

Annual Report

2023 / 24

About this report

This report describes the work and activities of the College’s fiscal year from March 1, 2023 to February 29, 2024 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](#).

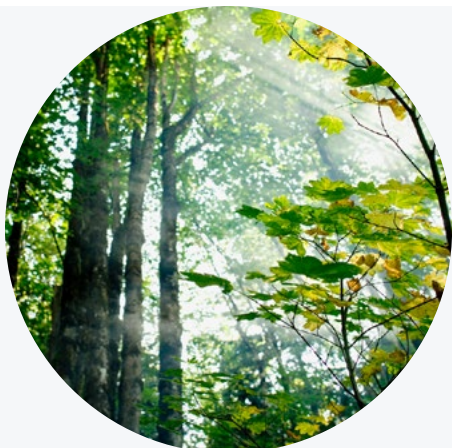
Contents

- 4** Overview of the College
- 7** Message from the president and registrar
- 10** Cultural safety and humility
- 12** Registering qualified physicians and surgeons
- 24** Addressing patient concerns
- 30** Ensuring registrant competence
- 38** Collaborating with key health partners
- 40** Guiding the profession
- 43** Managing resources
- 46** Practising good governance

Territorial acknowledgement

The College of Physicians and Surgeons of BC is located on the unceded and traditional territory of the Coast Salish peoples, including the territories of the hən̓q̓əmin̓əm̓ speaking peoples—the xʷməθkʷəy̓əm (Musqueam) and sel̓íl̓wítulh (Tsleil-Waututh) Nations, and the Skwxwú7mesh-ulh Sníchim speaking peoples—the Skwxwú7mesh (Squamish) Nation.

We acknowledge the rights and title of BC First Nations whose territories span across the province. These territories recognize that laws, governance, and health systems tied to lands and waters have existed here since time immemorial.



Overview of the College

The background features several large, overlapping, curved shapes. A light gray shape is in the upper left. A dark blue shape is in the center. A bright blue shape is in the lower left. A yellow shape is in the upper right. The shapes overlap in a way that creates a sense of depth and movement.

Our mission

Serving the public by regulating physicians and surgeons

Our mandate

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.

Our values

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
- Board and committee membership is diverse, reflective of the public, and inclusive of a broad range of opinion, perspective, qualification and experience

Impartial

- Regulatory processes and decisions are unprejudiced and free of bias
- Board and committee members identify and address perceived or real conflict of interest in advance of proceedings
- All points of view are heard and considered

Fair

- Regulatory processes and proceedings are conducted according to established rules of order and the law
- All individuals are treated equally with dignity, courtesy and respect, and without discrimination

Message from the president and registrar



Message from the president and registrar

In December, Dr. Heidi Oetter retired from her position as registrar and CEO after nearly two decades with the College. We are grateful for her leadership and steadfast dedication to the work of the College. Dr. Oetter accomplished a great deal during her tenure, including championing more involvement of public members on boards and committees, embracing opportunities to enhance the transparency of regulatory proceedings and operations, and implementing new systems and processes to modernize the College. She promoted a culture that values accessibility, collaboration, and progress, and positioned the College to respond effectively to ongoing societal change.

Dr. Oetter also played a key role in addressing the recommendations in the *In Plain Sight* report and was unwavering in her commitment to dismantle the Indigenous-specific racism that still exists in health-care delivery. We too are committed to continuing this important work, which was formalized at a passing the leadership torch event during the November board meeting (see page 48).

Last year, the College undertook a critical review of its complaints process to identify opportunities to make it safer and more accessible to Indigenous Peoples. This work was guided by consultants who



B. Anne Priestman, MD, FRCPC
President

Patrick Rowe, MD, CCFP (EM)
Registrar and CEO

Message from the president and registrar

specialize in research, engagement and collaboration with Indigenous people, communities, and organizations. The recommendations from the final report were endorsed by the Board and will be implemented in the months ahead.

Another important change for the College this past year was the launch of our new brand, including a new logo. This initiative had the full support of the Board and staff who understood the importance of replacing the colonial crest with a modern logo that reflects our current-day values of accessibility and inclusivity. The new brand was developed with input from registrants, members of the public, and partner organizations. While the brand launch is complete, we continue to aspire to live up to our brand attributes: evolving, accessible, diverse, ethical, transparent, and dedicated. As part of this work, the College has formally committed to diversity, equity, and inclusion (DEI) and will establish measurable goals to advance DEI in our organization, including through our hiring practices.

This past year, the College continued to work closely with the Ministry of Health to provide new pathways to licensure, including introducing a new regulatory framework for qualified physician assistants to work under the delegation and supervision of physicians in emergency departments. We share the concerns many have about the physician shortage in BC communities, and believe active collaboration is required to address the health human resourcing issues in our province.

Our focus for the coming year will be the transition to the *Health Professions and Occupations Act (HPOA)*. While many of the College's core regulatory processes will continue under the new legislation, the *HPOA* will require us to make adjustments in key areas such as governance, complaints, and mechanisms for information sharing and reporting. The College has already begun working with other BC health regulators to prepare for this transition and is committed to sharing updates as the work progresses.

We are dedicated to ongoing engagement and outreach with our partners, including members of the public and registrants. This year, we established practice standard development frameworks, which include employing a consistent engagement strategy to ensure all those with a direct interest in the topic have an opportunity to contribute. We also recently launched *Connecting the Dots*, a podcast that aims to connect people with the College's regulatory work and to the issues impacting our broader health-care system.

With the current unrest around the globe, and rapid technological advancements including artificial intelligence, it is important for the College to be aware of the broader social context in which it operates and keep pace with a changing world. As we look back on the accomplishments of the past year, and to the opportunities ahead in 2024/25, we are confident that the College will be able to shift, respond, and evolve effectively while always remaining focused on our core mandate—public safety.

**Cultural
safety and
humility**



Cultural safety and humility

6,197

registrants attested on their 2024 Annual Licence Renewal Form that they had completed an Indigenous cultural safety and humility training course

As part of its mandate to protect the safety of BC patients, the College is committed to stopping 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.

The College continues to work towards creating a climate for change, making the system more accessible and safer for Indigenous patients, and approaching its work with a cultural safety and humility lens. The progress of this work from this past year includes:

- Replacing the distinctly colonial College crest with a new brand and logo that reflect the College's values of accessibility and inclusivity for all British Columbians
- Starting the implementation of some of the recommendations from the Castlemain Group's [review](#) of the College's formal complaints process
- Assessing registrant awareness and application of the *Indigenous Cultural Safety, Cultural Humility, and Anti-racism* practice standard
- Adopting standards to set clear expectations for providing culturally safe and anti-racist care for Indigenous patients in College-accredited facilities
- Supporting a new community of practice for Indigenous board and committee members who guide regulatory activities through a cultural safety and humility lens

There is much more for the College to learn and do on its ongoing cultural safety and humility journey. The efforts and progress of this journey will continue to be reported in future years.

Colleges report on progress towards dismantling racism in health care

In May 2021, the College of Physicians and Surgeons of BC, the BC College of Nurses and Midwives, the College of Pharmacists of BC, and the College of Dental Surgeons of BC (now the BC College of Oral Health Professionals) issued an apology to the Indigenous Peoples and communities who have experienced racism while engaging with these colleges and the professionals they regulate.

As part of the apology, the colleges pledged to take action to dismantle the Indigenous-specific racism in BC's health-care system. In June 2023, on National Indigenous Peoples Day, the colleges released their [two-year progress report](#) on this pledge.



**Registering
qualified
physicians
and surgeons**

Registering qualified physicians and surgeons

The College has legislated registration requirements that must be met before a physician or surgeon can 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. The College also administers the *Criminal Records Review Act*, which provides that a criminal record check must be completed by all registrants of the College.

Applicants who meet 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 in another country. International medical graduates (IMGs) are often registered in the provisional class of licensure as an interim step. This is so they can apply their knowledge and skill to the care of patients while under sponsorship by a health authority and supervision by another qualified physician. To advance to the full class of registration, registrants 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.

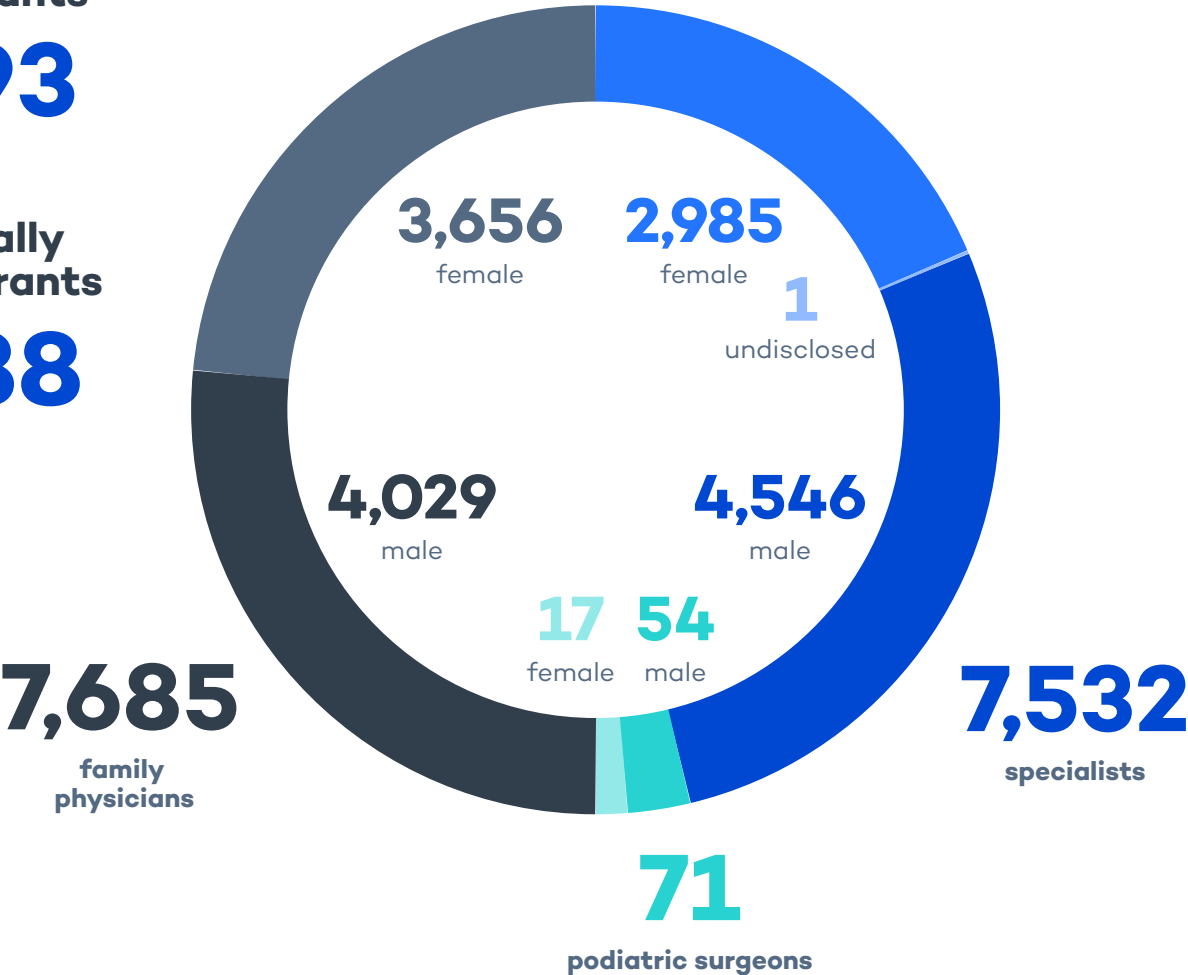
Physician assistants

The College has been working with the Ministry of Health and health system partners to respond to the urgent need to resource emergency departments in the province. On October 25, 2023, Bylaws were drafted to introduce a framework for certifying physician assistants (PAs). As this is a new class, considerable planning was required to ensure appropriate and safe integration of PAs in the BC health system. This included establishing a regulatory framework with supporting policies on clinical supervision, policies to protect the health and safety of patients, and processes to ensure PAs are supported in their work to deliver quality medical care.

PAs must be certified with the College to practise in BC and are only permitted to practise in health authority emergency departments. BC PAs will be referred to as certified non-registrants.

Total registrants
15,993

Professionally active registrants
15,288



New USA certified class

On June 24, 2023, the Board approved proposed amendments to the Bylaws to allow for the new USA certified class of registration. This new class of registration permits physicians trained in the United States who hold American Board of Medical Specialties (ABMS) certification in emergency medicine, internal medicine, or pediatrics to practise medicine in BC with limits and conditions granted by the Registration Committee.

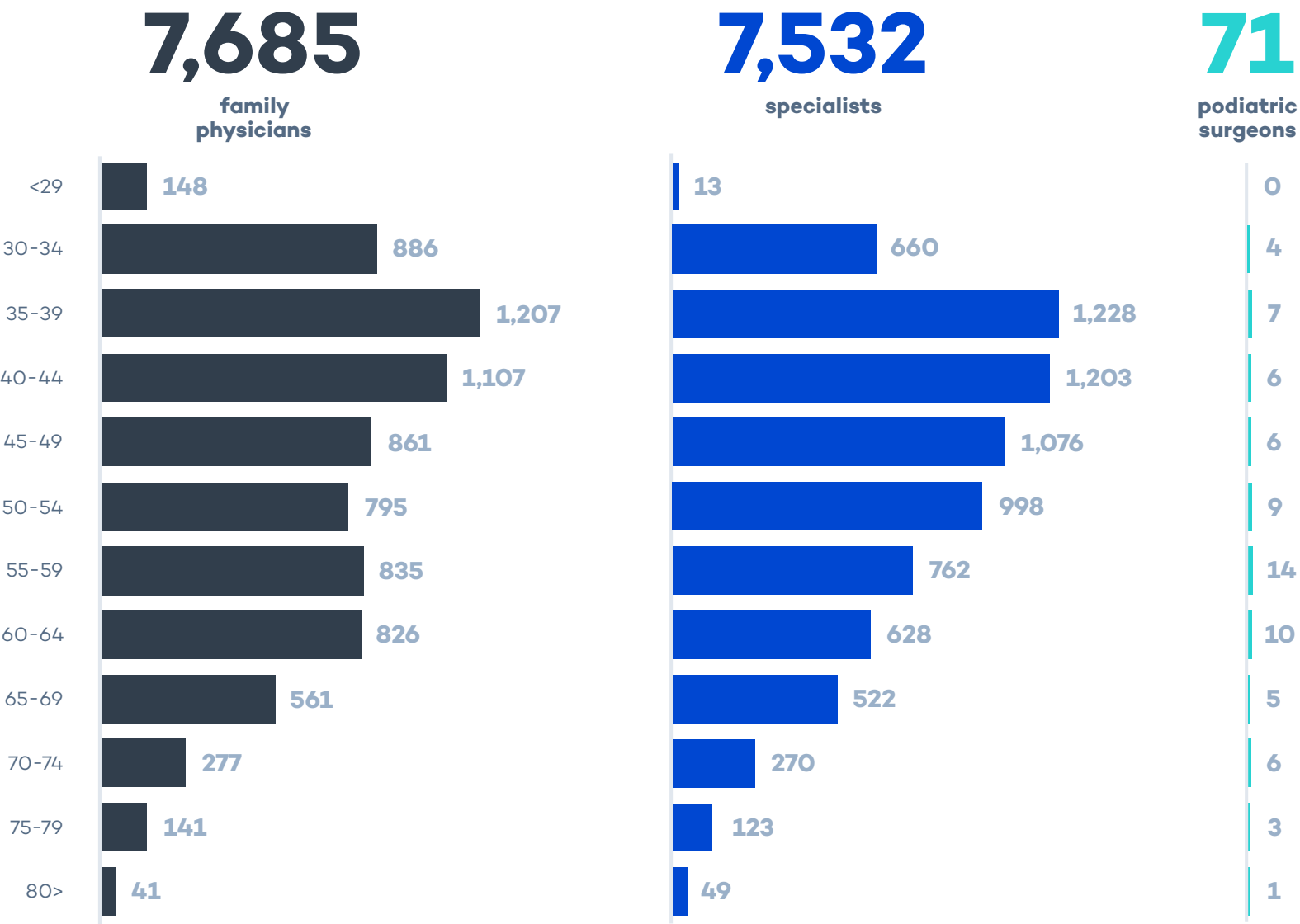
9
USA certified
4 female
5 male

Surgical assistants

Registration in the surgical assistant class may be granted to any registrant who was or is currently in the full – family, full – specialty, special, osteopathic, academic, conditional – practice limitations, or conditional – practice setting class. Registrants who are granted surgical assistant registration must limit their practice and must surrender their privileges, including writing prescriptions and pre- and post-operative orders.

133
Surgical assistants
36 female
97 male

Age distribution
of professionally
active registrants



Age distribution
of professionally
active registrants

6,658

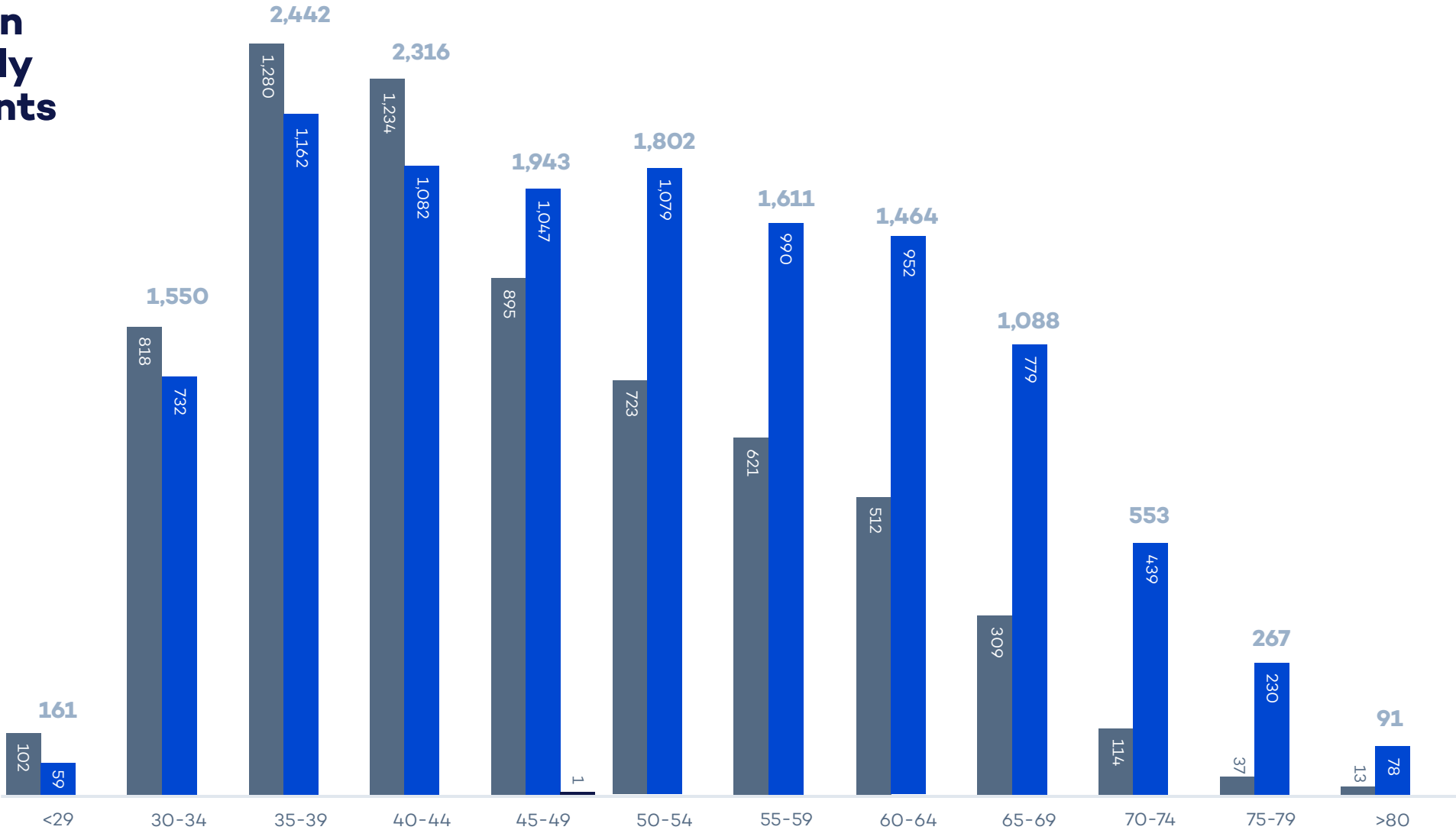
female

8,629

male

1

undisclosed



15,288 practising registrants obtained their medical degree or doctor of podiatric medicine degree from the following locations:

Country	F	M	U	Total	Country	F	M	U	Total	Country	F	M	U	Total
Canada	4,757	5,704	0	10,461	Colombia	7	4	0	11	Vietnam	1	3	0	4
South Africa	282	685	0	967	Netherlands	6	5	0	11	Zambia	2	2	0	4
United Kingdom	225	371	0	596	Turkey	6	4	0	10	Kuwait	2	1	0	3
Ireland	180	193	0	373	Zimbabwe	2	8	0	10	Myanmar	1	2	0	3
India	127	217	0	344	Singapore	5	4	0	9	Peru	1	2	0	3
United States	127	211	0	338	Uganda	1	8	0	9	Cuba	1	1	0	2
Iran	110	125	0	235	Italy	3	5	0	8	Denmark	1	1	0	2
Australia	80	121	0	201	Serbia	5	3	0	8	Fiji	1	1	0	2
Nigeria	40	97	0	137	Syria	0	8	0	8	Guatemala	0	2	0	2
Other*	58	66	0	124	Barbados	4	3	0	7	Guyana	1	1	0	2
Pakistan	47	75	1	123	Belarus	6	1	0	7	Indonesia	2	0	0	2
Grenada	46	59	0	105	Belgium	2	5	0	7	Kazakhstan	2	0	0	2
China	44	48	0	92	Dominican Republic	3	4	0	7	Kyrgyzstan	2	0	0	2
Poland	46	44	0	90	Ghana	2	5	0	7	Morocco	1	1	0	2
Egypt	22	64	0	86	Jordan	2	5	0	7	Paraguay	1	1	0	2
Saint Kitts and Nevis	29	36	0	65	Trinidad and Tobago	4	3	0	7	Portugal	1	1	0	2
Russia	33	29	0	62	Austria	3	3	0	6	Sweden	1	1	0	2
Dominica	22	32	0	54	Bosnia and Herzegovina	4	2	0	6	Switzerland	2	0	0	2
Iraq	17	26	0	43	Chile	4	2	0	6	Thailand	1	1	0	2
Germany	14	28	0	42	Republic of Korea	3	3	0	6	Afghanistan	0	1	0	1
Libya	8	33	0	41	Slovakia	4	2	0	6	Albania	0	1	0	1
Philippines	20	15	0	35	Taiwan	2	4	0	6	Ecuador	1	0	0	1
Romania	26	9	0	35	Anguilla	1	4	0	5	Ethiopia	0	1	0	1
New Zealand	11	19	0	30	Bahrain	3	2	0	5	Finland	0	1	0	1
Ukraine	17	12	0	29	Hong Kong	1	4	0	5	Georgia	1	0	0	1
Antigua and Barbuda	10	14	0	24	Montserrat	1	4	0	5	Greece	1	0	0	1
Brazil	15	9	0	24	Senegal	5	0	0	5	Honduras	1	0	0	1
Saudi Arabia	8	12	0	20	Spain	2	3	0	5	Japan	1	0	0	1
Bulgaria	8	11	0	19	Armenia	1	3	0	4	Kosovo	1	0	0	1
Argentina	8	10	0	18	Belize	1	3	0	4	Madagascar	0	1	0	1
Bangladesh	7	11	0	18	Croatia	4	0	0	4	Malawi	0	1	0	1
Mexico	5	11	0	16	Curaçao	2	2	0	4	Malta	1	0	0	1
Hungary	9	6	0	15	Democratic Republic of	1	3	0	4	Nepal	0	1	0	1
Israel	8	7	0	15	Congo					Nicaragua	0	1	0	1
Jamaica	4	11	0	15	France	2	2	0	4	North Macedonia	1	0	0	1
Sint Maarten	8	7	0	15	Kenya	0	4	0	4	Oman	0	1	0	1
Aruba	6	8	0	14	Lebanon	2	2	0	4	Puerto Rico	0	1	0	1
Cayman Islands	6	8	0	14	Moldova	3	1	0	4	Tanzania	1	0	0	1
Czech Republic	3	11	0	14	Saint Lucia	2	2	0	4	Uzbekistan	1	0	0	1
Saint Vincent and Grenadines	9	4	0	13	Sri Lanka	3	1	0	4	Yemen	1	0	0	1
Sudan	6	7	0	13	Venezuela	3	1	0	4					
										Grand total	6,658	8,629	1	15,288

*Other includes registrants who received their medical degree from jurisdictions that are not recognized as countries.

Geographic distribution of professionally active registrants

7,685

family physicians

7,532

specialists

71

podiatric surgeons

District 3
VANCOUVER AND SURROUNDING AREA

Family physicians	2,180
Specialists	3,263
Podiatric surgeons	31
Total	5,474

District 2
VANCOUVER ISLAND, CENTRAL AND NORTHERN

Family physicians	722
Specialists	430
Podiatric surgeons	2
Total	1,154

District 1
VANCOUVER ISLAND, SOUTH

Family physicians	846
Specialists	791
Podiatric surgeons	8
Total	1,645

District 4
FRASER

Family physicians	2,009
Specialists	1,614
Podiatric surgeons	21
Total	3,644

District 5
THOMPSON-OKANAGAN

Family physicians	938
Specialists	837
Podiatric surgeons	8
Total	1,783

District 6
KOOTENAYS

Family physicians	309
Specialists	144
Podiatric surgeons	1
Total	454

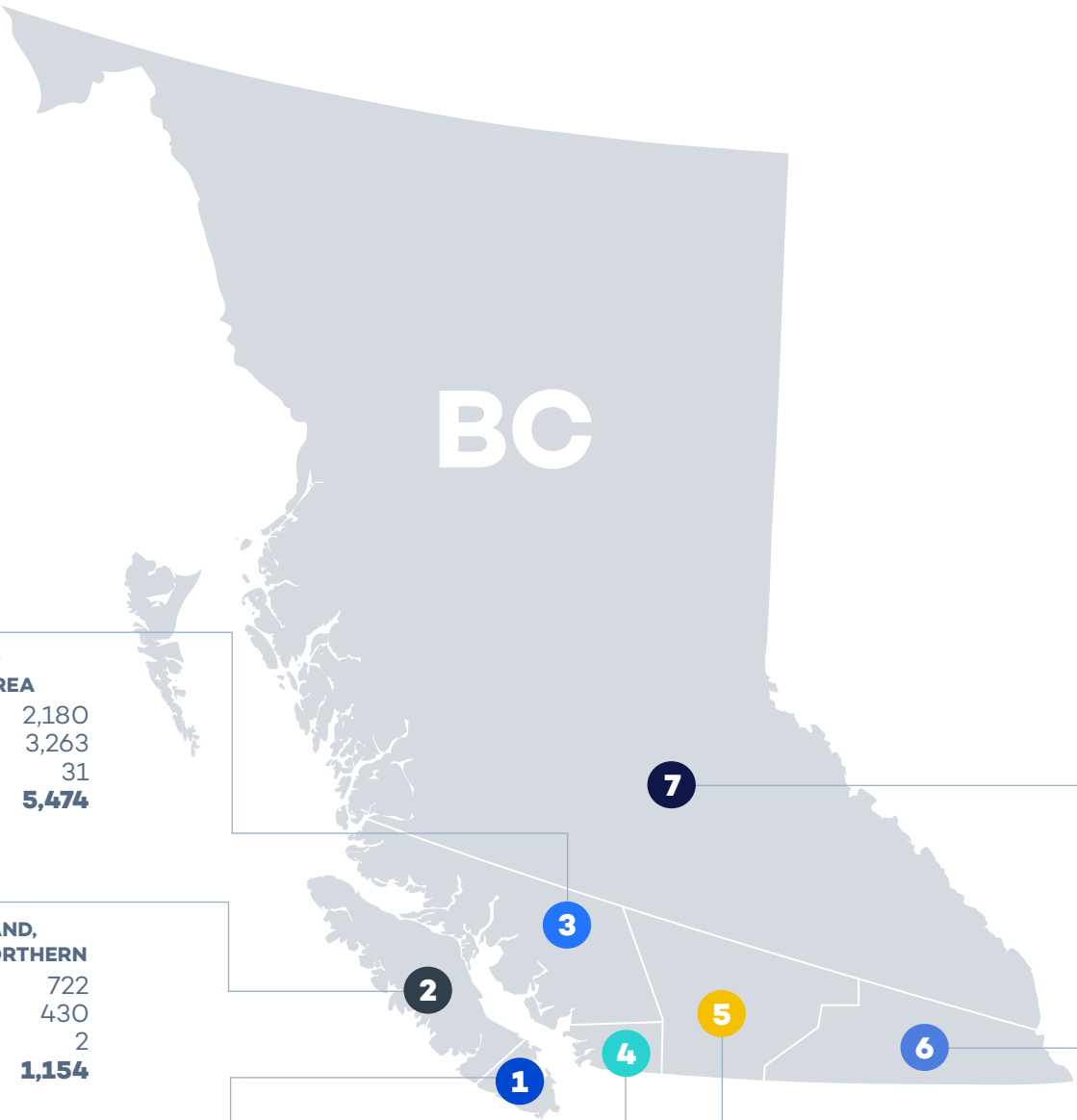
District 7
NORTHERN

Family physicians	507
Specialists	215
Podiatric surgeons	0
Total	722

Other*

Family physicians	174
Specialists	238
Podiatric surgeons	0
Total	412

*Other includes registrants with multiple or out-of-province addresses, such that an electoral district could not be determined.



Certification of professionally active specialists

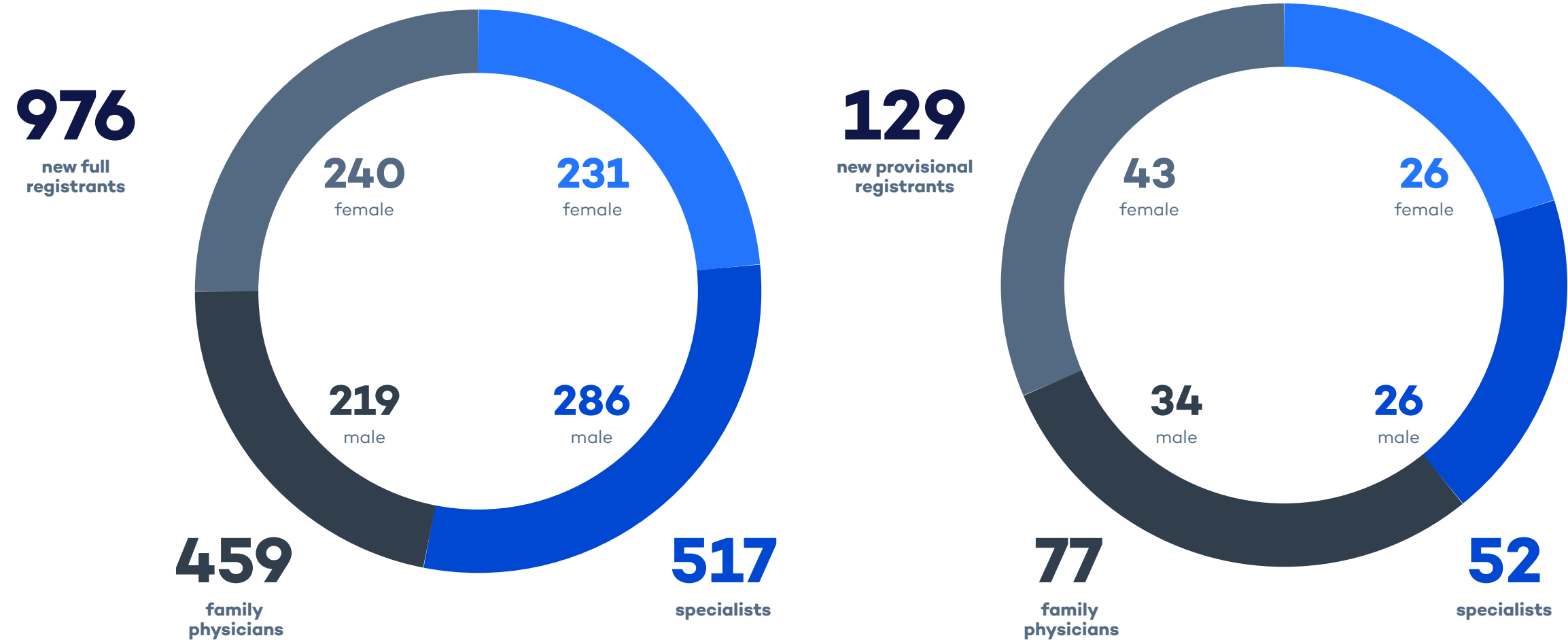
7,532

professionally active specialists

Certification	F	M	U	Total	Certification	F	M	U	Total
Adolescent Medicine	4	2	0	6	Geriatric Psychiatry	19	20	0	39
American Board of Anesthesiology Certified	0	1	0	1	Gynecologic Oncology	8	5	0	13
American Board of Dermatology Certified	2	0	0	2	Gynecologic Reproductive Endocrinology and Infertility	6	2	0	8
American Board of Internal Medicine Certified	0	1	0	1	Hematological Pathology	21	24	0	45
American Board of Obstetrics and Gynecology Certified	1	0	0	1	Hematology	51	48	0	99
American Board of Physical Medicine and Rehabilitation Certified	0	3	0	3	Infectious Diseases	44	53	0	97
American Board of Psychiatry and Neurology Certified	1	0	0	1	Internal Medicine	693	1,012	0	1,705
American Board of Radiology Certified	1	1	0	2	Interventional Radiology	0	2	0	2
Anatomical Pathology	64	99	0	163	Maternal-Fetal Medicine	16	6	0	22
Anesthesiology	204	512	0	716	Medical Biochemistry	6	7	0	13
Cardiac Surgery	1	34	0	35	Medical Genetics	12	6	0	18
Cardiology	41	159	0	200	Medical Genetics and Genomics	7	1	0	8
Cardiothoracic Surgery	0	3	0	3	Medical Microbiology	27	26	0	53
Cardiovascular and Thoracic Surgery	1	8	0	9	Medical Oncology	79	66	0	145
Certification in the College of Family Physicians of Canada	62	88	0	150	Neonatal-Perinatal Medicine	12	17	0	29
Certification in the College of Family Physicians of Canada - Added Competence in Emergency Medicine	0	5	0	5	Nephrology	50	69	0	119
Certification in the College of Family Physicians of Canada - Added Competence in Family Practice	0	1	0	1	Neurology	94	130	0	224
Certification in the College of Family Physicians of Canada - Added Competence in Family Practice Anesthesia	0	1	0	1	Neuropathology	2	9	0	11
Child and Adolescent Psychiatry	20	21	0	41	Neuroradiology	2	3	0	5
Clinical Immunology and Allergy	26	23	0	49	Neurosurgery	6	49	0	55
Clinical Pharmacology and Toxicology	0	1	0	1	Nuclear Medicine	12	33	0	45
Clinician Investigator Program	4	3	0	7	Obstetrics and Gynecology	243	129	0	372
Colorectal Surgery	3	4	0	7	Occupational Medicine	4	3	0	7
Community Medicine	13	15	0	28	Ophthalmology	66	170	0	236
Critical Care Medicine	34	110	0	144	Orthopedic Surgery	45	263	0	308
Dermatology	50	55	0	105	Otolaryngology - Head and Neck Surgery	21	83	0	104
Developmental Pediatrics	8	4	0	12	Pain Medicine	1	11	0	12
Diagnostic Radiology	148	323	0	471	Palliative Medicine	5	5	0	10
Emergency Medicine	107	184	0	291	Pediatric Cardiology	2	5	0	7
Endocrinology and Metabolism	58	44	0	102	Pediatric Emergency Medicine	21	15	0	36
Forensic Pathology	3	2	0	5	Pediatric Hematology/Oncology	15	5	0	20
Forensic Psychiatry	13	23	0	36	Pediatric Radiology	2	2	0	4
Gastroenterology	36	82	0	118	Pediatric Surgery	5	5	0	10
General Internal Medicine	30	28	0	58	Pediatrics	391	225	0	616
General Pathology	18	56	0	74	Physical Medicine and Rehabilitation	48	91	0	139
General Surgery	117	262	0	379	Plastic Surgery	48	88	0	136
General Surgical Oncology	3	4	0	7	Psychiatry	438	517	1	956
Geriatric Medicine	43	35	0	78	Public Health and Preventive Medicine	32	26	0	58
					Radiation Oncology	50	62	0	112
					Respirology	56	90	0	146
					Rheumatology	62	54	0	116
					Thoracic Surgery	3	20	0	23
					Urology	18	97	0	115
					Vascular Surgery	2	38	0	40

Note: Registrants may hold certification in multiple specialties.

New registrants



International medical graduates

4,827

IMGs practising in
British Columbia

2,826

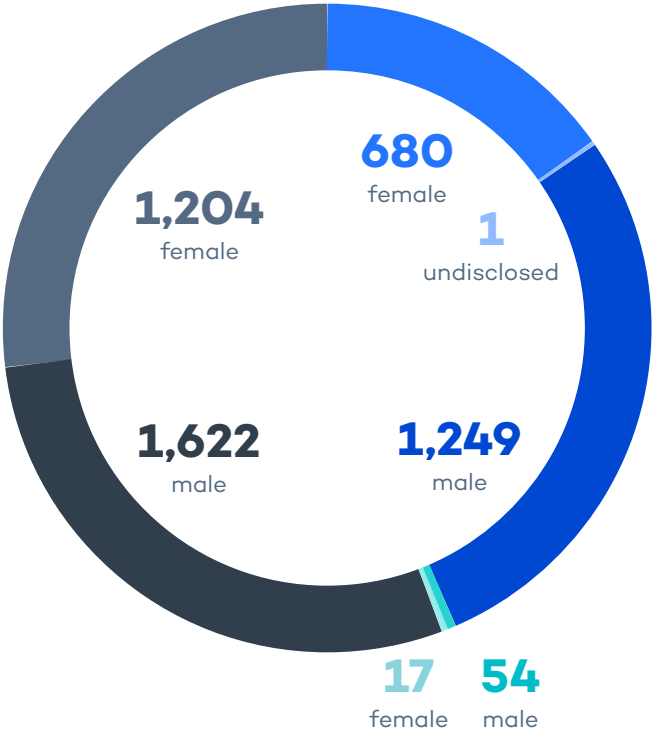
family
physicians

1,930

specialists

71

podiatric
surgeons



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.

353

IMGs applied for registration in British Columbia

126

new IMG applicants were granted provisional registration

77 family physicians

49 specialists

396

new IMG applicants were granted full registration

216 family physicians

180 specialists

174

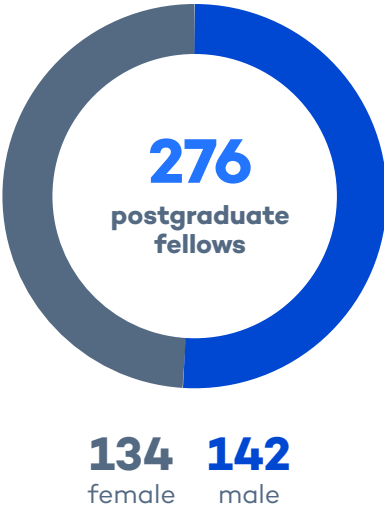
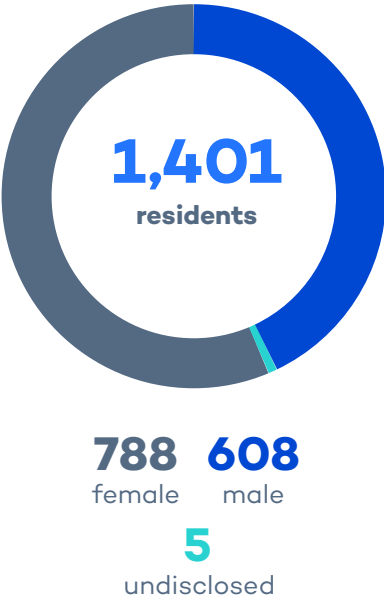
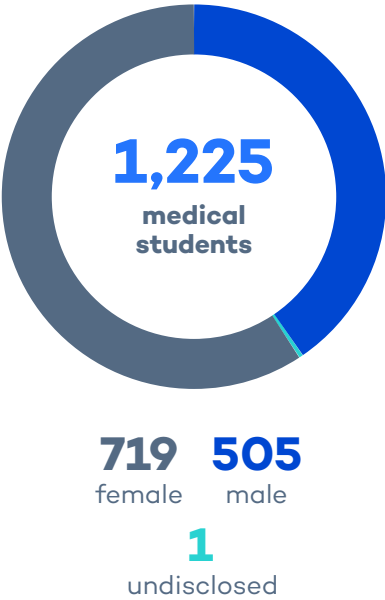
IMGs previously on the provisional register were advanced to the full register

62

IMGs were licensed to become clinical observers*

*Clinical observers are IMGs who are not eligible for registration in another class.

Educational registrants



Associate physician class

In January 2023, amendments to the Bylaws for the new associate physician class of licensure came into effect. The associate physician class is a restricted class that permits a physician, who is not eligible for any other class of registration and who has some medical training, to practise under supervision in an accredited, structured team-based care environment.

Associate physicians practise under the direction and supervision of attending physicians in acute care and community primary care settings. Associate physicians are not licensed for independent practice and must not act as the most responsible physician.

27
associate physicians
– acute care

1
associate physician
– community care

Health Professions Review Board (HPRB)

Registration matters

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.

475

reviewable registration decisions issued by the Registration Committee

8

applications for review of a decision by the Registration Committee were filed

The College received the following final decisions from the HPRB with respect to Registration Committee matters:

0

applications for review of a decision by the Registration Committee were confirmed

7

applications for review of a decision by the Registration Committee were dismissed

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

0

applications for review of a decision by the Registration Committee were returned for reconsideration

1

interim decision granting an extension of time to apply for a review past the 30-day statutory deadline

Addressing patient concerns

The background features several large, overlapping circles. A light gray circle is in the upper left. A bright blue circle is in the center-right. A dark blue circle is in the lower left. A dark gray circle is on the far right. The text is positioned in the upper left area, overlapping the light gray circle.

Addressing patient concerns

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:

Clinical

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

Conduct

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

Boundary violations

- 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 on the [College website](#).

Complaints process review

In July 2023, the College published the [full report](#) of the critical review of its complaints process to identify opportunities to make it safer and more accessible to Indigenous Peoples.

This critical review was done by the Castlemain Group, consultants who specialize in research, engagement and collaboration with Indigenous people, communities and organizations.

The review highlighted current gaps in the College's complaints process including accessibility, cultural safety, formal versus soft complaints, communication, resolution and accountability, and self-identification and data collection.

In December 2023, based on the recommendations from the report, the College changed the complaint form to include language that is less bureaucratic and more empathetic. It also now includes a section for complainants to indicate if they identify as First Nations, Inuk/Inuit and/or Métis. The College is collecting this data to identify, monitor and address inequities that result from bias and racism.

The College is developing an implementation plan based on the recommendations and is committed to reporting on the progress of this work.

New translation service

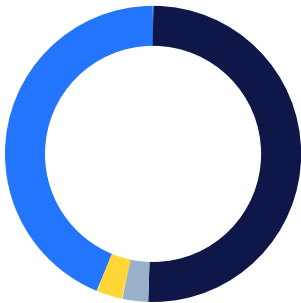
In June 2023, the College introduced a new translation service. Callers can now ask questions in English or in one of more than 300 available languages.

To access the translation service, a caller may verbally request to speak to someone in their preferred language. A College services representative then initiates a three-way call with a professionally certified translator.

Addressing patient concerns

Complaints opened

1,216
complaints
opened



517
clinical

622
conduct

33
boundary

44
other

Complaints concluded

1,145
complaints
concluded



527
clinical

572
conduct

14
boundary

32
other

Complaints concluded By subcategory

Clinical	527
Assessment, diagnosis and treatment	167
Diagnosis – delayed/incorrect	48
Documentation/medical records	10
Informed consent	14
Medical complication	14
<i>Mental Health Act</i> admission	15
Patient communication – care related	41
Physical examination	15
Prescribing	67
Referrals/consultation	21
Surgical complication	78
Team communication – care related	2
Treatment – procedure	27
Virtual care – consent/adequate follow-up	5
Clinical – other	3
Conduct	572
Advertising	33
Breach of confidentiality	8
Conflict of interest	2
Disclosure of medical records	50
Discrimination – BC human rights	19
Discrimination – clinical complexity	15
Discrimination – Indigenous specific	5
IME/insurance forms and third-party reports	59
Office management – environment/staff/other	70
Patient/team communication – unprofessional	269
Unprofessional behaviour	14
Conduct – other	28
Boundary	14
Sexual misconduct – physical contact/touching	4
Sexual misconduct – relationship	4
Sexual misconduct – behaviour/communication	0
Financial relationship	1
Boundary – other	5
Other	32
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)
Other	4

Complaints concluded By disposition

Not critical	32(3)(c), 33(6)(a)	600
Critical		470
Advice/written criticism	33(6)(b) & 32(3)(c)	352
Remediation by consent	36(1)(a)(b)(d)	96
Citation issued	33(6)(d)	2
Reprimand	36(1)(c)	19
Consent agreement	37.1	1
Abandoned	-	18
Withdrawn	-	37
Dismissed by registrar	32(3)(a) & 32(3)(b)	9
Other	-	11

Addressing patient concerns

Practice investigations opened

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.

75

practice investigations opened

77

practice investigations concluded

Practice investigations concluded

No (or very minor) criticism	33(6)(a) & 32(3)(c)	19
Criticism		26
Advice/written criticism	33(6)(b)	0
Remediation by consent	36(1)(a) / (b) / (d)	26
Transferred		30
Other		2

Unlicensed practice

The College’s public protection mandate includes ensuring that people who are not registered or licensed with the College do not provide any service or treatment that is considered the practice of medicine.

In 2023/24, 14 unlicensed practice files were investigated and closed. As of February 29, 2024, there were 18 active files being investigated.

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

The College received the following final decisions from the HPRB with respect to Inquiry Committee matters:



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

Complaint navigators and Indigenous pathways lead

The College is committed to making the complaints process more accessible and culturally safe for Indigenous patients. This past year, another complaints navigator and an Indigenous pathways lead were hired to support patients through the process.

The complaint navigators are responsible for supporting patients and registrants through the College’s complaint process.

The Indigenous pathways development lead works within the complaints and practice investigations team to execute on the specific recommendations of the College’s external review of the complaints process and other reports such as *In Plain Sight* and Health Quality BC’s report, *Sharing Concerns: Principles to Guiding the Development of an Indigenous Patient Feedback Process*.



Ensuring registrant competence

Ensuring registrant competence



Drug programs

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 and supportive. They are 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.

- 48** referrals received
- 22** new files opened
- 43** existing files closed
- 81%** of files were closed for improvement in prescribing
- 78%** of PRP participants agreed that their participation in the program led to positive changes in their practice
- 51** files currently open in various stages of the process

- 3** files referred to the Inquiry Committee
- 44** support calls provided by program staff

Hosted the Prescribers Course in May 2023

30 participants

Co-hosted the Chronic Pain Management Conference in September 2023

75 participants



Drug programs

Controlled Prescription Program

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

19,425

prescription pads
issued

208,500

EMR printer-friendly
sheets issued

Supporting safe prescribing of antibiotic medication

While traditional efforts in safe prescribing have focused on psychoactive medication such as opioids and sedatives, patients can potentially be harmed through the prescribing of many different classes of medication, including antibiotics. Antimicrobial resistance is on the rise nationally and globally. Up to 50 per cent of antibiotics prescribed to patients in primary care are either inappropriate or unnecessary.

Registrants are expected to be aware of the importance of [antimicrobial stewardship](#) and to incorporate best practices into their work. To support this, the drug programs have provided registrants with resources on antimicrobial stewardship in both community and institutional settings. Registrants can also request a personalized report that compares their quarterly antibiotic prescribing volumes with their practice-specific comparator group.



Physician Practice Enhancement Program

500

peer assessments initiated

366

peer assessments conducted

40%

on-site

60%

remote

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:

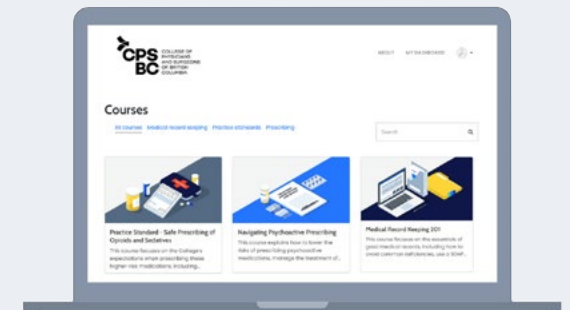
- peer practice assessment of recorded care
- multi-source feedback assessment
- review of their PharmaNet prescribing profile
- office assessment
- physician interview with feedback and coaching

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.

Online courses for registrants

Over the past year, the College has continued its efforts to support registrants through online education. In 2023/24, five online courses were developed.

- **Medical Record Keeping 101:** This course covers the basics of medical record keeping, including requirements and recommendations from the College, the Canadian Medical Protective Association, and the Medical Services Commission.
- **Medical Record Keeping 201:** This course is an extension of Medical Record Keeping 101 and takes an in-depth look at how to create and maintain effective medical records.
- **Safe Prescribing of Opioids and Sedatives:** This course focuses on the College's expectations when prescribing these higher-risk medications.
- **Navigating Psychoactive Prescribing:** This course explains how to lower the risks of prescribing psychoactive medications, manage the treatment of chronic pain and substance use disorder, and navigate difficult conversations.
- **Consent to Treatment:** This course outlines the College's expectations for obtaining informed consent and to hold consent discussions with patients through an equity and inclusion framework.





Physician Practice Enhancement Program

Geographic distribution of peer assessments

	Family physicians	Specialists	Podiatric surgeons	Total
District 1 Vancouver Island, South	34	9	0	43
District 2 Vancouver Island, Central and Northern	31	5	1	37
District 3 Vancouver and surrounding area	115	34	1	150
District 4 Fraser	128	32	0	160
District 5 Thompson–Okanagan	67	8	0	75
District 6 Kootenays	10	0	0	10
District 7 Northern	23	2	0	25
Grand total	408	90	2	500

PPEP assessments expanding to anesthesiology in dental facilities

In December 2023, the Physician Practice Enhancement Program announced it will begin assessing anesthesiologists and those providing family practice anesthesia (FPA) in dental facilities in early 2024. Anesthesiologists and FPAs will be assessed based on the Non-Hospital Medical and Surgical Facilities Accreditation Program standards that relate to the provision of minimal, moderate, deep sedation, and general anesthesia in dental facilities. This will ensure that anesthesia and sedation care provided in dental facilities meets the same level of patient care expected in other medical and surgical facilities.



Physician
Practice
Enhancement
Program

408

family
physicians

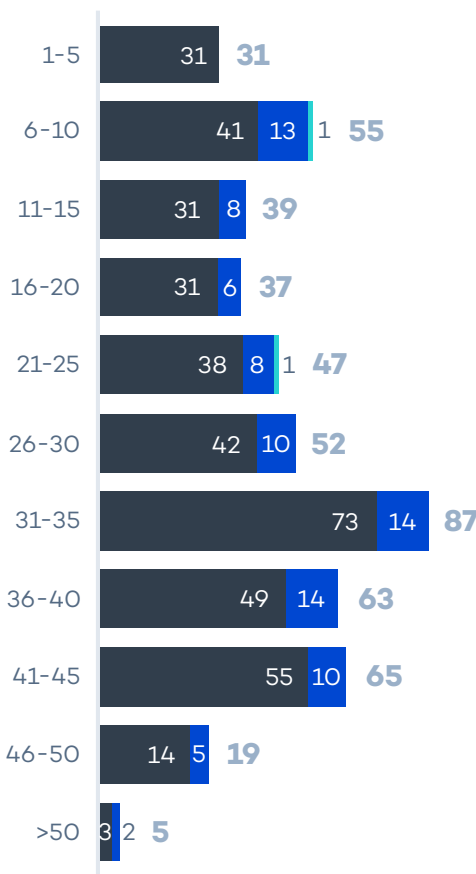
90

specialists

2

podiatric
surgeon

Distribution of peer assessments by
years in practice



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.

196

assessments
conducted

148

on-site

48

remote



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 (DAP) has 24 accreditation programs covering diagnostic imaging, laboratory medicine, neurodiagnostic services, pulmonary function and polysomnography.

522

private diagnostic services operate in BC

445

public diagnostic services operate in BC

452

assessments performed

336

full assessments

36

initial assessments

63

focused assessments

17

relocation assessments

4

facilities assessed for COVID-19 collection and testing

Home sleep apnea initiative nominated for Premier's Award

The Ministry of Health and the College's initiative to regulate home sleep apnea testing (HSAT) was acknowledged as a finalist of the 2023 Premier's Awards in the innovation category. The awards program recognizes groups, teams and organizations in the BC Public Service that have developed new ideas into tangible programs and initiatives.

Following consultation with the Ministry of Health, the DAP formally added HSAT in 2020 to the list of diagnostic services that are accredited by the program. The regulation of HSAT ensures quality, competence and patient safety when diagnosing sleep apnea, which is one of the most common sleep disorders.



Accreditation programs

Non-Hospital Medical and Surgical Facilities Accreditation Program

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

- 42** private medical/surgical facilities operate in BC
- 12** procedural pain management (PPM) facilities operate in BC
- 1** podiatric facility operates in BC
- 20** assessments conducted

Note: Assessments and the granting of accreditation awards may occur in different fiscal years.

- 19** facilities were granted an accreditation award including focused assessments and extensions

Note: This number includes awards with focused assessments and award extensions.

- 97,472** procedures were performed in private medical/surgical facilities and PPM facilities across the province
- 50%** of procedures performed (excluding laser refractive eye surgery) were publicly funded cases (e.g. MSP or health authority)
- 2%** of procedures (excluding laser refractive eye surgery) were contracted by a third party (e.g. WorkSafeBC, ICBC)
- 650** registrants are authorized by the College to provide medical services in one or more private medical/surgical facilities

Accreditation programs adopt standards on Indigenous cultural safety, cultural humility and anti-racism

The DAP and NHMSFAP have formally established *Indigenous Cultural Safety, Cultural Humility and Anti-racism* accreditation standards, based on the principles in the College's practice standard for registrants. The purpose of the new accreditation standards is to set out clear expectations for providing culturally safe and anti-racist care for Indigenous patients in all health-care facilities accredited by the DAP or the NHMSFAP, as the standards apply to both registrants and non-registrant staff working in facilities. All facilities are required to be compliant with the standards by July 1, 2024.

**Collaborating
with key health
partners**



Collaborating with key health partners

Partnerships

One of the College's foremost objectives is to work collaboratively with key partners such as government, hospitals, associations, community groups, universities, and other organizations to address provincial and national issues such as:

- developing practice standards and professional guidelines
- modernizing BC's health regulatory framework
- addressing Indigenous-specific racism in BC's health-care system
- identifying sustainable solutions to health human resourcing challenges

BC Public Advisory Network

The BC Public Advisory Network (BC-PAN) is a joint initiative of 12 health regulators and 16 public advisors from across the province with various backgrounds, perspectives, and experiences. The intent of the BC-PAN is to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in BC.

This past year, the BC-PAN met for its annual meeting over two days in October. The purpose of the meeting was to

- gather input from public advisors on how regulators can support providers in offering health care without discrimination,
- gather input from advisors on what to include in the colleges' public resources on accessing health care without discrimination, and
- introduce basic information about the *Health Professions and Occupations Act (HPOA)*, to lay the foundation for upcoming work of the BC-PAN.

The BC-PAN also participated in several college-specific initiatives.

To learn more about the work of the BC-PAN, visit www.bcpa.ca.



Guiding the profession



Guiding the profession

Developing practice standards and professional guidelines

The College is committed to information sharing and wide engagement when developing and reviewing various practice standards and guidelines.

Engagement

Engaging 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.

Practice standards

The following new or revised practice standards were approved by the Board and published on the [College website](#):

- *Access to Medical Care Without Discrimination*
- *Advertising and Communication with the Public*
- *Consent to Treatment*
- *Virtual Care*
- *Sale and Dispensing of Drugs*
- *Primary Care Provision in Walk-in, Urgent Care and Multi-registrant Clinics*
- *Physical Examinations and Procedures*
- *Medical Assistance in Dying*
- *Ketamine Administration via Intramuscular, Oral, Sublingual, and Intranasal Routes as Treatment for Mental Health Conditions and Chronic Pain in the Community Setting* (interim guidance)
- *Repetitive Transcranial Magnetic Stimulation (rTMS)* (interim guidance)

Guiding the profession

Registrant resources

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

- Consent to Treatment
- Medical Assistance in Dying

Library

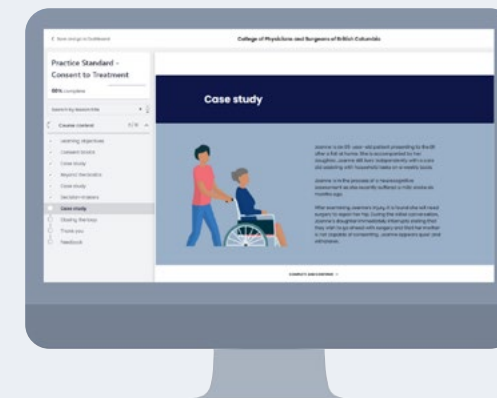
The College library permanently closed on March 15, 2024.

Consent to treatment

In April 2023, a new practice standard was published to emphasize the importance of obtaining patient consent.

Certain patient populations experience higher inequities in the consent process. To understand these barriers and how to address them, the College completed an extensive engagement process with select registrants and other community partners working with different patient populations. This work ultimately led to the development of a practice standard and an accompanying resource on equity considerations, which highlights the importance of an individualized approach in obtaining consent from patients.

The College also published a brief online course for registrants covering key legislation, equity considerations, and how to obtain consent in unique situations in practice.



Managing resources

An abstract graphic on the right side of the slide. It features several overlapping curved bands. A light gray band starts from the top left and curves towards the bottom right. A bright blue band starts from the top right and curves towards the bottom left. A dark blue band is positioned in the center, overlapping the other two. A medium gray band is on the right side, partially overlapping the dark blue band.

Managing resources

Statement of operations

(Expressed in thousands of dollars)

Year ending February 29, 2024, with comparative information for 2023.

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

	2024	2023
Revenues		
Annual registrant and incorporation fees	\$ 30,153	\$ 28,076
Annual accreditation fees	5,889	5,871
Investment income (note 5)	2,521	589
Application fees	1,911	1,834
Other income	1,249	1,297
Rental income	138	113
	41,861	37,780
Expenses		
Salaries and benefits	25,027	22,118
Assessments, accreditations and reviews	4,068	3,633
General and administrative	2,629	2,427
Amortization	2,186	2,152
Information technology	1,786	1,348
Professional fees	1,773	1,980
Occupancy costs	1,503	1,370
Board and committees	1,245	1,149
Library resources	799	564
	41,016	36,741
Excess of revenues over expenses before undernoted	845	1,039
Unrealized gain (loss) on investments	4,421	(1,272)
Excess (deficiency) of revenues over expenses	\$ 5,266	\$ (233)

Managing resources

Expenditures by function

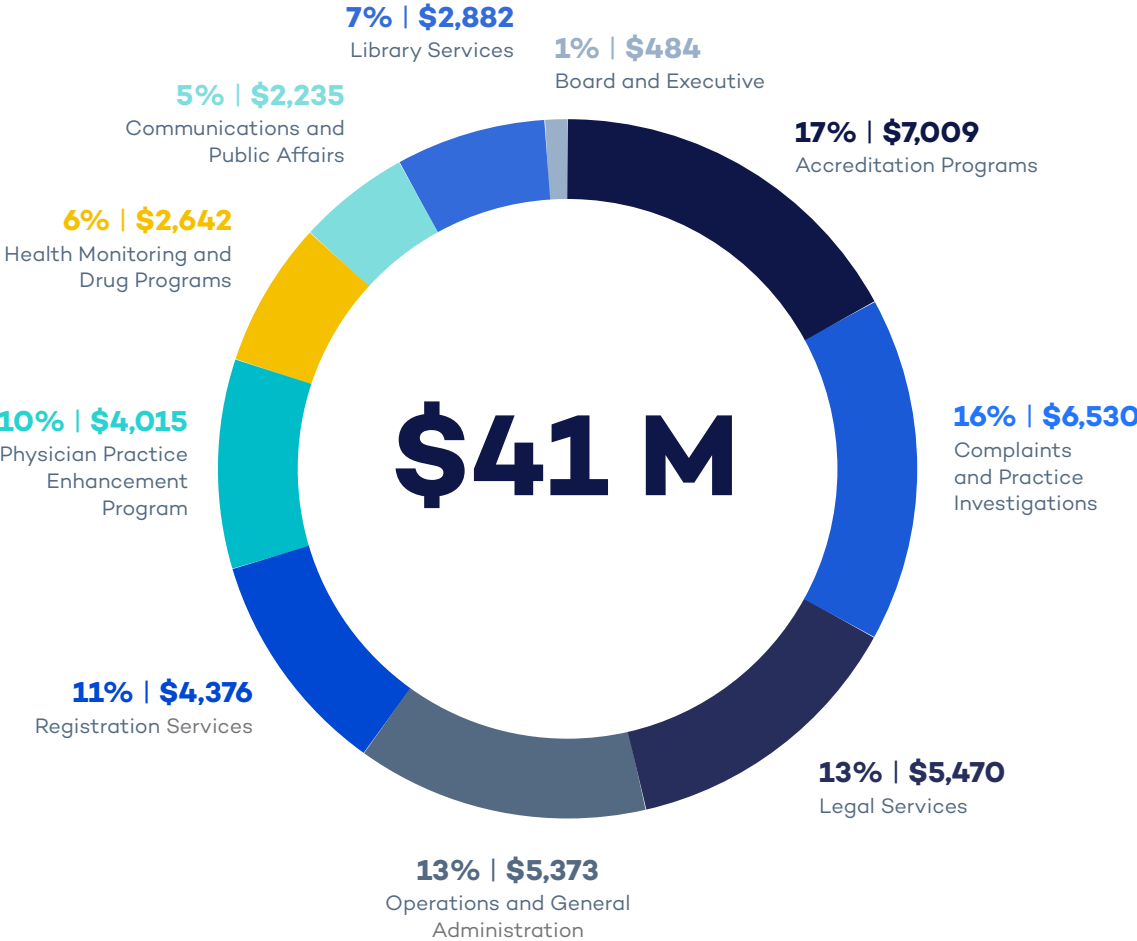
For the year ending February 29, 2024

(Expressed in thousands of dollars)

Note: Allocations of expenditures by function are unaudited figures.

Function	FY 2023	FY 2024	Increase (Decrease)	% change
Accreditation Programs	\$ 5,969	\$ 7,009	\$ 1,040	17%
Board and Executive	462	484	22	5%
Communications and Public Affairs	1,973	2,235	262	13%
Complaints and Practice Investigations	5,919	6,530	611	10%
Health Monitoring and Drug Programs	2,651	2,642	(9)	0%
Legal Services	5,155	5,470	315	6%
* Library Services	1,863	2,882	1,019	55%
Operations and General Administration	4,755	5,373	618	13%
Physician Practice Enhancement Program	3,867	4,015	148	4%
Registration Services	4,127	4,376	249	6%
Total	\$ 36,741	\$ 41,016	\$ 4,275	12%

* FY 2024 Library Services includes one-time costs of \$1,025 related to library closure



Practising good governance



Practising good governance



Strategic plan

The following is a summary of progress made in 2023/24 towards the key goals of the four pillars in the strategic plan.

Continuous quality improvement

- The College delivered a refreshed suite of educational sessions to all board and committee members to address cultural safety and humility, trauma-informed care, implicit bias, sexual orientation and gender identity with a focus on trans-literacy and best practices in governance.
- The College is establishing a gender-correct language policy that applies to all departments and correspondence.

Cultural safety and humility

- The College successfully launched a new brand.
- The College engaged with registrants to see how they are applying the principles in the *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard.
- The College leveraged opportunities to draw on expertise of the Indigenous Engagement Group.

Regulatory innovation

- The College updated its website to include an overview of antimicrobial stewardship, a resource section and a new report available to registrants.
- The College’s website content was enhanced to support registrants in improving prescribing practices.
- The College conducted an environmental scan to identify opportunities to support evidence-informed prescribing affecting patient and public safety at provincial and national levels.

Engagement

- The College is providing support to registrants with ongoing education and access to resources to support them in practice.
- The College continues to work with health authorities and government to provide relevant information about new classes of registration and to be viewed as a key partner in addressing health human resourcing access and supply challenges.
- The College continues to lead and support the work of the BC Public Advisory Network to ensure the public is consulted on relevant regulatory issues that impact them and the care they receive.

Passing of the torch

At the November board meeting, former registrar and CEO, Dr. Heidi Oetter, passed the leadership torch to Dr. Patrick Rowe, who pledged to uphold the College's commitment to address Indigenous-specific racism in the health-care system. Thank you to facilitator Joe Gallagher, Knowledge Keeper Sulksun, and witnesses Cynthia Johansen, Dr. Shannon McDonald, Dr. Anne Priestman, and Dr. Cornelia (Nel) Wieman for joining.



College Board

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.

Annual General Meeting September 27, 2024

Board members

Officers

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

Elected members

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. S. Tsuchiya
District 6: Dr. A. Du Preez
District 7: Dr. K.L. Seland

Board-appointed registrant member

Dr. S.M. McDonald

Appointed public members

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

Senior management team

Registrar and CEO

Dr. P. Rowe

Deputy registrars

Dr. M.J. Murray
Dr. D.G. Puddeste
Dr. D.A. Unger

Deputy registrar/chief legal counsel

Mr. G. Keirstead, KC

Chief operating officer

Mr. M. Epp

Executive director, registration

Ms. C. de Bruin

2023/24 Board and senior management team

Back row (left to right):

**Dr. R.R. Abrahams, Dr. D.A. Unger,
Dr. S. McDonald, Mr. L.R. Yip,
Dr. K.L. Seland, Dr. J.J. Kingsley,
Dr. C. Hall, Mr. M. Epp, Dr. S. Tsuchiya,
Dr. A. Du Preez, Mr. T.T.S. Mann,
Dr. C.S. Leger, Mr. G. Keirstead, KC**

Front row (left to right):

**Ms. C. de Bruin, Dr. D.G. Puddeste,
Dr. B.A. Priestman, Dr. P. Rowe,
Ms. H.A. Muller**



College committees

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 ●✳
Mr. T.T.S. Mann ●✳
Ms. J.W.E. Dyson ●✳
Dr. J.J. Kingsley ●
Dr. C.S. Leger ●
Ms. S.F.J. Ross ●✳

Finance and Audit Committee

Dr. C.S. Leger ●✳
Mr. B. Sanghera ✳
Mr. T.T.S. Mann ●✳
Dr. B.A. Priestman ●
Ms. K. Raman ✳
Ms. S.F.J. Ross ●✳

Registration Committee

Ms. T. O'Grady ✳✳
Dr. A. Du Preez ●✳
Dr. L.F. Dindo
Mr. D. Goldsmith ✳
Dr. A. MacNeily
Dr. S.M. McDonald ●
Dr. A.R. Patel, DPM
Dr. J. Yee, DPM
Dr. I.C. Hughan ●
Mr. B.D. Penner, KC ✳○

Inquiry Committee

Panel A

Dr. B.A. Priestman ●✳
Ms. J. Erickson ✳
Dr. M.D. Carter
Ms. J.W.E. Dyson ●✳
Dr. C.S. Leger ●○
Ms. L. Charvat ✳○
Dr. M.L. Greenwood, PhD ●✳○

Panel B

Dr. J.T. Wale ●✳
Mr. T.T.S. Mann ●✳
Ms. L. Argatoff ✳
Dr. B.M. Bagdan
Ms. M.L. Casavant ✳
Dr. G. Chang
Dr. T. Cordoni
Dr. J.P. Kerrie
Dr. D.S. Ksienski
Ms. L. Shore ✳
Dr. J.A. Soles
Dr. D.A. Spooner
Mr. L.R. Yip ●✳

Panel C

Dr. L.K. Wong ✳
Ms. P.A. McDonald ✳
Dr. K.E. Bennett
Ms. K. Brooks ✳
Dr. R. McCallum
Dr. N.E. Severin
Dr. S. Sohmer
Mr. M. Thompson ✳

Panel D

Dr. L.F. Dindo ✳
Dr. A.I. Sear ✳
Ms. C. Evans ✳

Panel E

Mr. B.D. Penner, KC ✳✳
Dr. F.A. Dossa
Dr. S. Tsuchiya ●

Legend

- Board member
- ✳ Chair
- ✳ Vice-chair
- ✳ Public representative
- Alternate

Panel F

Dr. W.G. Chalmers, DPM
Dr. Z.N. Ladha, DPM

Alternate members (Panels A to E)

Ms. H.A. Muller ●✳○

Alternate members (Panels B to E)

Dr. M. Aron ○
Dr. F.A. Din ○
Dr. G. Gracias ○
Dr. S. Teja ○

College committees

Discipline Committee

Registrant members

Dr. D.M.S. Hammell✳
Dr. D.J. Etches
Dr. J.H. Finkler
Dr. R.A. Irvine
Dr. B.J. Kane
Dr. Z.N. Ladha, DPM

Public representative members

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, KC✳
Ms. M. Baird, KC✳
Mr. K. Bracken✳
Mr. H. Kushner✳
Ms. K.F. Nordlinger, KC✳
Ms. J.P. Whittow, KC✳

Quality Assurance Committee

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

Dr. R.L. Preston✳
Dr. R.R. Abrahams✳
Ms. J.M. Barens✳
Ms. P. Foster, RN✳
Dr. C.D.S. Ho
Dr. P.A. Lennox
Dr. C.Y.C. Ngan✳
Dr. K. Seethram
Dr. K.B. Sexton
Mr. K. Stewart✳
Mr. A. Wray✳
Mr. L.R. Yip✳

Physician Practice Enhancement Panel

Dr. J.J. Kingsley✳
Mr. T.T.S. Mann✳
Ms. J. Berry✳
Dr. F. Chan, DPM
Dr. K. Eva, PhD✳
Dr. I. Fadyeyeva
Dr. D.R.S. Haslam
Dr. D.S. Holowenko
Dr. C.D. Icton
Dr. B.O. Kassen
Dr. C.J. Kwiatkowski
Dr. L.K. Mackenzie
Dr. D.L. McLachlan
Dr. H.N. Postowski, DPM
Dr. S. Tsuchiya✳
Ms. A. Wainwright, RN✳

Legend

- Board member
- ✳ Chair
- ✳ Vice-chair
- ✳ Public representative
- Alternate

Prescription Review Panel

Ms. J.W.E. Dyson✳
Dr. W.A. Woodfield✳
Mr. A. Alladina, RPh✳
Dr. P.J. Bach
Dr. M.P. Butterfield
Dr. K. Haddow
Ms. M. Sam✳
Dr. A.D. Wardman

College committees

Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

Dr. R.L. Preston[✚]
Dr. R.R. Abrahams^{●●}
Ms. J.M. Barens[✕]
Ms. P. Foster, RN[✕]
Dr. C.D.S. Ho
Dr. P.A. Lennox
Dr. C.Y.C. Nguan[●]
Dr. K. Seethram
Dr. K.B. Sexton
Mr. K. Stewart[✕]
Mr. A. Wray[✕]
Mr. L.R. Yip^{●✕}

Diagnostic Accreditation Program Committee

Dr. R.C. Reyes[✚]
Dr. W.W. Yap[●]
Dr. B.Y. Allen Bradshaw
Dr. H.E. Clark
Ms. M. Diacu[✕]
Dr. B.A. Farnquist
Mr. T. Rode[✕]
Ms. L. Vienneau[✕]
Dr. R.R. Abrahams^{●●}
Dr. D.A. Adams[●]
Dr. R.S. Attariwala[●]
Dr. K.M. Brown[●]
Dr. C.V. Cheng[●]
Dr. J.L. Diggle[●]
Dr. J.A. Fleetham[●]
Dr. G. Han[●]
Dr. S. Hume[●]
Dr. W.W. Lai[●]
Dr. S. Malhotra[●]
Dr. R. Mueller[●]

Dr. R.I. Onell[●]
Dr. G.V. Segal[●]
Dr. G.P. Sexsmith[●]
Dr. M. Somerville[●]
Dr. M.E. Stilwell[●]
Dr. A. Vawda[●]
Dr. T.T.T. Wong[●]
Dr. M.T.S. Yan[●]

Patient Relations, Professional Standards and Ethics Committee

Ms. S.F.J. Ross^{●✚✕}
Ms. L. Charvat^{●✕}
Dr. R.R. Abrahams[●]
Ms. M.L. Casavant[✕]
Dr. J.J. Kingsley[●]
Dr. S.M. McDonald[●]
Dr. B.L. Wagner
Dr. D.M.S. Hammell[●]

Blood Borne Communicable Diseases Committee

Dr. M. Krajden[✚]
Dr. C.S. Leger^{●●}
Dr. B.J.F. Henry
Dr. V.C. Montessori
Dr. A. Ramji

Governance Committee

Mr. B.C. Bell^{✚✕}
Ms. M.L. Casavant[✕]
Dr. B.A. Priestman[●]
Mr. L.R. Yip^{●✕}

Legend

- Board member
- ✚ Chair
- Vice-chair
- ✕ Public representative
- Alternate

Human Resources Committee

Dr. B.A. Priestman^{●✚}
Dr. T.T.S. Mann^{●●✕}
Ms. J.W.E. Dyson^{●✕}
Dr. J.J. Kingsley[●]
Dr. C.S. Leger[●]
Ms. S.F.J. Ross^{●✕}

Nominations Committee

Mr. B.C. Bell[✚]
Dr. B.A. Priestman^{●●}
Ms. L. Charvat
Ms. H.A. Muller^{●✕}
Ms. S.F.J. Ross^{●✕}

College departments and contacts

Office of the Registrar

Dr. P. Rowe, Registrar and CEO

Accreditation Programs

Dr. C. Hall, Deputy Registrar
Ms. S. Camano, Director

Communications and Public Affairs

Ms. S. Prins, 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

Legal Services

Mr. G. Keirstead, KC, Deputy Registrar/Chief Legal Counsel
Ms. C.S. Gulabsingh, Legal Counsel
Ms. S. Jamal, Legal Counsel
Ms. L. Riva, Legal Counsel
Ms. M. Stimac, Legal Counsel

Professional Medical Corporations

Ms. S. Jamal, Legal Counsel

Records, Information and Privacy

Ms. M. Spelay, Director

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

Physician Practice Enhancement Program

Dr. C. Hall, Deputy Registrar
Ms. N. Castro, Director

Registration

Ms. C. de Bruin, Executive 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.

To support and encourage employees to volunteer in their communities, the College introduced a volunteer day policy as of January 1, 2024. As part of this policy, College employees may request one paid day off per year to engage in volunteer activities for a cause they support.