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- ¶ *Territorial Acknowledgement policy resource manual, effective January 29, 2024*
- ¶ *Territorial Acknowledgement §resources, effective January 29, 2024*

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Practice Resource: Guidance on Professional Responsibility and Ethical Principles for AI in Medicine

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REPORT TO BOARD

Health Professions Review Board (HPRB) Matters
March 1, 2023 –January 31, 2024

1. Inquiry Committee (IC) Matters

Under the Health Professions Act (the “HPA”), complainants have the right to request:

1) a review of a final disposition of the Inquiry Committee; or,
2) a review of a delay in the completion of the investigation.

COLLEGE OF
PHYSICIANS
AND SURGEONS

T 604-733-77 500–6

REPORT TO THE BOARD

Inquiry Committees 8Panels B through E

Since the report provided to the Board at its last meeting , the Inquiry Committee has

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Inquiry Committee – Panel B

Inquiry Committee – Panel B

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T 604-733-77

- 1 written commitment:

  to adhere to College practice standard *Advertising and Communication*

- 3 interviews

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:

Dr. Leo Wong , Chair

REPORT TO BOARD

Inquiry Committee Panel D

November 24, 2023

Attendance

Chair

- x Dr. Andrew Sear, Acting Chair

Members present

- x Dr. Gavin Garcias (Alternate Physician Member)
- x Ms. Christine Evans, Public Representative

Regrets

- x Dr. Luay Dindo, Chair

Overview /summary

- x 54 files naming 61 physicians
  - o 1 file concluded under s. 32(3)(a)
  - o 53 files concluded under s. 32(3)(c)
- x 13 of 61 physicians concluded with criticism
- x Additional steps as directed by the Inquiry Committee
  - o 2 concluding interviews
  - o 1 direction to seek consent to education
- x Passed 10 resolutions to initiate an investigation as per section 33(4) of the Health Professions Act

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of,

- x Dr. Andrew Sear, Committee Acting Chair

COLLEGE OF
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AND SURGEONS

T 604-733-77 500–6

REPORT TO BOARD

Inquiry Committee Panel D

February 15, 2024

Attendance

Chair

REPORT TO BOARD

Panel E Inquiry Committee

December 15, 2023

Attendance

Chair

- x Dr. F. Dossa

Members present

- x Dr. A. Sear –Vice Chair
- x Ms. P. MacDonald

Regrets

- x N/a

Overview /summary

12 files reviewed; 8 (Co)1.04 72 280.8 Tm 9w

- To document all services provided.

Of the 4 not concluded, next steps included;

- 2 will proceed to an off-site chart review
- 1 will proceed to an on-site practice investigation
- 3 will include consent to seek a written commitment
  - 1 written commitment;
    - not to start any future patients on daily opioid therapy for noncancer pain disorders or accept such patients in transfer from other physicians.
  - 1 written commitment to;
    - to limit daily volume to 35 patients daily.
  - 1 written commitment to;
    - to limit daily volume to 35 patients daily.

Respectfully submitted,

Dr. D. Puddester, Deputy Registrar, on behalf of:
Dr. F. Dossa, Chair

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REPORT TO BOARD

Prescription Review Panel (Open)

December 8, 2023

Attendance

Chair

- x J. Dyson

Members present

- x Dr. W. Woodfield
- x Dr. A.D. Wardman
- x Dr. P. Bach
- x Dr. M. Butterfield

Regrets

- x Dr. K. Haddow
- x M. Sam
- x A. Alladina

Others present

- x Dr. D. Unger
- x M. Horton
- x M. Turcotte
- x G. Keirstead (partial)

Overview /summary

The panel reviewed four physician files. G. Keirstead, deputy registrar and chief legal counsel joined the meeting to present the administrative fairness in decision -making portion of the annual panel orientation.

Of the files reviewed:

- x Three files will be closed.

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Committee Report to the Board SOpen

REGISTRATION COMMITTEE

Details

Meeting date: January 11, 2024

Committee chair:

Committee Report to the Board – Open

REGISTRATION COMMITTEE

Committee Chair

T 604-733-77

REPORT TO BOARD

Diagnostic Accreditation Program Committee (Open)

December 6, 2023

Attendance

Chair

- x Dr. Romina Reyes*

Members

- x Dr. W. Yap*
- x Mariana Diacu
- x Dr. B.A. Bradshaw *
- x Dr. Heather Clark*
- x Dr. Brenda Farnquist *
- x Tim Rode*
- x Lisette Vienneau*

Regrets

- x None

College Staff

- x Dr. Michael Murray, Deputy Registrar, Accreditation Programs and Quality Assurance
- x Sara Camano, Director, Accreditation Programs
- x Colin Carey, Manager, Laboratory Medicine, Accreditation Programs
- x Sharan Manship, Manager, Diagnostic Services, Accreditation Programs
- x Jennifer Danielson, Manager, Quality Systems, Accreditation Programs
- x Jennifer Francoeur , Accreditation Coordinator , Accreditation Programs
- x Suzanne Darnel, Accreditation Assessment Development Officer
- x Jamie Davidson , Accreditation Assessment Officer
- x Terri McCaskill, Proficiency Testing and Quality Control Specialist

Guests:

- Dr. Heidi Oetter , Registrar CEO CPSBC
- Graeme Keirstead , Deputy Registrar, Chief Legal Counsel CPSBC
- Meera Santhalatha, CPSBC Project Manager, IT

Overview /summary

The following summarizes the briefing notes submitted to the DAP Committee, including but not limited to full accreditation, provisional accreditation, and nonconformance extensions, during the period September 9, 2023 to November 17 , 2023 for which quorum was achieved. All were ratified by the DAP Committee.

Category	Sub-Category	Number
Laboratory Medicine	Medical Laboratories	36
	Specimen Collection Sites	14
Diagnostic Services	Diagnostic Imaging	13
	Diagnostic Echocardiography and echocardiography	4
	Neurodiagnostics	5
	Pulmonary Function	7
	Polysomnography	4
	Home Sleep Apnea Testing	7
Other	Non-Facility-Specific Briefing Notes (e.g. standards and management/operations)	0

Overview/summary

Patient Safety Incidents

1. One patient safety incident review was brought forward from the September 30, 2023 NHMSFAP Patient Safety Incident Review Panel meeting.
   - The panel was satisfied with the facility response and no further action was required.
2. Twenty-three new patient safety incident reports were reviewed.
3. Seventeen patient safety incident reports were determined to be recognized complications and/or managed appropriately.
4. Six patient safety incident reviews required further discussion/action by the panel.

Action items arising from the panel review included letters with recommendations to improve patient safety and requests for responses from physicians and medical directors.

Respectfully submitted,

Dr. Roanne Preston
Committee Chair

T 604-733-77

REPORT TO BOARD

Patient Relations, Professional Standards and Ethics Committee

December 14 , 2023

Attendance

Chair

- x Ms. Shirley Ross

Members present

- x Ms. Shirley Ross
- x Ms. Lori Charvat
- x Dr. Ronald Abrahams
- x Dr. Shannon McDonald
- x Ms. Michelle Casavant
- x Dr. Justin Kingsley
- x Dr. Brenda Wagne r

Others present

- x Dr. Patrick D. Rowe (Registrar and CEO)
- x Dr. Heidi Oetter
- x Mr. Graeme Keirstead (Deputy Registrar, Chief Legal Counsel, Legal)
- x Ms. Susan Prins (Director, Communications and Public Affairs)
- x Ms. Kelly Newton (Policy and Engagement Lead, Communications and Public Affairs)
- x Ms. Hope Moir (Policy Analyst, Communications and Public Affairs)
- x Ms. Bria Luis (Policy Coordinator, Communications and Public Affairs
- x Ms. Shaleen Jamal (Legal Counsel, Legal)

Overview /summary

The PRPSE Committee met on December 14, 2023. First, College staff reviewed the results of a public engagement survey on a draft public resource designed to complement the Indigenous Cultural Safety, Cultural Humility, and Anti -racism practice standard. Next steps V_J]qLN AJpVa_V_T pUN iqI]VJ¯m SNNLIAJ\ pa JlNApN A mV^i]VSVN iaIplAy pUN mpA_LAlL¯m JalN Ja_JNipm• 3UN a]]NTfor thisV]] N_TATN work.

College staff also updated the Committee on findings from recent registrant interviews held as part of the evaluation of the Indigenous Cultural Safety, Cultural Humility and Anti -racism practice standard. The interviews helped assesscurrent levels of awareness and key insights from registrants that focused on retrospective experiences . The Committee was informed of the College ¯plan to conduct focus groups with registrants of different demographics, including younger registrants as well as Indigenous reg istrants, to focus on future efforts the College can take to increase awareness and applica tion of the standard in practice.

Next, College staff updated the C

the UN in 2015, and known as the Mandela Rules. The Committee recommended that College staff develop a practice standard on the terms as set out in the briefing note.

Finally, Dr. Oetter updated the Committee on correspondence she had received from a registrant concerning the Referral Consultation Process professional guideline. The Committee had a discussion regarding the administrative challenges for registrants, as well as concerns with patient care. They recommended that College staff continue their work on addressing this issue.

Issues and Accomplishments

Agenda items

1. Land acknowledgement
2. A]] p a a lÝa lÝa lÝa lÝa lÝa lÝa lÝ1 nîî ı FP ÅTãã.Œ>Œ, '€,îÊÍ.ae terms as set out in the briefi

- Indigenous Cultural safety, Cultural Humility and Anti -racism practice standard evaluation update
- Access to Medical Care Without Discrimination practice standard evaluation update
- Medical Assistance in Dying practice standard update
- Consent to Treatment supporting resources update
- Referral-Consultation Process professional guideline update

Shirley Ross
Committee Chair