posed per person. Selected service delivery data is as follows:

- 1,820 registrants posed 9863 requests (-4% and -21% of previous year, respectively)
- 2,056 articles were manually delivered to registrants and 47,536 articles were downloaded from e-journals from the library website by staff and registrants (-21% and -5% of previous year, respectively)
- 1,210 in-depth literature searches were delivered to registrants (-6% of previous year)
- 15,015 ebook chapters were accessed (+5% of previous year)

Library visioning

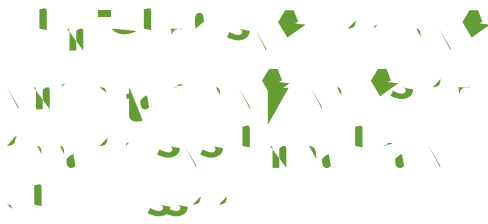
Library staff and the Library Committee engaged in a visioning and

strategic planning process. Strategic priorities that will guide the library's direction in the next three years are:

- offering relationship-oriented services that support registrant needs
- seeking input from, and providing support for, diverse user groups
- measuring impact of library services
- developing improved, efficient infrastructures (including IT, resource delivery) fueled by collaboration

Arising from the new strategic aims, the following key performance indicators were confirmed for the coming year:

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The scope of the Non-Hospital Medical and Surgical Facilities Accreditation Program Committee is set out in section 5-1 of the Bylaws made under the *Medical Services Act*, R.S.B.C. 1996, c.183.

As legislated by the Ministry of Health, the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) currently accredits 47 private surgical, 12 procedural pain management and four private podiatric surgical facilities within British Columbia. Program accreditation is recognized as a

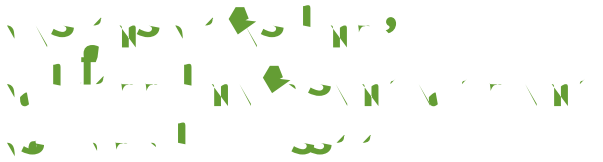
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The scope of the Patient Relations, Professional Standards and Ethics (PRPSE) Committee is set out in section 1-18 of the Bylaws under the *Medical Practice Act*, R.S.B.C. 1996, c.183. The PRPSE Committee reports directly to the Board.

The Patient Relations, Professional Standards and Ethics (PRPSE) Committee administers a patient relations program to prevent professional misconduct of a sexual nature and to serve as a resource to the Board in matters pertaining to standards of practice and standards of professional ethics in medical practice. The committee identifies opportunities for stakeholder consultation and provides guidance throughout the revision process for practice standards and professional guidelines.



standards: [Practice Standards for Physicians](#) and [Practice Standards for Surgeons](#). No revisions were made to the content of the standards. The committee directed that the draft standards be shared for consultation with registrants and key health partners. Following this consultation, no further edits were made.

The committee also directed that the draft standards be shared for consultation with registrants and key health partners. Following this consultation, no further edits were made.

FOR MORE INFORMATION

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The scope of the Physician Practice Enhancement Panel of the Quality Assurance Committee is set out in section 9-1 of the Bylaws made under the *Medical Act*, RSBC 1996, c.183.

The Physician Practice Enhancement Panel is comprised of six family practitioners, three specialists, two podiatric surgeons, and four public members. The panel provides oversight to the Physician Practice Enhancement Program (PPEP), which assesses the professional performance of a registrant, and Physician Office Medical Device Reprocessing Assessments (POMDRA), which reviews the reprocessing of reusable medical devices in community-based offices in accordance with criteria established by the Board.



Assessments provide external evaluation of clinical practice using multiple measures to assess performance, knowledge, and skills. The approach to assessments also provides educational support to ensure registrants meet appropriate and current standards of practice throughout their professional lives. The goal of the program is to promote quality improvement in community-based medical practice by encouraging registrants to take a more proactive role in their own continued professional development, all with the goal of improving patient care.

In 2021/22, assessments were conducted mainly through a remote assessment of electronic medical records and interviews conducted using an online platform. Program evaluation and feedback on remote assessments showed that registrants were comfortable with this delivery model and that assessments continued to provide valuable insight into their practice.

While remote assessments were developed in response to the pandemic, they have presented a valuable alternative to on-site assessments (Figure 1). Last year, the program reduced key program assessment goals in response to ongoing challenges in their own professional and personal lives.

Remote assessments allowed for the program to pilot a new process for office assessments in family practice clinics. While office assessments were traditionally conducted as part of the on-site assessment, new office assessments were conducted independently and managed by program staff. This approach allowed the PPEP to provide better support to registrants and clinic offices on meeting various College practice standards such as *Medical Act*, RSBC 1996, c.183, and *Medical Regulation Act*, RSBC 2019, c.14.

In 2021, the new process was piloted with 56 offices with preliminary evaluation results being positive. A full evaluation will be conducted once all the pilot cases have completed, which is expected for spring 2022.

The program continued to deliver the medical record keeping for

Appendix 1

Number of community-based PPEP assessments	469
Assessed registrants responding to survey agreeing/ strongly agreeing that assessment was a worthwhile experience*	57%
Assessed registrants responding to survey agreeing/ strongly agreeing that their practice changed as a result of the assessment*	59%

10/10/2021

10/10/2021 | Agreed or strongly agreed with the following statements

10/10/2021

10/10/2021 | Agreed or strongly agreed with the following statements

2020/21 to 2021/22

2020/21

2020/21 Summary

- 120 referrals received
 - 47 did not meet the criteria for enrollment and required no action
 - 27 referrals were channeled through the triage process and received correspondence from the medical consultant
- 43 files met the threshold for entry into our formal process
 - 77% had not had a previous engagement with the PRP
- 64 files closed
 - 77% closed for an improvement in prescribing
- 92 files currently open, in various stages
- 59 attendees at the Prescribers Course (over two courses)
- 187 attendees at the Chronic Pain Management Conference

2020/21 Matters

- 26 matters (involving 20 registrants) were brought to the panel in 2020/21
 - 6 files were referred to the Inquiry Committee
 - 1 file was referred for a first interview with the medical consultant
 - 6 files were referred for a second interview with the medical consultant, legal counsel and deputy registrar
 - 7 files were brought forward to the panel for review later
 - 6 files were closed

2020/21 Matters

2020/21

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