

The College of Physicians and Surgeons of British Columbia is located on the unceded and traditional territories of the Coast Salish Peoples, including the xʷm kw y m (Musqueam), Skwxwú7mesh (Squamish), and S ílwl̓ taʔ/Selilwitulh (Tsleil-Waututh) Nations, whose historical relationships with these lands continue to this day. The College also acknowledges that its registrants are located on Indigenous territories across the province.

## Annual Report

This report describes the work and activities of the College’s fiscal year from March 1, 2021 to February 28, 2022 unless otherwise indicated. It highlights the major accomplishments toward key objectives articulated in the Board’s strategic plan, and reflects the commitment and dedication of many who give their time and expertise to deliver on the College’s mandate.

## Committee Reports

The chairs of each of the College’s committees are required by statute to submit a written report of their specific activities and accomplishments to the Board. These reports can be viewed on the College [website](#).

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## Overview of the College



### Transparent

- 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

### Objective

- Regulatory decisions are evidence-based and rationale is clearly explained and defensible
-





# 3 Cultural safety and humility

New  
 Governance  
 Governance  
 A - practice  
 standard published

As part of its mandate to protect the safety of BC patients, the College is committed to eliminating the cycle of Indigenous-specific racism that is embedded in the province's health-care system. It is also committed to inviting Indigenous voices and integrating the principles of cultural safety and humility into its governance, organizational culture, strategic plan and operations.

Dr. Mary Ellen Turpel-Lafond's *5* report released in November 2020 demonstrated that some health-care professionals continue to perpetuate Indigenous-specific racism, resulting in harm, neglect, misdiagnosis and even death of Indigenous patients. The new *1. Governance* *Standard, Governance* A - practice

standard, approved by the Board in February 2022, is one way the College is redressing that harm by ensuring patients receive culturally safe care.

This practice standard was developed in collaboration with the BC College of Nurses and Midwives (BCCNM) and guided by two experienced advisors to ensure Indigenous voices and perspectives were heard. The consultation process was extensive, spanning 18 months. During this time, the College engaged with Indigenous patients and registrants through virtual discussion circles, and both the public and registrants through surveys. Feedback was also invited from health partners at various stages along the way.

## Cultural safety and humility

The College also reviewed multiple reports to learn from and build upon work conducted by others.

In addition to the new practice standard, the College published a library of resources for registrants to guide their learning as they operationalize the principles contained in the standard.

The College is grateful to everyone who provided feedback and input throughout the development process and recognizes the following Indigenous





## Cultural safety and humility

### **Cultural Humility and Anti-racism** *Indigenous Cultural Safety,*

The College and the BCCNM establish a formal working group to transition the draft principles into a robust practice standard.

A comprehensive consultation process is conducted on the draft practice standard with registrants of both colleges, members of the public, health partners, Indigenous leaders, Indigenous registrants and patients, educational institutions, and the Ministry of Health, which includes surveys, guided virtual circle discussions, focus groups, and meetings.

The PRPSE committee reviews the findings from the consultation and discusses incorporating the

The final *Indigenous Cultural Safety, Humility and Anti-racism* practice standard is presented to and approved by the Board at its meeting on February 25. The practice standard and a library of related educational resources is published on the College [website](#).

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## Registering qualified physicians and surgeons

Figures calculated as of February 28, 2022

	▶	L	▶		▶	L	▶		▶	L	▶		▶	L	▶
Canada	4,361	5,457	9,818	Saudi Arabia	6	8	14	Italy	3	2	5	Portugal	1	1	2
South Africa	270	731	1,001	Colombia	8	5	13	Kenya	0	5	5	Thailand	1	1	2
United Kingdom	197	356	553	Czech Republic	4	9	13	Montserrat	1	4	5	Hong Kong	0	2	2
Ireland	142	180	322	Mexico	4	9	13	Vietnam	1	4	5	Afghanistan	0	1	1
United States	116	200	316	Cayman Islands	5	7	12	Anguilla	1	3	4	Albania	0	1	1
India	114	199	313	Hungary	8	4	12	Belize	1	3	4	Cuba	1	0	1
Iran	93	111	204	Israel	5	6	11	Croatia	4	0	4	Ecuador	1	0	1
Australia	58	106	164	Aruba	2	8	10	Jordan	1	3	4	Ethiopia	0	1	1
Pakistan	43	70	113	Zimbabwe	2	8	10	Lebanon	2	2	4	Finland	0	1	1
Netherlands Antilles	55	55	110	Netherlands	4	5	9	Peru	2	2	4	Georgia	1	0	1
Nigeria	28	80	108	Singapore	5	4	9	Republic of Korea	2	2	4	Guyana	1	0	1
China	41	48	89	Saint Vincent and Grenadines	5	4	9	Senegal	4	0	4	Honduras	1	0	1
Grenada	36	49	85	Taiwan	3	6	9	Serbia	2	2	4	Japan	1	0	1
Poland	44	41	85	Turkey	5	4	9	Slovakia	3	1	4	Kuwait	0	1	1
Egypt	20	59	79	Uganda	1	8	9	Venezuela	3	1	4	Latvia	1	0	1
Dominica	18	32	50	Belgium	2	6	8	Zambia	2	2	4	Macedonia	1	0	1
Russia	29	21	50	Sudan	3	5	8	Armenia	1	2	3	Madagascar	0	1	1
Saint Kitts and Nevis	17	32	49	Syrian Arab Republic	0	8	8	Bahrain	2	1	3	Malawi	0	1	1
Germany	11	32	43	Austria	4	3	7	Dominican Republic	0	3	3	Malta	1	0	1
Iraq	12	24	36	Serbia and Montenegro	5	2	7	Guatemala	0	3	3	Nepal	0	1	1
Romania	26	9	35	Trinidad and Tobago	4	3	7	Republic of Moldova	2	1	3	Nicaragua	0	1	1
Libya	4	30	34	Belarus	5	1	6	Saint Lucia	3	0	3	Oman	1	0	1
New Zealand	11	23	34	Chile	4	2	6	Sri Lanka	3	0	3	Puerto Rico	0	1	1
Philippines	18	15	33	Spain	2	4	6	Sweden	1	2	3	Switzerland	1	0	1
Ukraine	16	13	29	Barbados	3	2	5	Denmark	1	1	2	United Republic of Tanzania	1	0	1
Other*	12	12	24	Bosnia and Herzegovina	4	1	5	Fiji	1	1	2	Yemen	1	0	1
Antigua and Barbuda	9	10	19	Democratic Republic of Congo	1	4	5	Indonesia	2	0	2	Yugoslavia	1	0	1
Bulgaria	8	11	19	France	3	2	5	Kazakhstan	2	0	2				
Bangladesh	8	10	18	Ghana	1	4	5	Kyrgyzstan	2	0	2				
Argentina	7	10	17					Morocco	1	1	2				
Brazil	9	7	16					Myanmar	1	1	2				
Jamaica	2	13	15					Paraguay	1	1	2				

\* Other includes registrants who received their medical degree from countries that are no longer recognized.

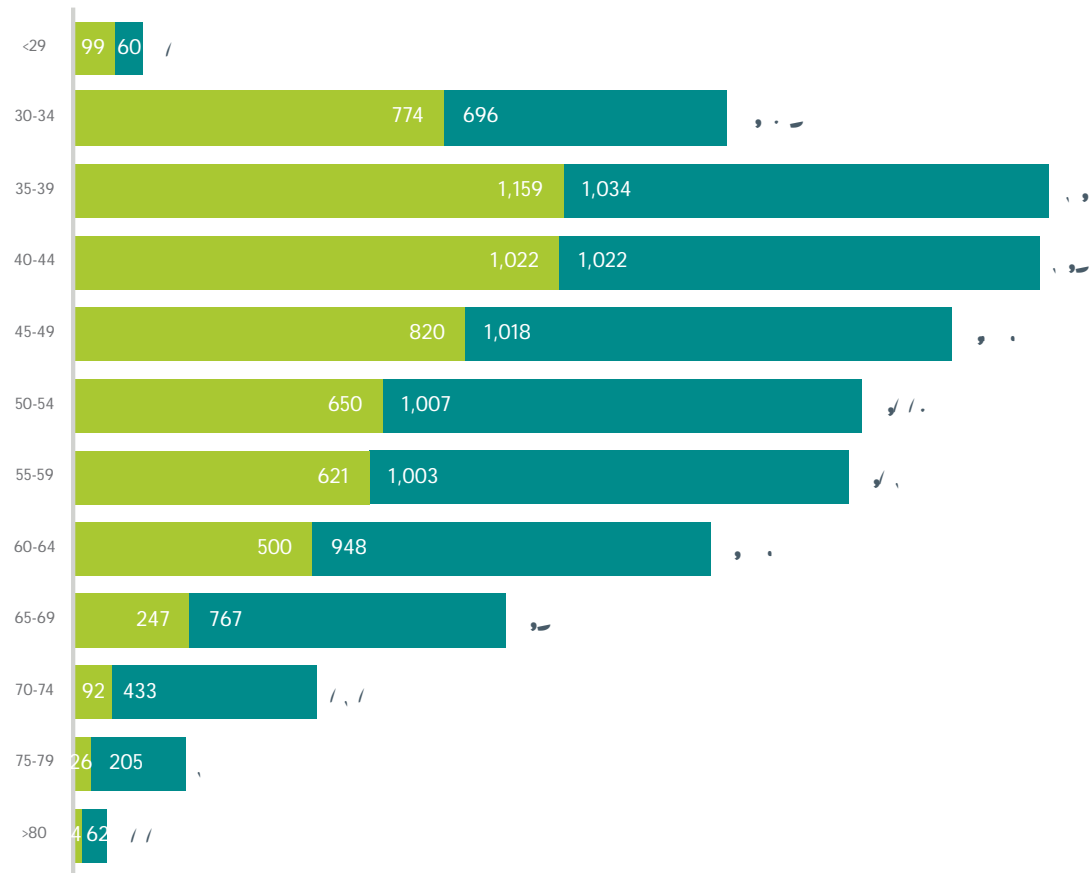
## Registering qualified physicians and surgeons

**A**

Figures calculated as of February 28, 2022

 female

 male



## Registering qualified physicians and surgeons

**A** 

Figures calculated as of February 28, 2022







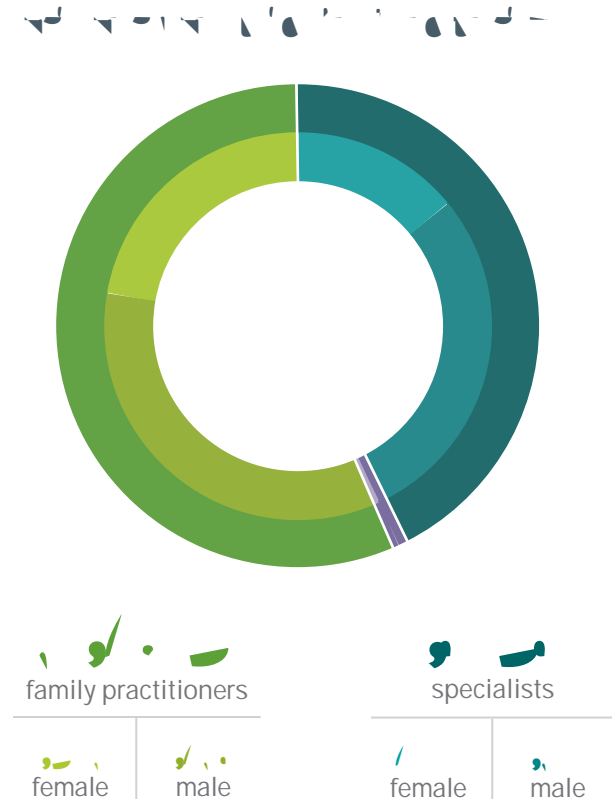


## Registering qualified physicians and surgeons

For the period of March 1, 2021 to February 28, 2022



## Registering qualified physicians and surgeons



For the purposes of the annual report, an IMG is determined by the jurisdiction where the medical degree was obtained, not by country of birth.

For the period of March 1, 2021 to February 28, 2022

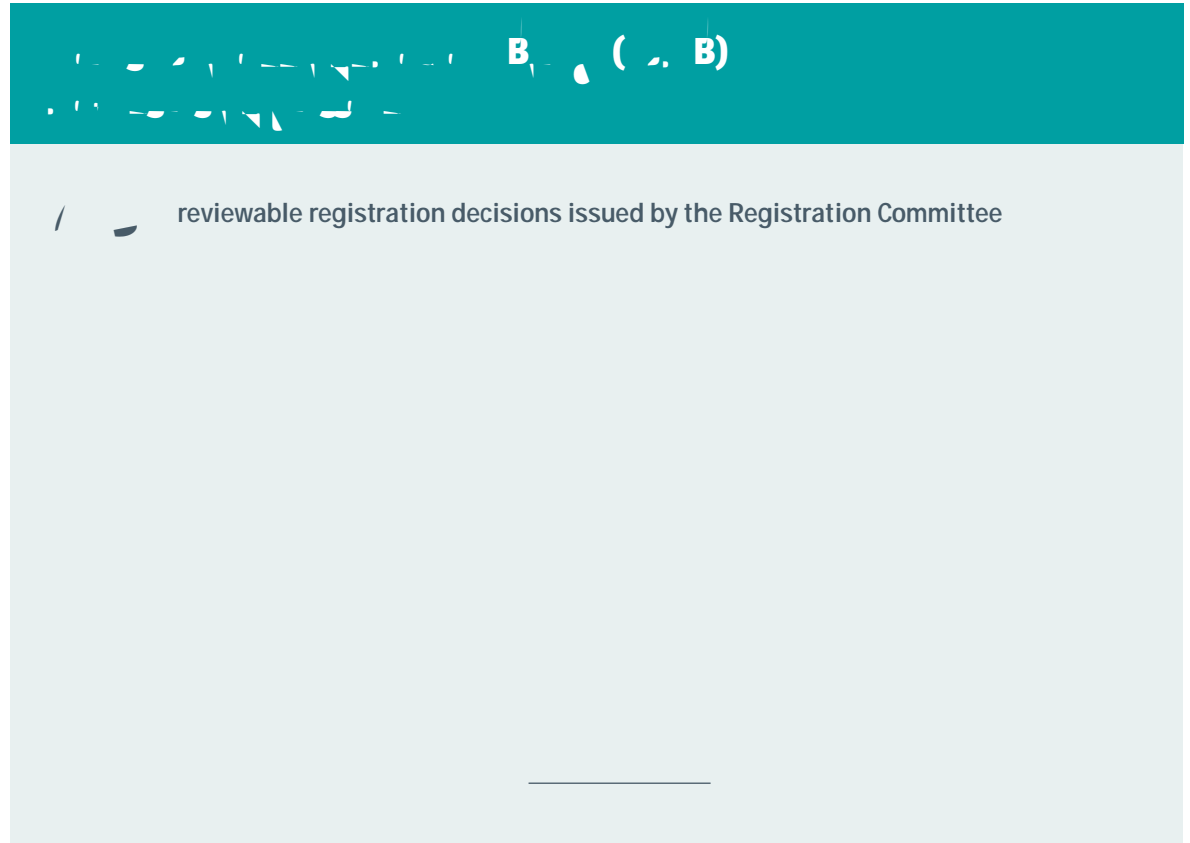
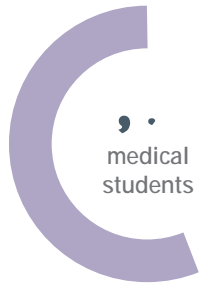
- IMGs applied for registration in British Columbia
- new IMG applicants were granted provisional registration
  - / • family practitioners
  - / • specialists
- / new IMG applicants were granted full registration
  - / • family practitioners
  - / • specialists
- / IMGs previously on the provisional register were advanced to the full register
- IMGs were licensed to become clinical observers\*

The Federation of Medical Regulatory Authorities in Canada updated its *Model Standards for Medicederru*

Edmonton, Alberta, Canada

## Registering qualified physicians and surgeons

2021-2022





## Addressing patient concerns

For the period of March 1, 2021 to February 28, 2022

### By subcategory

Case management	183
Documentation	47
Surgical complication	37
Clinical – other	25
Consent	19
Diagnosis	18
Prescribing	16
Other complication	2
Conduct – other	144
Communication	113
Practice management	82



## Addressing patient concerns

**Reviewable Complaint Decisions**

- reviewable complaint decisions
- applications for review of a complaint decision
- applications for review of a delay in the completion of the investigation

Note: As per the *Health Professions Act*, all complaint parties are permitted to file a delay application when the investigation exceeds 255 days.

**Dispositions of the Inquiry Committee**

- confirmations of the Inquiry Committee disposition
- dismissals of an application for review of an Inquiry Committee disposition

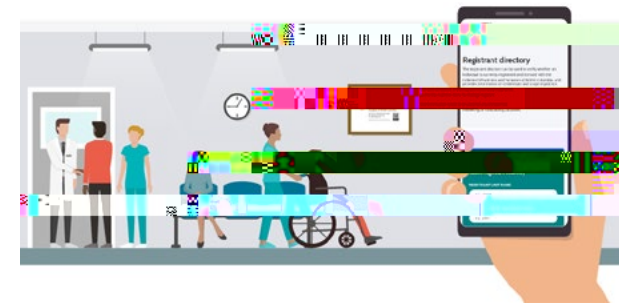
Note: A dismissal includes applications voluntarily withdrawn by the applicant and applications formally dismissed by the HPRB.

- remittals back to the Inquiry Committee for reconsideration
- applications for review of a delay in the completion of the investigation concluded with order to complete investigation by a specific date

Pursuant to the *Health Professions Act*, a complainant has the right to take complaint dispositions of the Inquiry Committee to the HPRB within 30 days of the day on which written notice of the disposition is delivered to the complainant for two reasons: 1) if they wish to appeal the decision of the Inquiry Committee (reviewable IC dispositions); 2) if the Inquiry Committee does not conclude the complaint within a legislated time frame (delayed investigation notices).

All of the decisions made by the HPRB can be found at [www.hprb.gov.bc.ca](http://www.hprb.gov.bc.ca).

With the approval of section 7-5 of the College Bylaws, as of January 2022, registrants practising in a private office were required to post signage, or provide written notice to patients, that the physicians and surgeons practising at that location are licensed and regulated by the College. This is an additional way to provide patients with confidence that the physician or surgeon they are seeing is registered, qualified, competent and fit to practise. The signage, which has the College's contact information, website address and a QR code linking to the online registrant directory, must be displayed in a high-traffic public area such as a waiting room or lobby.





# 6 Ensuring registrant competence

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 fulfill the duties and obligations outlined in the Canadian Medical Association's *Code of Ethics*.

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.

## Prescription Review Program

The Prescription Review Program assists registrants with the challenging task of prescribing opioids, benzodiazepines, stimulants and other potentially addictive medications with appropriate caution.

- 1,200 referrals received
- 150 new files opened
- 100 existing files closed
- 25% of files were closed for improvement in prescribing
- 50 files currently open in various stages of the process
- 10 files were referred to the Inquiry Committee

Hosted the Prescribers Course in May 2021 and February 2022

- 100 participants

Hosted the Chronic Pain Management Conference in September 2021

- 50 participants

## Controlled Prescription Program



The Controlled Prescription Program aims to reduce inappropriate prescribing of controlled medications and to prevent forgeries. Prescriptions for the controlled medications specified in the program must be written on the duplicate prescription pad specially developed for this purpose.

- 1,000 prescription pads issued
- 500 electronic medical record printer-friendly sheets issued

## Ensuring registrant competence



The rise in deaths due to street drugs with toxic illicit fentanyl is a public health crisis that has affected thousands of families and communities across Canada. The dramatic increase in numbers since the beginning of COVID-19 demonstrates a need to explore new approaches and clinical innovations such as safer supply to care for those with substance use disorders (SUD).

The College was pleased when the BC Ministry of Mental Health and Addictions, and the BC Ministry of Health released their policy direction paper last July. *Access to Prescribed Safer Supply in British Columbia: Policy Direction* calls for the augmentation of existing and established harm reduction strategies, including take-home naloxone, overdose prevention services, acute overdose risk case management, and treatment

and recovery. The solution to the overdose crisis is multi-faceted and the government's willingness to support safer supply programs and improve access to community services as a step forward is commendable.

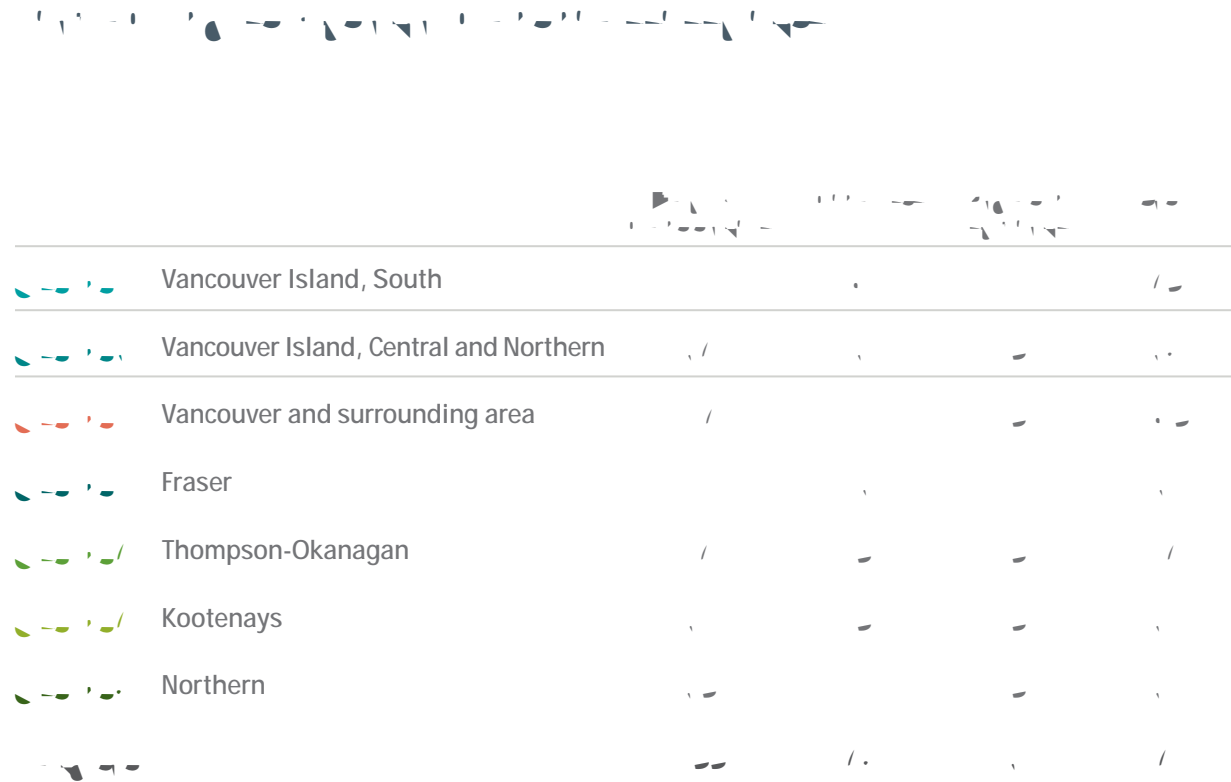
The College acknowledges that providing pharmaceutical-grade alternatives to the toxic street supply, both in the context of a comprehensive treatment plan or as a standalone harm reduction strategy, may allow registrants to better support patients with SUD, and may reduce their risk of overdose (or) 12 (p) 5 (and) 1 - 1. 3d [Td(s) 13 (and) 55 ientrd) 5 Q (SUD) 2 (,rm t) - 5 2 5) 5 (. ) 9. Pro) 2 (x

## Ensuring registrant competence

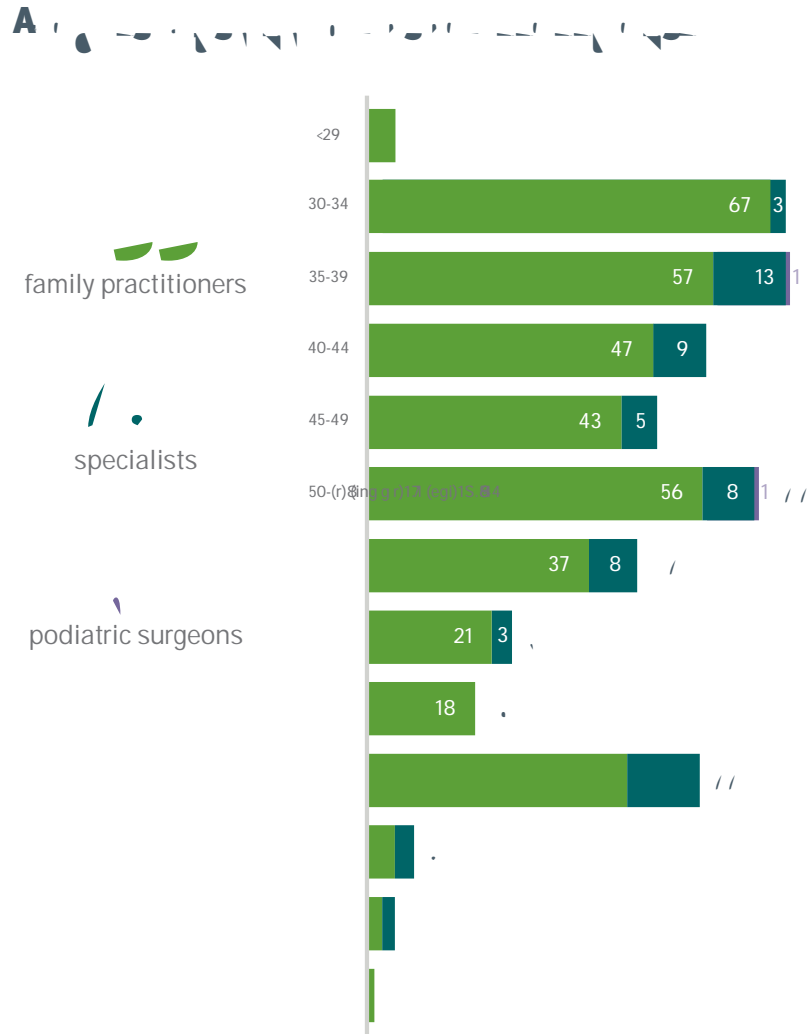


All registrants who provide community-based care in private offices or multi-practitioner clinics, or who work as long- and short-term locums, will participate in the Physician Practice Enhancement Program (PPEP) at some point in their career. During a PPEP assessment, a registrant may be required to participate in live

## Ensuring registrant competence



## Ensuring registrant competence



## Ensuring registrant competence

### Accreditation

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.

### Diagnostic Accreditation Program



The Diagnostic Accreditation Program has 24 accreditation programs covering diagnostic imaging, laboratory medicine, neurodiagnostic services, pulmonary function and polysomnography.

- // private diagnostic services operate in BC
- public diagnostic services operate in BC
- assessments performed
  - / initial
  - \ site
  - / . focused
  - . relocation
- facilities assessed for COVID-19 collection and testing

## Ensuring registrant competence

### Non-Hospital Medical and Surgical Facilities Accreditation Program



The Non-Hospital Medical and Surgical Facilities Accreditation Program accredits private medical/surgical facilities across the province.

- private medical/surgical facilities operate in BC
- procedural pain management (PPM) facilities operate in BC
  - PPM facilities were granted provisional accreditation
  - PPM facility with provisional accreditation closed
- assessments conducted
- non-hospital medical/surgical facilities were granted a full four-year accreditation award
- non-hospital medical/surgical facilities were granted a four-year accreditation award with a mid-cycle focused assessment

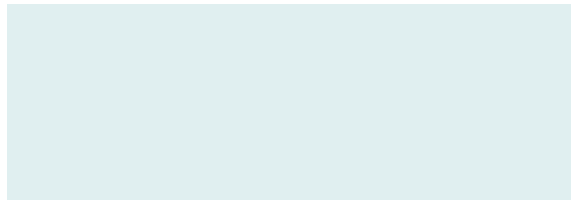
- • , / , procedures were performed in private medical/surgical facilities across the province
- / % of procedures performed (excluding laser refractive eye surgery) were publicly funded cases (e.g. MSP or health authority)
- % of procedures (excluding laser refractive eye surgery) were contracted by a third party (e.g. WorkSafeBC, ICBC)
- / . registrants are authorized by the College to provide medical services in one or more private medical/surgical facilities

# 7 Collaborating with key health partners



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-specific racism in BC's health-care system
- reviewing practice standards and professional guidelines



The BC Public Advisory Network (BC-PAN) was established to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in BC. The BC-PAN is a joint initiative of 10 health regulators consisting of 16 public advisors from across the province with various backgrounds, perspectives, and experiences.

The second operational year of the BC-PAN consisted of three two-day virtual meetings in June, October, and February. The BC-PAN discussed the following topics:

- how the colleges can support members of the public outside of the formal complaints process
- what is important for patients to know when their health-care provider retires or leaves their practice



**BCPAN**

- what patients should be told if their health-care provider sells or endorses a specific product or treatment
- what patients should know about providing informed consent
- what patients should be aware of if their health-care provider has a dual relationship with them
- how the colleges can create helpful and accessible public resources

To learn more about the work of the BC-PAN, visit [www.bcpa.ca](http://www.bcpa.ca).



# 8 Guiding the profession

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The College is committed to sharing information and consulting widely with registrants, the public, the Ministry of Health, and its health partners on matters of mutual interest and importance. In 2021/22, the College engaged many in the development and ongoing review of various practice standards and professional guidelines.



# 9 Managing resources

Financial Statement

(Expressed in thousands of dollars)

Year ended February 28, 2022, with comparative information for 2021.

The complete audited financial statements with notes can be found on the College [website](#).

	2022	2021
Annual registrant and incorporation fees	25,888	\$ 25,888
Annual accreditation fees	4,798	4,798
Application fees		

## Managing resources



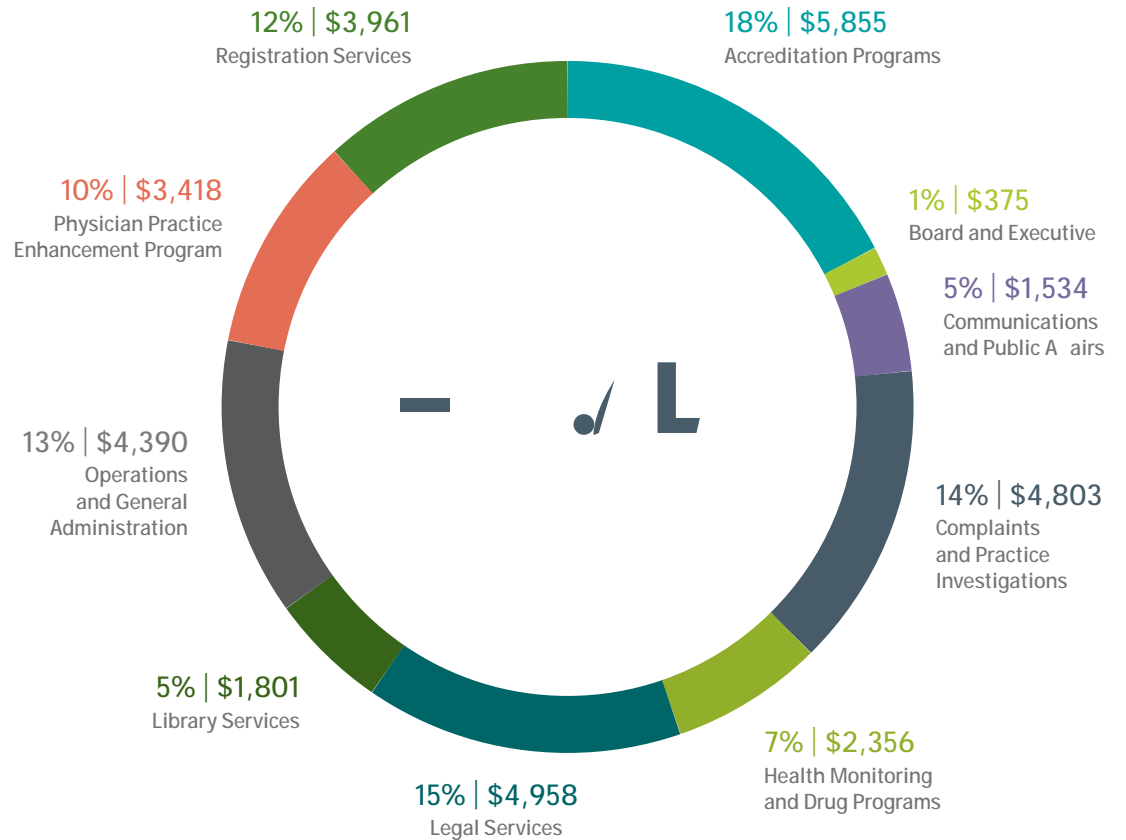
(Expressed in thousands of dollars)

Year ended at February 28, 2022

Note: Allocations of expenditures by function are unaudited figures.


Accreditation Programs	\$ 5,855	18%
Board and Executive	375	1%
Communications and Public Affairs	1,534	5%
Complaints and Practice Investigations	4,803	14%
Health Monitoring and Drug Programs	2,356	7%
Legal Services	4,958	15%
Library Services	1,801	5%
Operations and General Administration	4,390	13%
Physician Practice Enhancement Program	3,418	10%
Registration Services	3,961	12%

— A — — , / — %





## Practising good governance



The role of the College and its authority and powers are set out in the *Medical Act*, RSBC 1996, c.183

## Practising good governance

## Practising good governance



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 staff, ensuring a balanced and equitable approach to professional regulation.

### Executive Committee

Dr. B.A. Priestman



## Practising good governance

### Public representative members

Ms. J. Clarke ●  
Mr. S. Gill ●  
Ms. V. Jenkinson ●  
Mr. S. Kuiack ●  
Mr. M.A. MacDougall ●  
Ms. B.A. Martin ●  
Ms. B.J. Round ●

### Legal members

Ms. A.R. Westmacott, QC ●✚●  
Ms. M. Baird, QC ●  
Mr. K. Bracken, QC ●  
Mr. H. Kushner ●  
Ms. K.F. Nordlinger, QC ●  
Ms. J.P. Whittow, QC ●

### Quality Assurance Committee

Non-Hospital Medical  
and Surgical Facilities  
Accreditation Program  
Patient Safety Incident  
Review Panel

Dr. W.D. Sanden \*

## Practising good governance

### **Non-Hospital Medical and Surgical Facilities Accreditation Program Committee**

Dr. W.D. Sanden

## Practising good governance

As of February 28, 2022

### Office of the Registrar

Dr. H.M. Oetter, Registrar and CEO

### Registration

Ms. C. de Bruin, Executive Director

### Complaints and Practice Investigations

Dr. D.G. Puddester, Deputy Registrar

Mr. D. Martinig, Director

### Health Monitoring and Drug Programs

Dr. D.A. Unger, Deputy Registrar

### Physician Practice Enhancement Program

Dr. M.J. Murray, Deputy Registrar

Ms. N. Castro, Director

### Accreditation Programs

Dr. M.J. Murray, Deputy Registrar

### Legal Services

Mr. G. Keirstead, QC, 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. M. McKeen, Director (deceased)

### Operations

Mr. M. Epp, Chief Operating Officer

#### Finance and Corporate Services

Mr. J. Pesklevits, Director

#### Human Resources

Ms. A. Horton, Director

#### Information Technology

Mr. C. Telford, Director

### Communications and Public Affairs

Ms. S. Prins, Director

### College Library

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 who provide exceptional workplaces and benefits to their employees.