

COLLEGE OF
PHYSICIANS
AND SURGEONS
OF BRITISH



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2024
3

Abstract

This report describes the work and activities of the College's fiscal year from March 1, 2022 to February 28, 2023 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.

The College of Physicians and Surgeons of BC is located on the unceded and traditional territories of the Coast Salish Peoples, including the x̱m̱kw̱y̱m̱ (Musqueam), Skwxwú7mesh (Squamish), and S̱ílw̱ṯa / Selilwitulh (Tseil-Waututh) Nations, whose historical relationships with these lands continue to this day.

Committee Reports

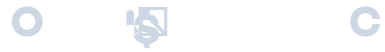
The chairs of each of the College's committees are required by statute to submit a written report of their committee's specific activities and accomplishments to the Board. These reports can be viewed on the [College website](#).

Committee Reports	3
Advisory Committee	6
Board of Directors	10
Regulatory Committee	14
Additional Committees	26
Executive Committee	31
College of Physicians and Surgeons of BC	38
Governance	40
Management	45
Practice	48



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The College of Physicians and Surgeons of British Columbia regulates the practice of medicine under the authority of provincial law. All physicians and surgeons who practise medicine in the province must be registrants of the College. The College's overriding interest is the protection and safety of patients. The role of the College is to ensure physicians and surgeons meet expected standards of practice and conduct.

The primary function of the College is to ensure that BC's physicians and surgeons are qualified, competent and fit to practise medicine. The College manages processes for responding to complaints from patients and for taking action if a physician or surgeon is practising in a manner that is incompetent, unethical or illegal. The College also administers a number of quality assurance activities to ensure physicians and surgeons remain competent throughout their professional lives, and patients receive care in accredited diagnostic and private medical/surgical facilities.

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a d d

l a a

- R a c a d d c a
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As we move into another year, it is important to reflect on both the challenges and the progress from the previous year. In 2022/23, our collective resolve and resilience were again put to the test as the COVID-19 pandemic entered its third year.

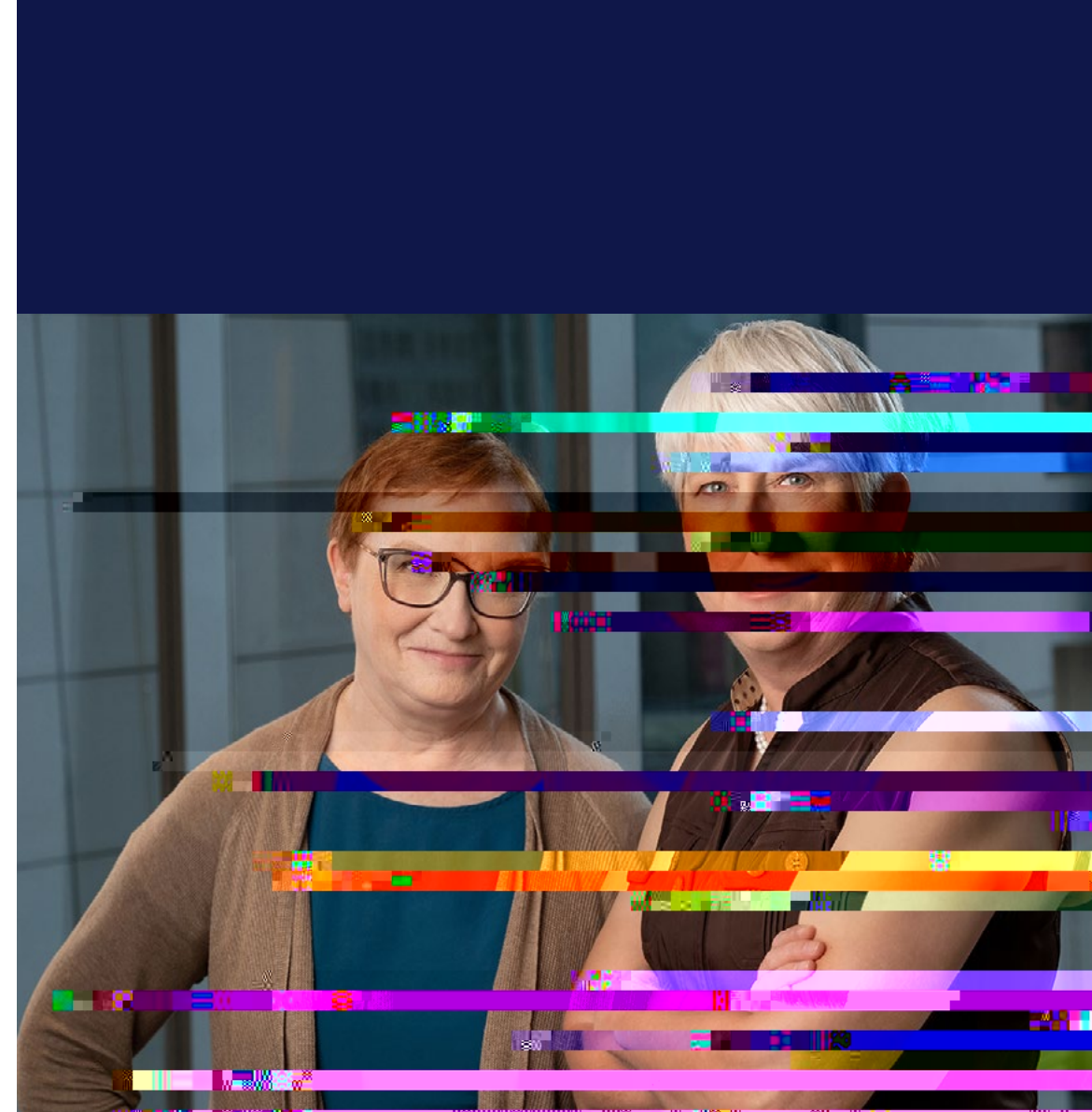
COVID-19 a d

The College continued to support the efforts of the Provincial Health Officer (PHO) when she required all health regulators to verify the vaccine status of each registrant by March 31, 2022. This mandate necessitated a swift response, and the College was fortunate to be able to reallocate human resources to address the administrative impact and meet the Order within the prescribed time frame.

D a d c

The College remains steadfastly committed to becoming a more equitable, diverse and inclusive organization, and eliminating the cycle of Indigenous-specific racism that is embedded in the province's health-care system. We are also committed to inviting Indigenous voices and integrating the principles of cultural safety and humility into our governance, organizational culture, strategic plan and operations.

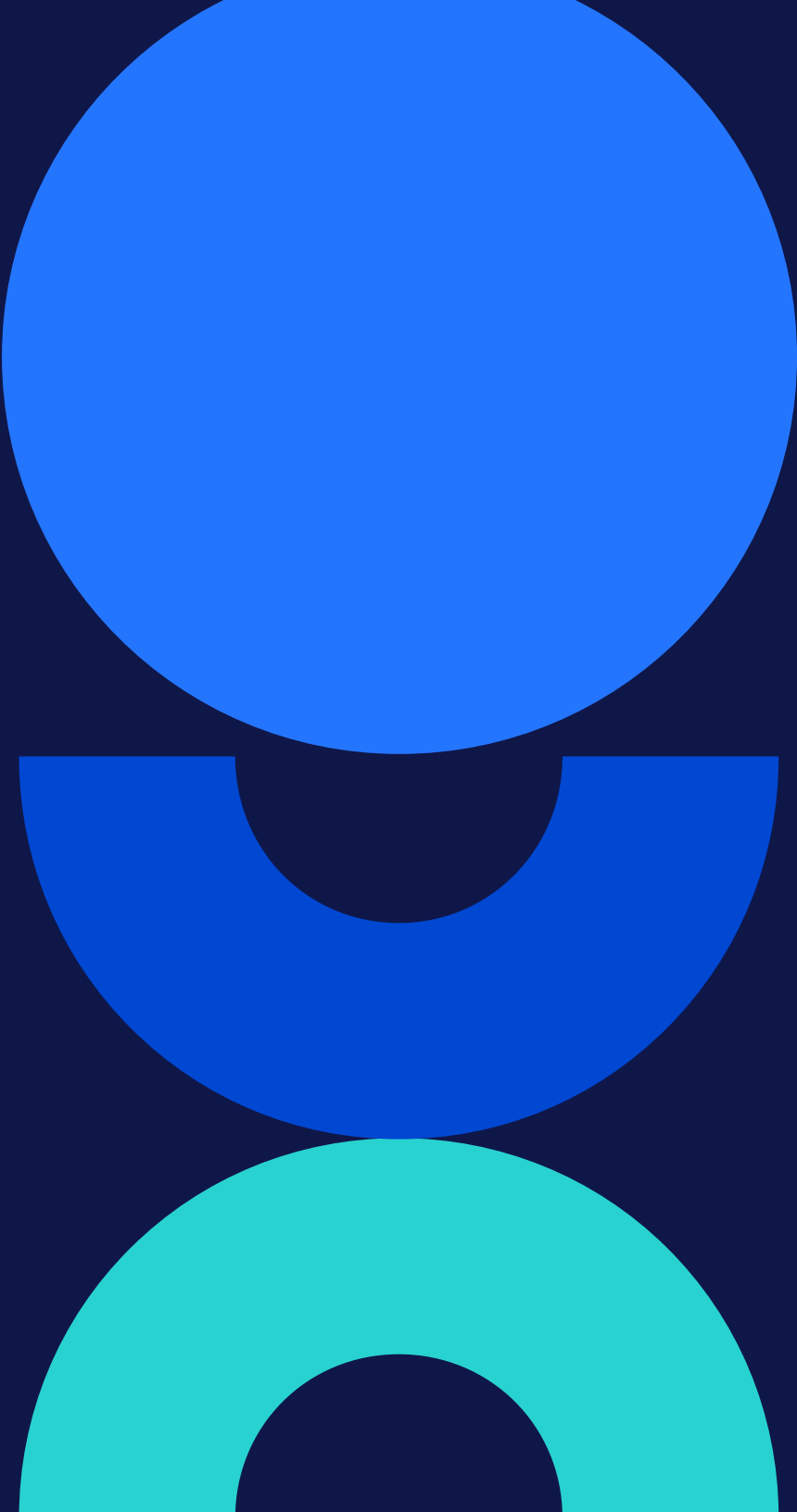
In May 2022, we had the privilege of participating in an Indigenous blanket ceremony with the BC College of Nurses and Midwives (BCCNM) where Elders accepted and welcomed the two colleges' *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard into Indigenous laws.



B. A. P... a , MD, FRCPC
President

H... O... , MD
Registrar and CEO

a concern for many British Columbians, and the College is working in partnership with government to find innovative, sustainable solutions to address BC's health human resourcing challenges.

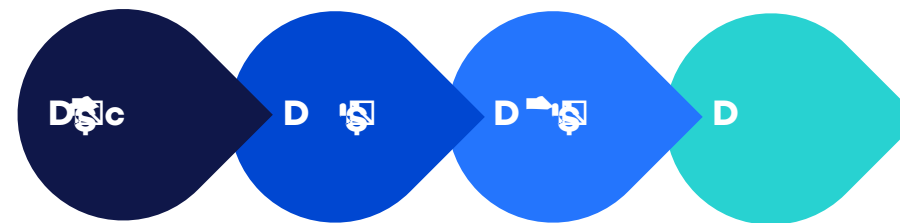


R b a d s
c

R b a d s C

The College launched its new brand in April 2023 after a rebranding process that began in October 2021. As part of the rebranding, the College replaced its crest, a distinctly colonial symbol, with a new logo that reflects the College's current-day values of accessibility and inclusivity for all British Columbians.

The rebranding process was a multi-year project and was divided into four phases:



DSc

A critical first step of this project was the discovery phase, which involved extensive research on the current perceptions and needs of the College's audiences, including registrants, members of the public, College board members and staff, and colleagues from other health and regulatory organizations. The feedback gathered in this phase informed the rest of the project.

The following groups participated in workshops, one-on-one interviews and surveys:

- 2,198 registrants
- 1,055 members of the public
- 14 partner organizations

D

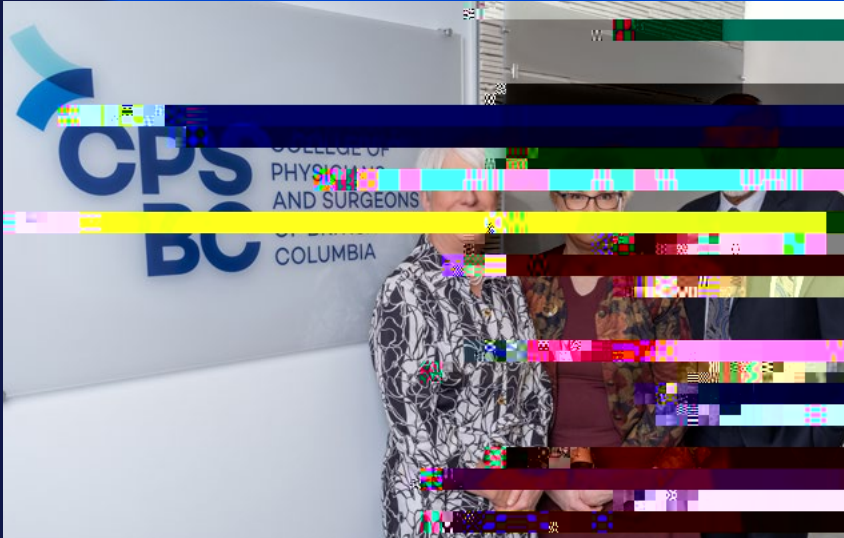
The second step of the project involved looking inward. College employees and board members met to review the results of the discover phase and have conversations about the College's purpose, mandate and actions.

This work culminated with the development of a brand strategy to guide the rest of the project. The brand strategy also serves as a guide for College employees.



Phase three of the project involved working with a design team to translate the brand strategy into a comprehensive visual identity. Through an iterative process that involved


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a c , a b d
b d d
c .



C b a d d
b a d , b a d
a a c
b a d .



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d



The image features a cluster of white icons on a dark blue background. The icons include several dollar signs (\$), some of which are enclosed in squares. There are also several arrows pointing in various directions, and some squares that appear to be overlapping or partially filled. The icons are arranged in a somewhat circular pattern, with some overlapping each other.





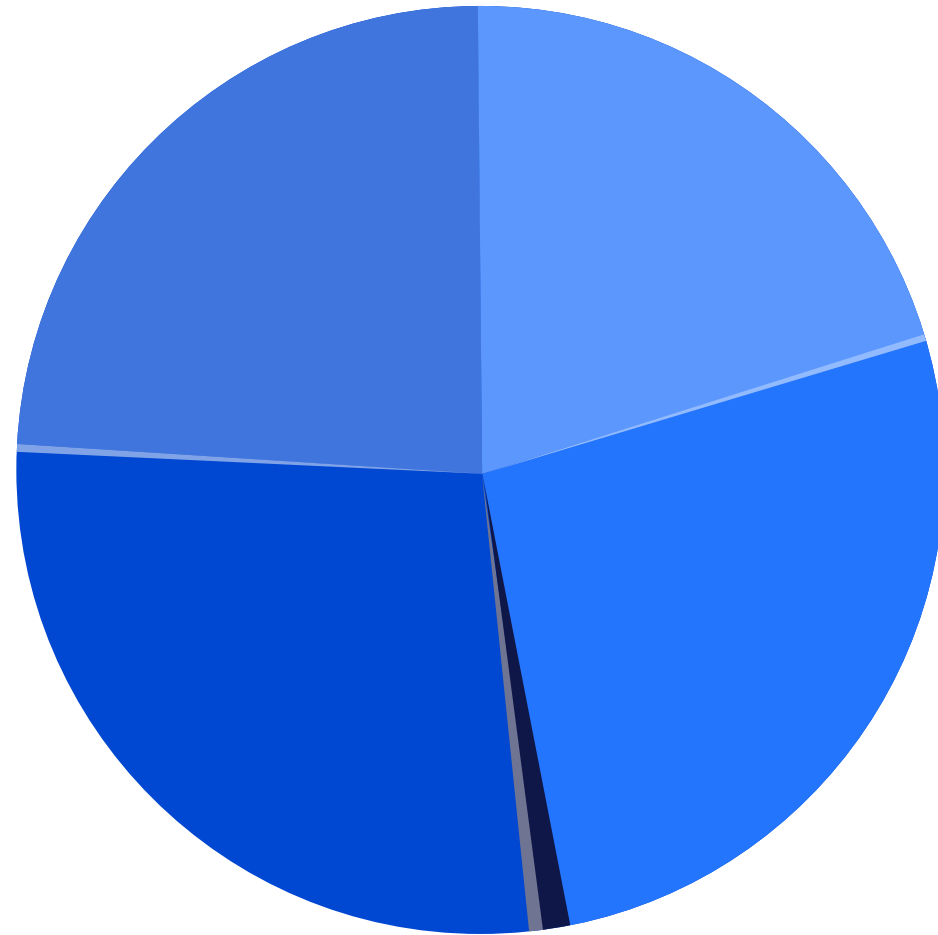
Physicians and surgeons must meet the College's legislated registration requirements to obtain a licence to practise medicine in British Columbia. The College carefully reviews an applicant's education, training, and relevant practice experience, as well as any outstanding investigations, disciplinary actions or restrictions from other jurisdictions, to ensure that only qualified, competent and ethical physicians and surgeons are granted registration. Under the *Criminal Records Review Act (CRRRA)*, all registrants of the College must undergo a criminal records check (CRC). CRCs are administered by the Criminal Records Review Program, which is operated by the Ministry of Public Safety and Solicitor General.

Applicants who meet all of the requirements of the full class of registration may begin independent medical practice within their scope anywhere in the province.

The College welcomes applications from physicians and surgeons who have obtained their medical degree or their doctor of podiatric medicine degree from another country. International medical graduates (IMGs) are often registered in the provisional class of licence as an interim step so that they can apply their knowledge and skill to the care of patients while under sponsorship by a health authority and supervision by a qualified registrant. To advance to the full class of registration, physicians and surgeons in the provisional class must complete Canadian qualifying exams, or they may be eligible to participate in a comprehensive workplace assessment within a specified period of time.

T a a
15,502

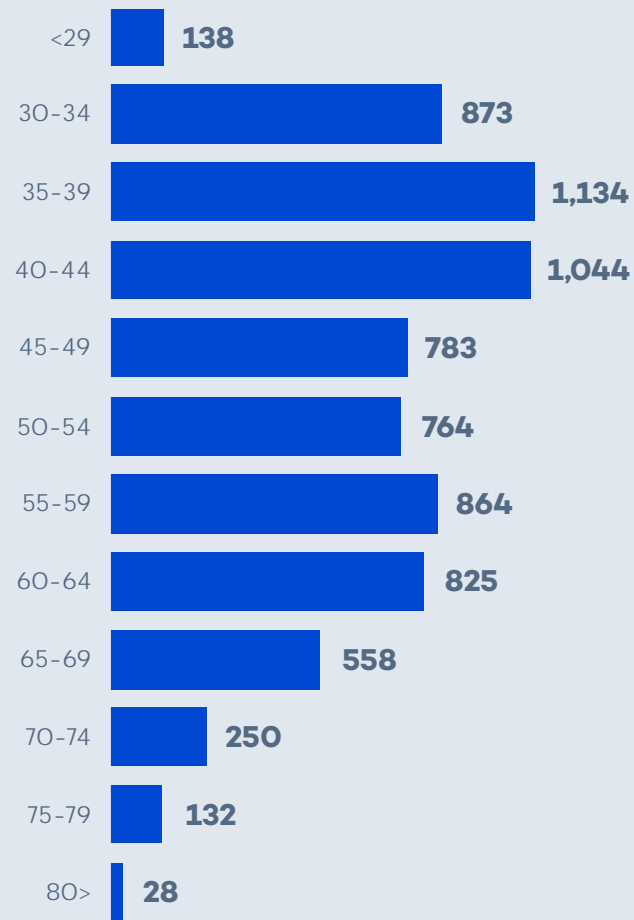
P a ac
14,723



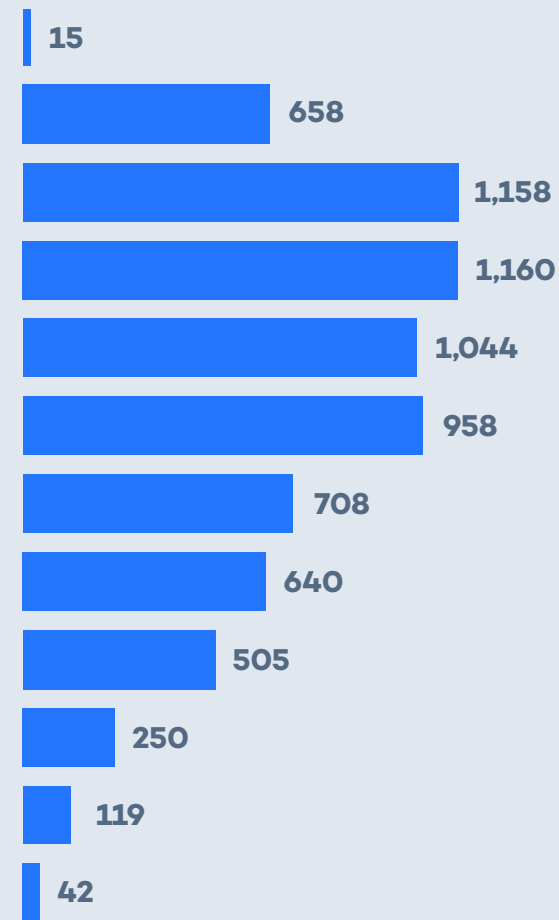
7,257



Physicians and Surgeons



Physicians and Surgeons



A   

6,313

1 a

8,402

C	F	M	U	T a	C
Canada	4,543	5,550	6	10,099	Mexico
South Africa	272	715	0	987	
United Kingdom	217	361	0	578	
Ireland	155	189	1	345	
India	120	208	0	328	
United States	123	202	0	325	
Iran	95	116	0	211	
Australia	70	115	0	185	
Pakistan	45	71	0	116	
Nigeria	31	82	1	114	
Netherlands Antilles	55	58	0	113	
Grenada	40	56	0	96	
China	45	46	0	91	
Poland	47	42	0	89	
Egypt	23	59	0	82	
Russia	32	25	0	57	
Saint Kitts and Nevis	22	34	0	56	
Dominica	20	32	0	52	
Iraq	15	25	0	40	
Germany	12	28	0	40	
Romania	26	10	0	36	
Philippines	20	15	0	35	
Libya	5	29	0	34	
New Zealand	11	20	0	31	
Ukraine	18	12	0	30	
Other*	14	12	0	26	
Antigua and Barbuda	9	12	0	21	
Brazil	11	8	0	19	
Bulgaria	8	11	0	19	
Bangladesh	8	10	0	18	
Argentina	7	10	0	17	

F M U T a

5 11 0 5 Total Actual Total 2019-2020 >> 5.003 4.003 0.663 Td (TWO) TJE 288 / 70.825 0 Td (M) (E) Tjj / h 818 8 (S) E 29 / Actu



S	F	M	U	T	S	F	M	U	T
Anatomical Pathology	56	85	0	141	Medical Microbiology	14	18	0	32
Anesthesiology	188	462	0	650	Medical Oncology	3	3	0	6
Cardiac Surgery	1	22	0	23	Neonatal-Perinatal Medicine	0	1	0	1
Cardiology	1	7	0	8	Neurology	76	122	0	198
Cardiothoracic Surgery	0	1	0	1	Neuropathology	1	7	0	8
Cardiovascular and Thoracic Surgery	0	3	0	3	Neurosurgery	4	48	0	52
Child and Adolescent Psychiatry	1	0	0	1	Nuclear Medicine	2	8	0	10
Community Medicine	3	10	0	13	Obstetrics and Gynecology	199	106	1	306
Dermatology	43	42	0	85	Occupational Medicine	2	1	0	3
Developmental Pediatrics	0	1	0	1	Ophthalmology	60	164	1	225
Diagnostic Radiology	129	282	0	411	Orthopedic Surgery	45	248	0	293
Emergency Medicine	93	145	1	239	Other*	794	1,142	1	1,937
Endocrinology and Metabolism	0	1	0	1	Otolaryngology - Head and Neck Surgery	18	84	0	102
Forensic Psychiatry	1	0	0	1	Pediatrics	234	125	0	359
General Pathology	17	40	0	57	Physical Medicine and Rehabilitation	46	82	0	128
General Surgery	96	187	0	283	Plastic Surgery	40	83	0	123
Hematological Pathology	20	19	0	39	Psychiatry	366	432	0	798
Hematology	1	2	0	3	Public Health and Preventive Medicine	13	15	0	28
Internal Medicine	174	255	0	429	Radiation Oncology	44	58	0	102
Medical Biochemistry	4	6	0	10	Rheumatology	1	1	0	2
Medical Genetics	11	4	0	15	Urology	17	96	0	113
Medical Genetics and Genomics	5	1	0	6	Vascular Surgery	0	11	0	11
					G a d a	2,823	4,430	4	7,257

International Medical Graduates

4,624

IMGs
B.C. C. b.c.

2,671

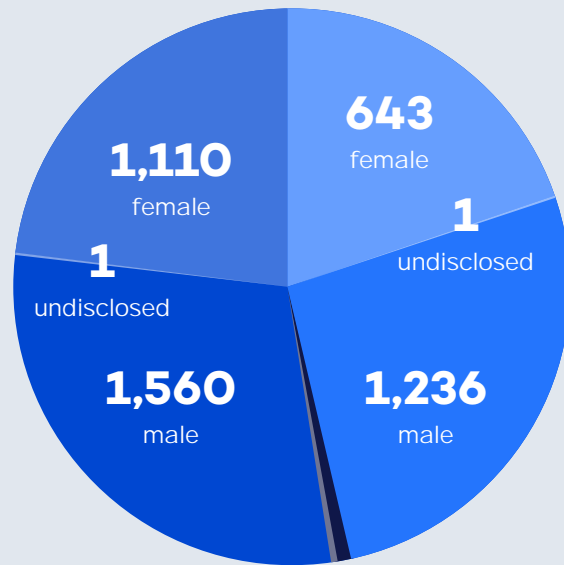
ac
ac

1,880

c
c

73

d
d



17 female
56 male

For the purposes of the Annual Report, an international medical graduate is determined by the jurisdiction where the medical degree was obtained, not by country of birth.

258

IMGs
B.C. C. b.c.

Note: Applications and the granting of registration may occur in different fiscal years.

93

IMGs
ac
ac

48

45

381

IMGs
ac
ac

232

149

171

IMGs
ac
ac

78

IMGs
ac
ac

*Clinical observers are IMGs who are not eligible for registration. The clinical observership licence serves as a bridge allowing IMGs to observe and learn in a practice setting under a registrant's direct supervision. The goal is to provide IMGs with an informal educational experience, allow them to become familiar with the provincial medical system and gain a competitive advantage when applying for a residency program to eventually pursue a licence for independent practice.

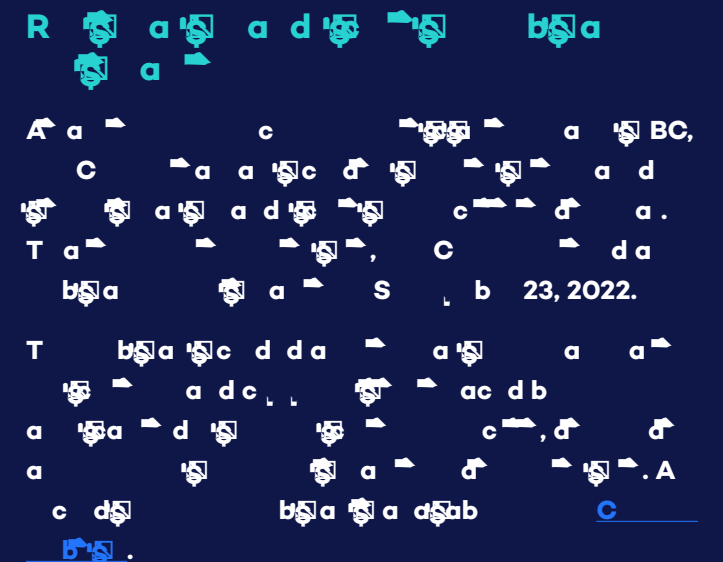
International Medical Graduates

Expanding the IMGs Practising in BC

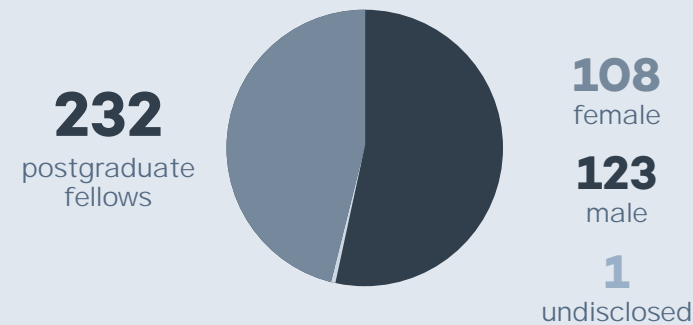
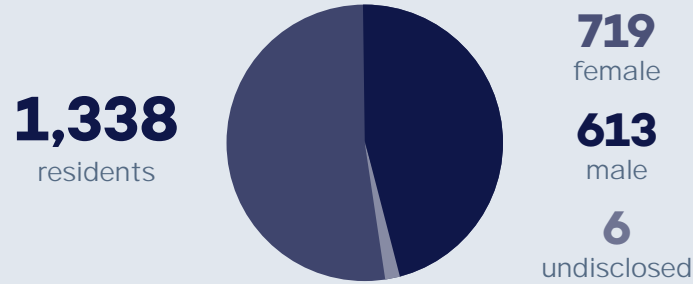
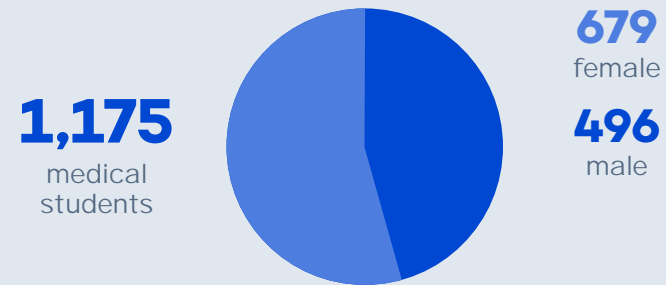
On November 27, 2022, the BC government announced plans to increase the number of IMGs practising in BC by

- expanding the [Practice Ready Assessment](#) program,
- introducing a [new associate physician class of licensure](#) that will allow some IMGs who are not eligible for full or provisional licensure in BC to work in community-based primary care settings under the direction and supervision of an attending physician, and
- introducing a new restricted class of registration that will allow physicians who are diplomates of the American Board of Pediatrics (AMP), the American Board of Emergency Medicine (ABEM), or the American Board of Internal Medicine (ABIM) to practise medicine in BC.

On January 13, 2023, the [College Bylaws](#) were updated to include the associate physician – community primary care class and the USA certified class.



Education



Health Professions Regulation Board (HPRB)
Registration matters



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



Pursuant to the *Health Professions Act*, 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.

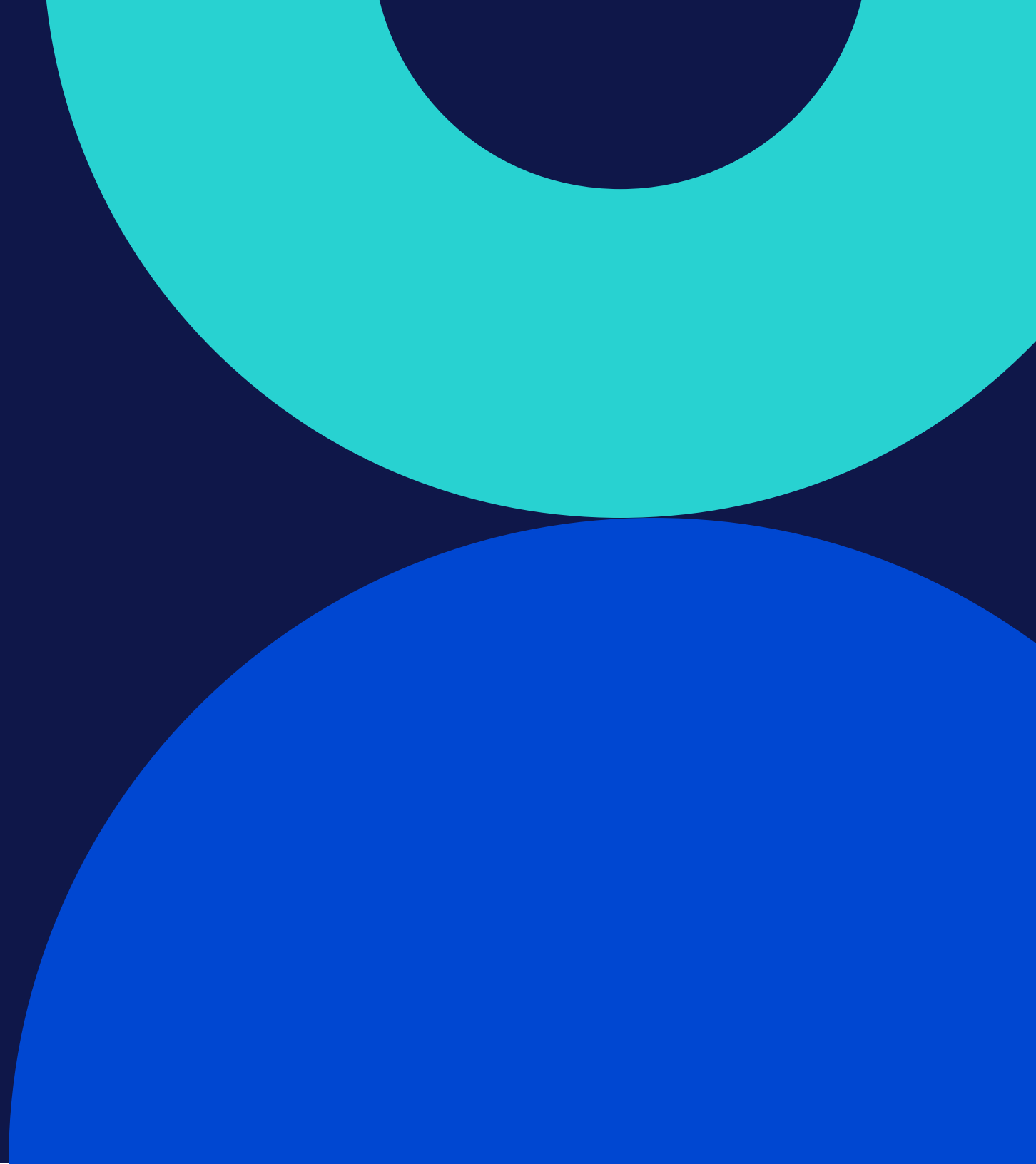
All of the decisions made by the HPRB can be found at www.hprb.gov.bc.ca.

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Safeguarding the public is the mandate of the College. The comprehensive review of each complaint filed with the College ensures a just and fair process for patients and registrants involved in complaints proceedings. Every complaint filed with the College is reviewed by the Inquiry Committee composed of registrants and members of the public.

Through its investigation, the Inquiry Committee determines the best means to conclude the matter in the public interest. If the Inquiry Committee is critical of the registrant, the *Health Professions Act* provides three options for resolution depending on the seriousness of the concern:

1. Informal resolution through correspondence, interviews, and/or educational activities
2. Formal consequences, short of discipline, including reprimands and practice restrictions
3. Referral to the registrar with direction to issue a citation and begin disciplinary proceedings

Most complaints that prompt the issuing of a citation are ultimately resolved through consent orders. If a consent resolution is not possible, the matter proceeds to a hearing before the Discipline Committee.




Common themes of complaints:

C                                                            

- Over or under prescribing medication
- Incorrect diagnosis that may put a patient at risk
- Failure to perform a physical examination

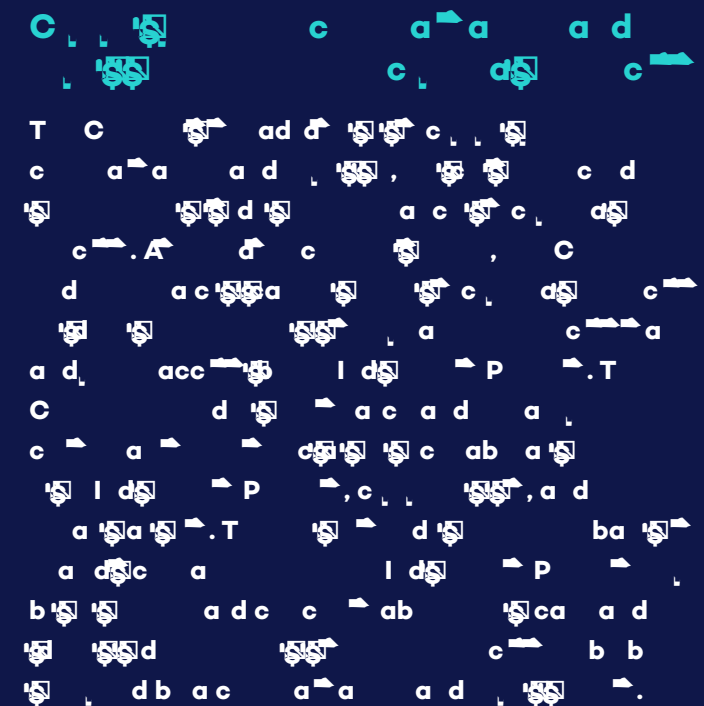
C                                                            

- Inappropriate communication and rudeness
- Undue delay in transferring medical records or completing reports

B                                                            

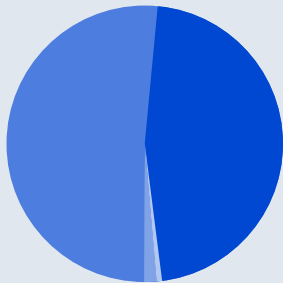
- Inadequate conduct during a sensitive exam
- Inappropriate social or business relationship with a patient

An overview of the process for filing a complaint against a registrant is available in nine languages and can be found on the [College website](#).



C d d

1,081
complaints
opened



525
clinical

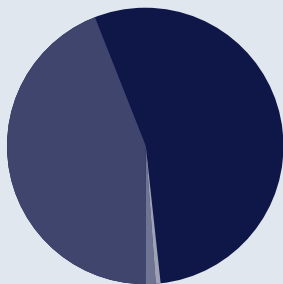
496
conduct

15
boundary

45
other

C d c c d d

1,281
complaints
concluded



506
clinical

720
conduct

11
boundary

44
other

C d a	506
Assessment, diagnosis and treatment	202
Diagnosis – delayed/incorrect	54
Documentation/medical records	4
Informed consent	21
Medical complication	31
<i>Mental Health Act</i> admission	4
Patient communication – care related	7
Physical examination	2
Prescribing	87
Referrals/consultation	2
Surgical complication	57
Team communication – care related	1
Treatment – procedure	4
Clinical – other	30
C d c	720
Advertising	23
Breach of confidentiality	25
Conflict of interest	1
Disclosure of medical records	92
Discrimination – BC human rights	66
Discrimination – clinical complexity	18
Discrimination – Indigenous specific	4
IME/insurance forms and third-party reports	16
Office management – environment/staff/other	128
Patient/team communication – unprofessional	220
Unprofessional behaviour	7
Conduct – other	120
B da	11
Sexual misconduct – physical contact/touching	2
Sexual misconduct – relationship	1
Sexual misconduct – behaviour/communication	4
Boundary – other	4
O	44
Duty to report	32.2
Contravention/indictable offense	33(4)(a)
Failure to comply with practice condition	33(4)(b)
Unprofessional conduct	33(4)(c)
Competence to practice	33(4)(d)
Failure to cooperate	4-11 (College Bylaws)
Bylaw contravention – other	5

Add a concern

Practice standards

Pursuant to section 33(4) of the *Health Professions Act*, the Inquiry Committee is authorized to investigate the practice of a College registrant, on its own motion, where concerns regarding competency or conduct are identified. This investigation (referred to as a practice investigation) may include a review of clinical and practice records and the quality of medical and surgical care provided.

82

ac a d

Practice concerns

N () c	33(6)(a) & 32(3)(c)	26
C		30
Advice/written criticism	33(6)(b)	1
Remediation by consent	36(1)(a) / (b) / (d)	29
T a d		24
O		2

82

ac c c d d

Undisclosed

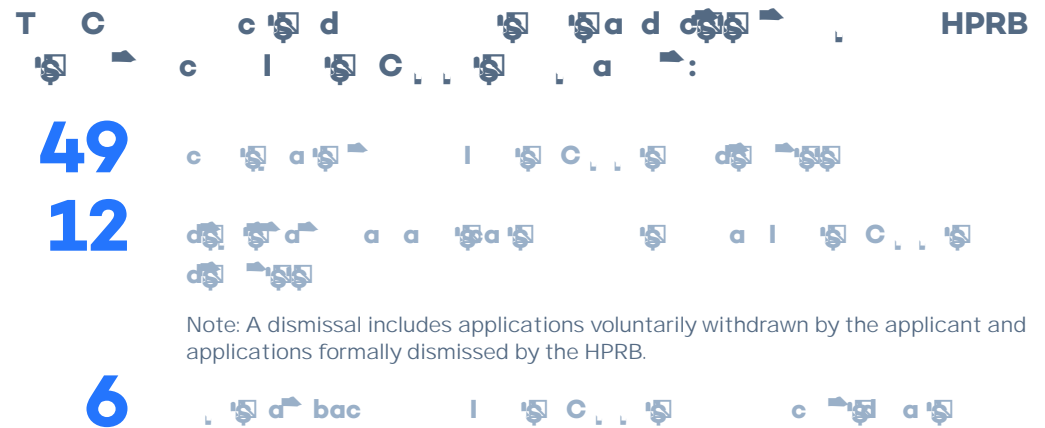
T C b c a da c d
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O F b a 14, 2023, S C BC
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**H a P
R B a d (HPRB)**
Complaint matters



The Health Professions Review Board (HPRB) can independently review certain decisions made by health profession regulatory colleges. A person filing a complaint can apply for a HPRB review if they believe the investigation was inadequate or if the decision was not reasonable. All of the decisions made by the HPRB can be found at www.hprb.gov.bc.ca.



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



E
C
L
a
C

A collection of white icons and text elements arranged in a cluster. At the top left is a document icon with a folded corner. Below it is a large letter 'E'. To the right of the document icon is a magnifying glass icon over a dollar sign. Below the magnifying glass is another large letter 'C'. To the right of the magnifying glass is a smaller magnifying glass icon over a dollar sign, followed by a large letter 'a'. At the bottom left is another large letter 'C', and to its right is another large letter 'C'. The letters 'E', 'C', 'L', 'a', and 'C' are arranged in a roughly vertical line, while the magnifying glass icons and dollar signs are positioned between them.

Education and Professional Development

The College's quality assurance programs ensure that registrants remain competent through continuing professional development, adhere to practice standards and professional guidelines, and fulfill the duties and obligations outlined in the Canadian Medical Association's *Code of Ethics and Professionalism*. 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.



Controlled Prescription Program

The Controlled Prescription Program aims to reduce inappropriate prescribing of controlled substances.

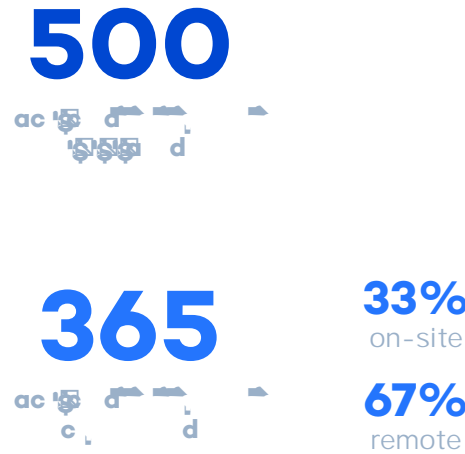


Physician Practice Enhancement Program (PPEP)

All registrants who provide community-based care in private offices or multi-physician clinics, or 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 five assessment components:

- peer practice assessment of recorded care
- multi-source feedback assessment
- review of their PharmaNet prescribing profile
- office assessment
- physician interview with feedback and coaching

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



	Fa ac	S	P d	T a
D 1 Vancouver Island, South	26	13	0	39
D 2 Vancouver Island, Central and Northern	42	14	0	56
D 3 Vancouver and surrounding area	62	39	0	101
D 4 Fraser	131	48	1	180
D 5 Thompson-Okanagan	34	32	0	66
D 6 Kootenays	29	5	0	34
D 7 Northern	21	3	0	24
G a d a	345	154	1	500

Yearly
 Practice
 Evaluation
 Results

345

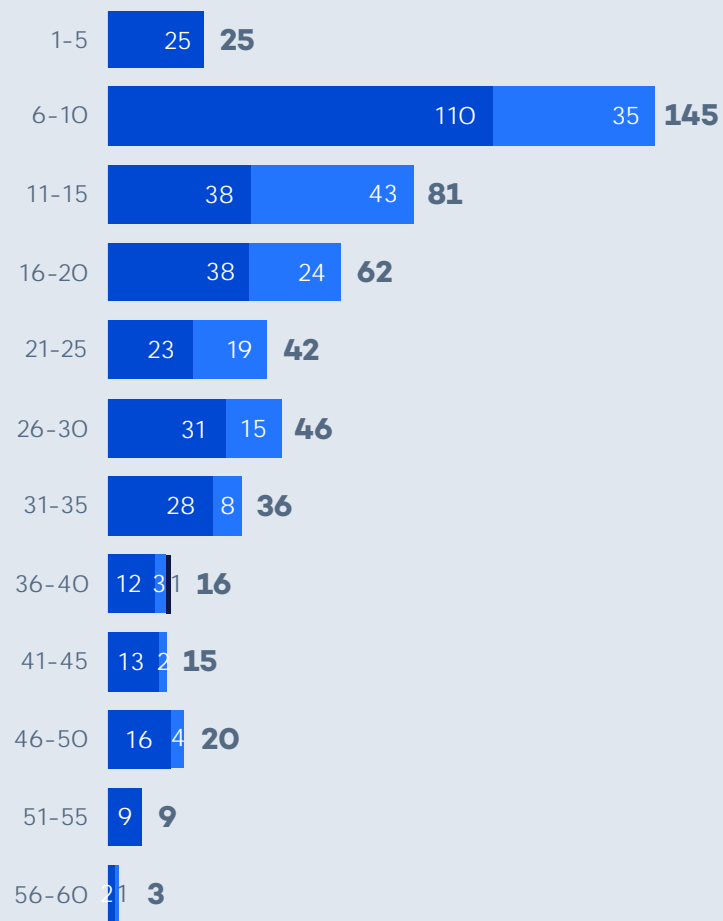
accredited

154

accredited

1

accredited



Physician Office Medical Device Reprocessing Assessments

Physician Office Medical Device Reprocessing Assessments

The College's Physician Office Medical Device Reprocessing Assessments (POMDRA) initiative assesses the reprocessing of reusable semi-critical and/or critical medical devices in community-based physician offices. Support and education are provided to registrants and office staff so they can continue to provide safe care to their patients.

POMDRA is based on the requirements outlined in the Ministry of Health's *Best Practices for Cleaning, Disinfection and Sterilization for Critical and Semi-Critical Medical Devices* (2011) and the Canadian Standards Association (CSA) medical device reprocessing standard. POMDRA applies to registrants who practise in a solo or multi-practitioner community-based setting. It does not apply to clinical offices or outpatient clinics affiliated with a health authority or hospital, which have their own evaluation processes.

219

accredited

157
on-site
completed

62
remote
completed

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.

Diagnostic Accreditation Program

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

533

Diagnostic Accreditation Program (DAP) - BC

417

Diagnostic Accreditation Program (DAP) - BC

431

Diagnostic Accreditation Program (DAP) - BC

91

178

39

22

82

19

48

COVID-19

DAP Accreditation Programs
APAC MRA 15189

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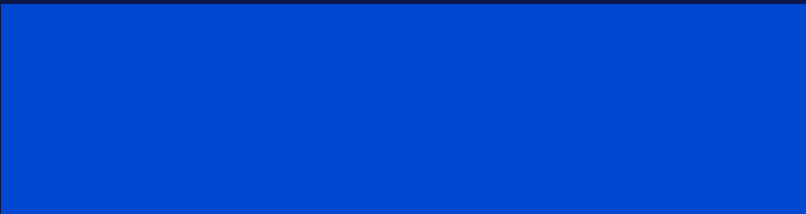




A top priority for the College is to work collaboratively with key partners such as government, universities, hospitals, associations, and other organizations to address provincial and national issues such as:

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Developing practice standards

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 2022/23, the College engaged many in the development and ongoing review of various practice standards and professional guidelines.

Consulting with registrants

Consulting with registrants during the development of new or revised practice standards provides insight into various perspectives on specific issues, including how to apply standards in a clinical setting. Hearing directly from patients helps guide the development of public resources which clearly explain aspects of standards that relate to them.



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C

The College published a series of [videos](#) in collaboration with the BC College of Nurses and Midwives (BCCNM) to further support the



Diversity and Inclusion

Public Resources

The following public resources were developed or revised, and published on the College website:

- [Advertising and Communication with the Public](#)
- [Virtual Care](#) – translated into eight of the most commonly spoken languages in BC

Virtual Care

Virtual care is a way to get help from a health professional without seeing them in person. It can be done through a computer, tablet, or smartphone. Virtual care is available 24/7 and can be used for a variety of health issues. It is a safe and effective way to get help when you need it. Virtual care is available in many languages, including English, Spanish, Cantonese, and Punjabi. For more information, visit [www.health.gov.bc.ca](#).

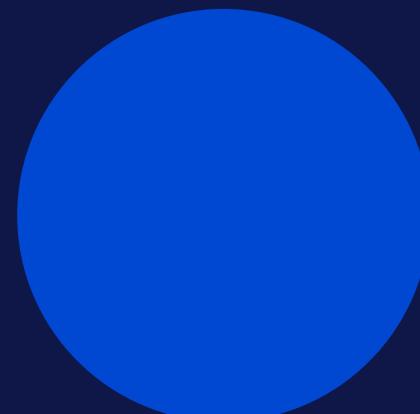


The following registrant resources were developed or revised, and published on the College website:

- [Advertising and Communication with the Public](#)



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	2023	2022
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Annual registrant and incorporation fees	\$ 28,076	\$ 27,052
Annual accreditation fees	5,871	5,119
Application fees	1,834	2,195
Other income	1,297	839
Investment income	589	1,301
Rental income	113	208
	37,780	36,741
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Salaries and benefits	22,118	20,511
Assessments, accreditations and reviews	3,633	3,448
General and administrative	2,427	1,836
Amortization	2,152	2,208
Professional fees	1,980	1,150
Occupancy costs	1,370	1,534
Information technology	1,348	1,265
Board and committees	1,149	992
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Expenditures by Function

For the year ending February 28, 2023

(Expressed in thousands of dollars)

Note: Allocations of expenditures by function are unaudited figures.

	FY 2022	FY 2023	Inc (Dec)	% Change
Accreditation Programs	\$ 5,855	\$ 5,968	\$ 113	2%
Board and Executive	111	110	(1)	(1%)
Administrative	111	110	(1)	(1%)
Information Technology	111	110	(1)	(1%)
Legal	111	110	(1)	(1%)
Human Resources	111	110	(1)	(1%)
Facilities	111	110	(1)	(1%)
Other	111	110	(1)	(1%)
Total	111,031	110,833	(198)	(0.2%)



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Summary

The following provides a high-level summary of progress made in 2022/23 towards the key goals of the four pillars in the strategic plan.

Cultural Safety and Humility

- All board members and many committee members have taken training in cultural safety and humility, implicit bias, trauma-informed practice and administrative fairness.

Continuous Quality Improvement

- Board members formally renewed their commitment to cultural safety and humility at their June 2022 retreat in a blanketing ceremony where other health leaders served as witnesses and Elder Sulksun (Shane Pointe) led the proceedings.
- The College continued its critical review of the complaint process to identify opportunities to make it safer and more accessible for Indigenous Peoples. The process is expected to be completed in 2023.

- A new College brand and visual identity that reflects the values of inclusivity and accessibility was approved by the Board in November 2022 to replace the College crest.

Regulatory Innovation

- Work is under way with the Ministry of Health to develop a structure for associate physicians to work in primary-care settings and to find innovative solutions to address the province's health human resourcing challenges.

Engagement

- The transition from in-person workshops to online learning modules was launched to reach more registrants across the province, and to provide them with flexible course formats and content.
- The BC Public Advisory Network held two meetings and continued to provide valuable feedback on regulatory matters.

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The role of the College and its authority and powers are set out in the *Health Professions Act, 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. Committee members review issues and provide guidance and direction to the Board and College staff, 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 staff.



B a d b



Dr. B.A. Priestman (President)
 Mr. T.T.S. Mann (Vice-president)
 Dr. C.S. Leger (Treasurer)

E c d b

District 1: Dr. J.T. Wale
 District 2: Dr. J.J. Kingsley
 District 3: Dr. R.R. Abrahams
 Dr. C.S. Leger
 Dr. C.Y.C. Nguan
 District 4: Dr. B.A. Priestman
 Vacant
 District 5: Dr. W.D. Sanden
 District 6: Dr. A. Du Preez
 District 7: Dr. P.D. Rowe

A d b b

Ms. J.W.E. Dyson
 Dr. M.L. Greenwood, PhD
 Mr. T.T.S. Mann
 Ms. H.A. Muller
 Ms. S.F.J. Ross
 Mr. L.R. Yip

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 Dr.Gr. llst18 (e ,)K57(. R)Cr)

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D.J.J.K , D.M.L.G d,
P.D.M.E , M.J.W.E.D ,
D.D.A.U , D.S.McD ad,
D.M.J.M a, D.A.D P ,
M.L.R.V , M.C.d B

F ():
M.T.T.S.Ma , D.B.A.P a ,
D.H.M.O , D.W.D.Sa d ,
D.C.S.L , D.R.R.Aba q ,
M.S.F.J.R , D.D.G.P dd





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.



- Dr. B.A. Priestman ●●
- Mr. T.T.S. Mann ●✕
- Ms. J.W.E. Dyson ●✕
- Dr. J.J. Kingsley



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