









# Committee reports



The scope of the Finance and Audit Committee is set out in section 1-14 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.



The College ended its fiscal year on February 29, 2024, with an \$854,000 surplus from operations before a \$4.4M unrealized gain on investments. The prior year ended with a deficit of \$233,000. Investment income was \$2.5M (\$589,000 in 2022/23) and the weighted average annual return on investments was 12.1% (-1.3% in 2022/23). Investment income contributes to the ongoing operational expenditures of the College while helping to offset the annual fees charged to registrants and the facilities accredited by the College. The College is in a strong financial position and continues to maintain the second lowest annual registrant licence fee in Canada (\$1,875

unavailable for release pursuant to the Access to Information Act (s. 93(1))

# Committee reports

---



The scope of the Inquiry Committee is set out in section 1-16 of the Bylaws made under the *Health Professions Act*, RSC 1996, c.183 and the *HPA* 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, the committee is not required to take further action if the registrant is appropriately engaged and compliant with treatment to the satisfaction of the confidential health monitoring program. The College explicitly treats health matters therapeutically.

The Inquiry Committee is composed of 33 members (21 registrants and 12 public members) who participate in five specialized panels. Due to increased complexity and rising complaint volumes, eight alternate members (six registrants and two public members) were appointed to the Inquiry Committee last year. Almost all the alternate members were called upon to provide expertise at some point during the past year.

Concerns brought to the attention of the College are initially triaged and categorized as primarily matters of

The College has committed to reviewing and implementing the recommendations of the report and providing reports on the progress of this work.

Several important changes made over the past year in response to the department's commitment to providing a culturally safe complaint process, include:

- The collection of complainant and patient cultural identity starting in January 2024. This information is voluntarily provided on the complaint form and is maintained confidentially in the complaint file.
- The committee and department have incorporated the College's new territorial acknowledgement, upholding the inherent rights and title of First Nations in relation to their traditional and ancestral lands.
- The College has recruited an Indigenous pathways development lead to guide further work on the implementation of the Castlemain report recommendations, in addition to the recommendations noted in the *In Plain Sight* report and Health Quality BC's *Sharing Concerns: Principles to Guide the Development of an Indigenous Patient Feedback Process*.

Further to the ongoing work in cultural safety and humility, the department continues to look for ways to humanize the process for all parties. In the spring of last year, case managers began phoning complainants following the review and intake of their complaint. The purpose of the call is to confirm the complainant's information, introduce the case manager and answer any questions about the process. In the fall, the process of conducting acknowledgement phone calls was extended to subject registrants. These calls served a similar function: to introduce the case manager, confirm how best to provide the complaint, explain the support available to the registrant, and answer any questions about the process. The feedback received thus far has been largely positive from both complainants and registrants.

# Committee reports

---



The College library permanently closed on March 15, 2024. This difficult decision was made after careful consideration of data showing a significant and ongoing decrease in the use of the library. Library use has consistently declined over the last several years with many registrants changing the way they access clinical resources due to the number of self-serve digital alternatives available to them. As such, this is the final Library Committee chair's report to the Board.



The library duly assisted the College's registrants with their needs for six decades. For that, the College would like to acknowledge and recognize the exemplary dedication and service of the library staff throughout the years.

*P.A. Glaze, MD*  
*Chair, Library Committee*



For more information regarding this report, please contact:

D.G. Puddester, MA, MD, Med, FRCPC, PCC  
Deputy Registrar

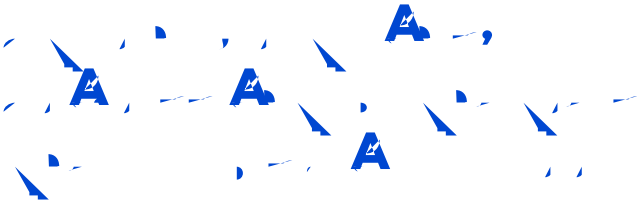








# Committee reports



The scope of the Patient Relations, Professional Standards and Ethics (PRPSE) Committee is set out in section 1-18 of the Bylaws under the *Health Professions Act*, RSB 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 practice standards and standards of professional ethics in medical practice. The committee identifies opportunities for partner consultation and provides guidance throughout the revision process for practice standards and professional guidelines.

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

A top priority of the committee over the year was the evaluation of the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard. The committee was informed of the evaluation plan, including a registrant survey, interviews, and focus groups, to assess registrant awareness of the practice standard. The committee reviewed the results of the registrant survey, which received 532 responses. College staff engaged an external consultant to conduct one-on-one interviews and focus groups with select Indigenous and non-Indigenous registrants to gauge awareness of the standard and identify opportunities to enhance education and awareness.

## Medical Assistance in Dying

Throughout the year, the committee was updated on the College's progress of revising the *Medical Assistance in Dying* (MAiD) practice standard in relation to the pending Criminal Code amendment allowing MAiD-MD-SUMC (MAiD where a mental disorder is the sole underlying medical condition). The revisions were withdrawn following the federal government's decision to delay the amendment.

[A](#)

For more information regarding this report, please contact:

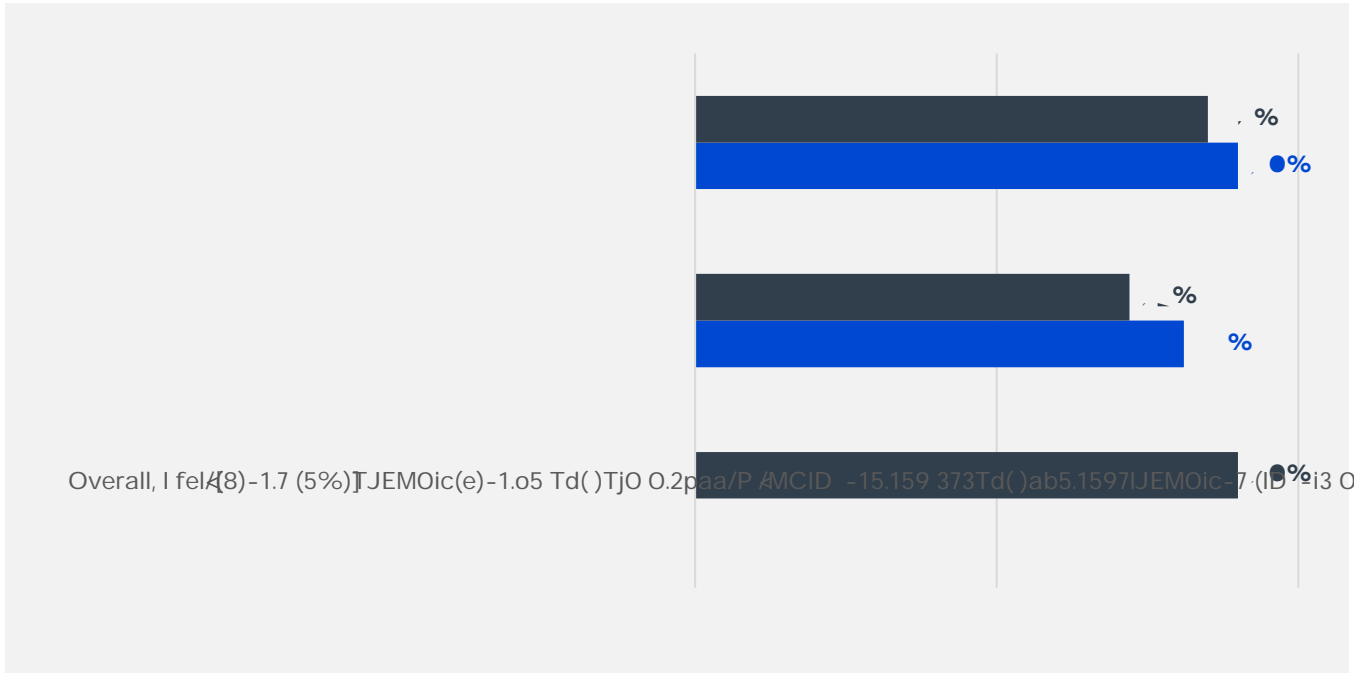
S. Prins, MEd

Director, Communications and Public Affairs

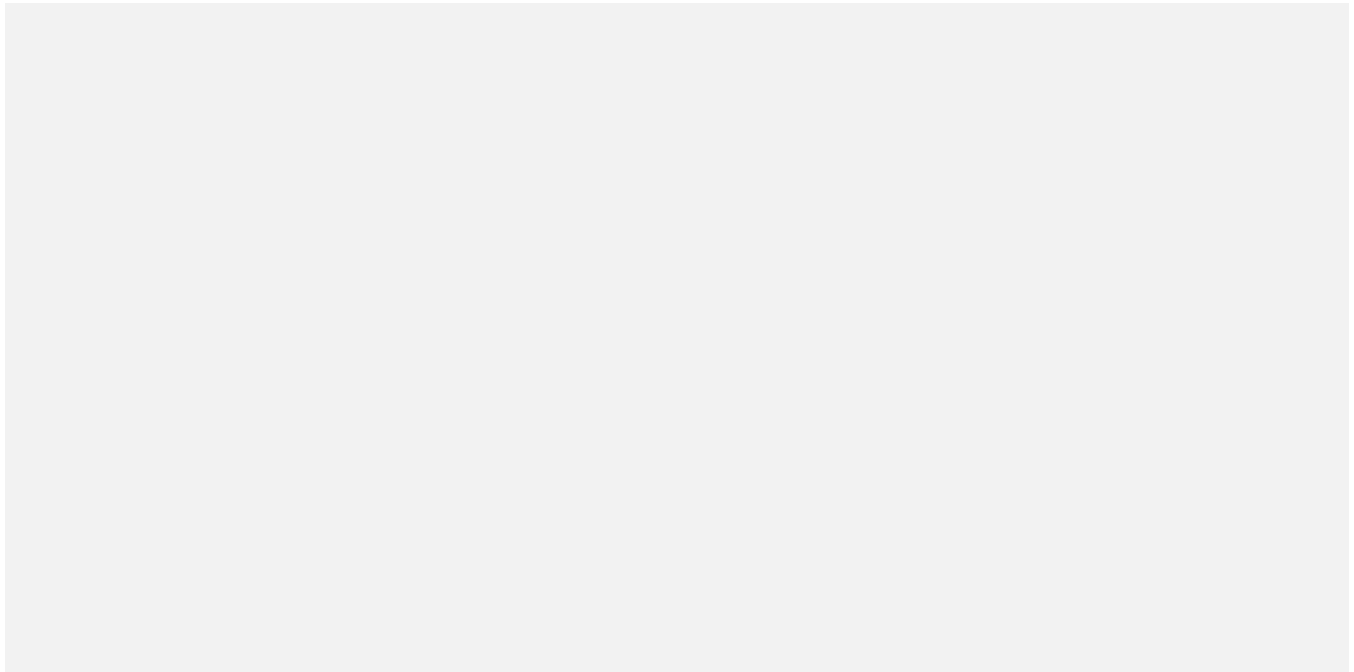
# Committee reports



Agreed or strongly agreed with the following statements

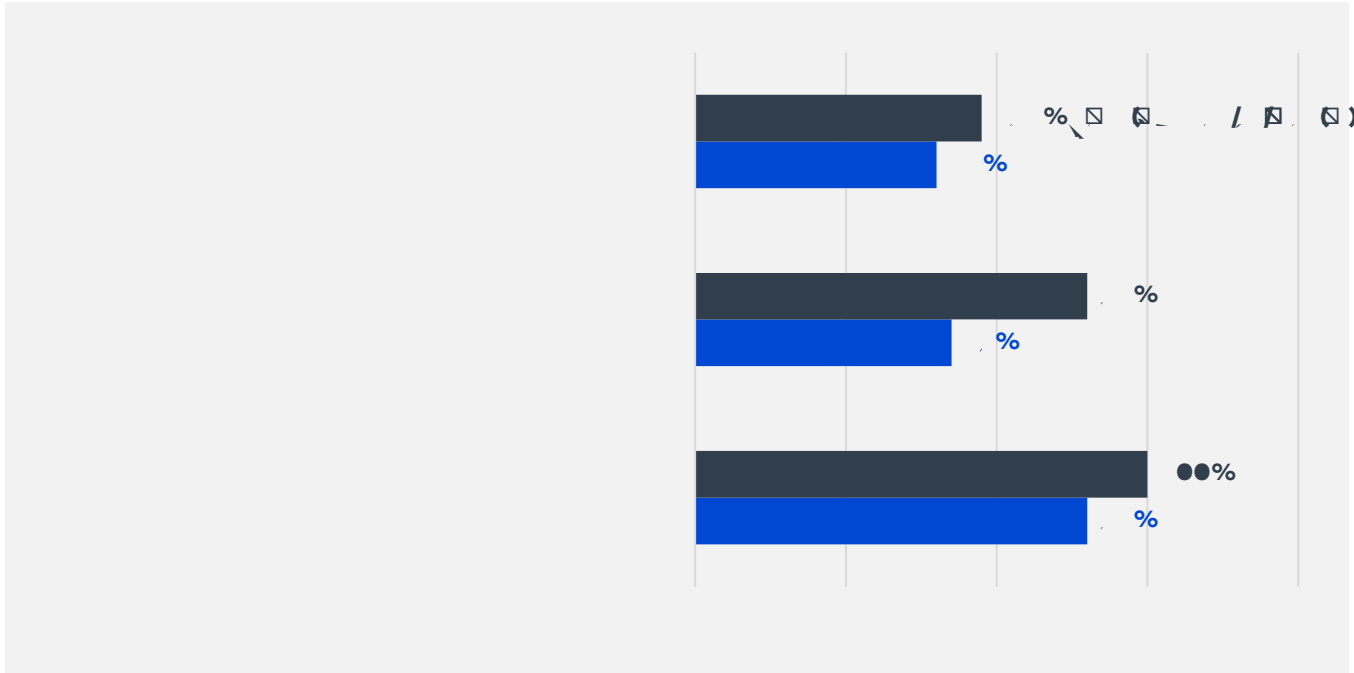


Level of agreement with the following statements





Agreed or strongly agreed with the following statements



# Committee reports

---



The scope of the Prescription Review Panel of the Quality Assurance Committee is set out in section 9-2 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183.

The Prescription Review Panel gives oversight to the Prescription Review Program (PRP). In accordance with the College Bylaws, the main responsibilities of the PRP include:

-

- 56% had not had a previous engagement with the PRP
- 43 files closed
  - 81% closed for an improvement in prescribing
- 51 files currently open, in various stages
- 44 advice calls provided by program staff
- 23% of advice calls involved prescribing hesitancy
- 78% of PRP participants agreed that their participation in the program led to positive changes in their practice
- 30 attendees at the Prescribers Course (May 2023)
- 75 attendees at the Chronic Pain Management Conference (September 2023)

### 17 Matters Brought to the Panel

17 matters involving 12 registrants were brought to the panel

- 6 files were closed
- 4 files were referred for a second interview with the senior medical consultant, deputy registrar and legal counsel
- 3 files were referred to the Inquiry Committee
- 2 files were directed to arrange a phone call with the senior medical consultant

*J.W.E. Dyson*  
*Chair, Prescription Review Panel*

### Contact

For more information regarding this report, please contact:

D.A. Unger, MSc, MD, CCFP, FCFP  
Deputy Registrar, Health Monitoring and Drug Programs

M. Horton, MPH  
Manager, Drug Programs



- 353 IMGs applied for registration in BC (based on preliminary completed date; 37% increase from 2022/23)
  - This count includes 58 applicants under the associate physician class
- 82 PRA program-related applications for eligibility were reviewed by the committee (6% increase from 2022/23)
- 174 IMGs previously on the provisional register were advanced to the full class (36% decrease from 2022/23)
- 6 specialists completed a registration assessment and had their provisional licence moved to the full class (same as 2022/23)

*T. O'Grady*  
*Chair, Registration Committee*

For more information regarding this report, please contact:

C. de Bruin, LLB, CAE, CHE  
Executive Director, Registration