



2010 ANNUAL REPORT

COLLEGE OF PHYSICIANS AND
SURGEONS OF BRITISH COLUMBIA

STRENGTHENING OUR FOUNDATION



Serving the public through excellence and professionalism in medical practice

TRANSPARENT

OBJECTIVE

IMPARTIAL

FAIR

About this Report

This report describes the work and activities of the past year; it highlights the major accomplishments; and it reflects the commitment and dedication of many who give of their time and expertise to deliver on the College's mandate.

Statistics contained in this report cover the period from January 1, 2010 through to December 31, 2010 unless otherwise indicated. Due to changes in reporting resulting from the *Health Professions Act*, year to year comparisons are not always available.

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 at www.cpsbc.ca > Publications and Resources > Annual Report.

2011 ANNUAL GENERAL MEETING

Friday, September 16, 2011
Vancouver Convention Centre
Vancouver, British Columbia

TABLE OF CONTENTS



1 REFLECTIONS ON THE YEAR PAST; PLANNING FOR THE YEAR AHEAD

- About the College
- President's Message
- Registrar's Message

2 REGISTERING COMPETENT PHYSICIANS

- Registration Statistics

3 ASSURING EXCELLENCE AND PROFESSIONALISM

- Quality Professionals
- Quality Facilities

4 ADDRESSING PUBLIC INQUIRIES AND CONCERNS

- Complaints Process
- Complaints Statistics
- Disciplinary Outcomes

5 OPERATIONS AND ADMINISTRATION

- Report from Legal Counsel
- Statement of Operations
- College Board
- College Committees
- College Departments and Contacts



1 REFLECTIONS ON THE YEAR PAST; PLANNING FOR THE YEAR AHEAD

ABOUT THE COLLEGE

The College of Physicians and Surgeons of British Columbia was established in 1886 as the licensing and regulatory body for all medical practitioners in the province. The College's overriding interest is the protection and safety of patients, and the quality of care they receive from licensed physicians in BC.

Regulation of the profession requires both proactive and reactive measures. Proactively the College maintains high educational standards and licensure requirements, and administers a number of quality assurance programs such as periodic peer reviews of physicians and their practices, and reviews of prescribing practices; the College also accredits diagnostic and non-hospital medical and surgical facilities; and develops policy and guidance to address issues that arise in the course of active practice. In its reactive role, the College manages a comprehensive process for addressing public concerns and responding to inquiries, and developing and maintaining high standards for physician conduct and performance.



Serving the public through excellence and professionalism in medical practice

The College is governed by the *Health Professions Act*, and the Regulations and Bylaws made under the Act. A board comprised of 10 peer-elected physicians and five public representatives appointed by the Ministry of Health are responsible for the governance of the College. The daily operations are administered by the registrar and other medical and professional staff.

PRESIDENT'S MESSAGE

All great structures require solid foundations. And laying a foundation requires effective planning, adherence to regulations and codes, as well as careful consideration about the function of the intended structure that will be supported for many years to come.

In 2010, the College Board took major steps towards strengthening its foundation through the development of a three-year strategic plan with specific performance indicators, and a revitalized Governance Policy Manual.

Effective planning

The outcome of the Board's facilitated strategic planning workshop was a comprehensive three-year plan—a solid base to formalize direction and establish key priorities under four broad categories:

1. Resources

In 2010 the Board authorized the Finance and Audit Committee to search for and acquire suitable commercial real estate in the Vancouver area to meet the needs of the College for the next 15-20 years. Since selling the College's original building on West 10th Avenue in 2002, commercial lease rates in Vancouver have increased significantly. Acquiring quality commercial real estate means the College will not be subject to unpredictable rent increases or HST on lease payments, which makes ownership a more viable solution to manage costs and keep registrants' fees down over time.



Darlene M.S. Hammell, MD, CCFP, FCFP
President

2. Stakeholders

The College will make considerable investments over the next three years to:

- Expand and develop proactive peer review activities
- Enhance complaints management and resolution processes
- Harmonize registration standards across Canada and develop a framework for competency-based assessments

3. Internal Business Processes

The College will continue to maximize technology, including the implementation of a strong document and record management system to support operations and automate business processes.

4. People and Organization

People are the core of our work. Measuring performance helps to reaffirm an individual's contributions to the greater whole, and to highlight opportunities for personal development. To ensure board members are aligned and continuously developing in their role as governors, the Board introduced its own performance management program, which includes regular reviews and ongoing educational opportunities. Professional development and performance planning programs have also been implemented across all levels of the organization.

Good governance

In the spring of 2010, the Board established a governance working group to critically analyze the concept of *good governance*, and to develop a new governance framework and policies for the Board. The new Governance Policy Manual, adopted in November, serves as an adjunct to the *Health Professions Act*, Regulations and the Bylaws made under the Act.

The College has a duty to establish and administer registration, inquiry and discipline procedures that are *transparent, objective, impartial and fair* as set out in the *Health Professions Act*. Through the important work of developing the Governance Policy Manual, the Board also defined the following core values to guide them in their role as governors:

Accountability

Through objective and transparent processes, we acknowledge and assume full responsibility for the actions we take and the decisions we make.

Justice

We conduct our business in a manner that promotes equity, due process and truth, and supports individual rights and liberties within the rule of law.

Integrity

Our behaviours, actions and outcomes consistently reflect our foundational beliefs in honesty, respect, compassion and trust.

Collaboration

We share knowledge and work together with each other and our partners (government, associations, academic institutions, medical and health regulatory organizations) to safeguard the rights of the individual and serve the greater needs of the community.

The ancient Romans had a tradition: whenever one of their engineers constructed an arch, as the capstone was hoisted into place, the engineer assumed accountability for his work in the most profound way possible—*he stood under the arch*. If the arch wasn't engineered perfectly, it would collapse.

As governors, we each have a responsibility to stand under our own arch. We have a duty to regulate the profession of medicine; to maintain the public's trust and confidence; and to *be accountable* for the craftsmanship of our work. The critical foundational work done in 2010 allows current and future board members to stay focused in their role as strategic leaders, and maximize their collective ability to govern with excellence.

It has been an immense privilege to serve the Board as president and chair for the past two years as we continue to adjust to new roles, responsibilities and functions under the *Health Professions Act*. I have learned from the wisdom of those around the boardroom table, and from the commitment of the members who give of their time to serve on committees, conduct peer assessments, and engage in all of the many activities required by self-governing bodies. And, I am heartened by all of our registrants who have devoted themselves to a profession that demands much of them—but returns so much more.

Darlene M.S. Hammell, MD, CCFP, FCFP
President and Chair

REGISTRAR'S MESSAGE

Since transitioning to the *Health Professions Act* and its Bylaws, the College has been focused on refining and strengthening its four core regulatory functions: registration and licensure; complaint investigation and resolution; quality assurance and continuing competency; and accreditation services. While all four functions will be described in this report, I want to specifically focus on the progress made in 2010 to develop and implement national standards for registration.

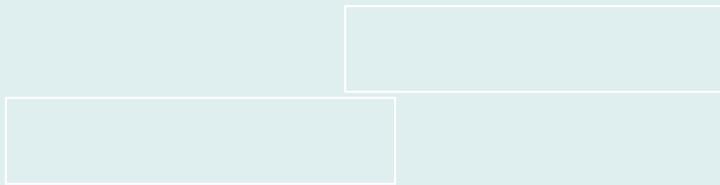
The work to develop national standards is a consequence of labour mobility legislation, as well as the explicit expectation of the federal/provincial/territorial governments that Canada will need more physicians—and we must continue to find ways to identify appropriately qualified international medical graduates (IMGs). The standardization and harmonization of registration practices will continue to be a top priority for medical regulators for the next year or two, and possibly longer as the ensuing legislative changes across the country may require some elements to be reassessed.

Registration requirements for full registration on initial application have been agreed upon. And, we are close to reaching national consensus on minimum training and credential requirements for provisional registration for both general/family practice and specialty practice. Agreement has been reached on standards that include evidence of currency of practice, good standing and character, and fitness to practice (health and wellness), as well as basic English language proficiency. International medical graduates are also required to complete at least the evaluating examination of the Medical Council of Canada (MCC) prior to obtaining a provisional licence.



Heidi M. Oetter, MD
Registrar

Significant work has been done to harmonize standards for the assessment and supervision of entry-to-practice IMGs who are eligible for provisional registration. Following a period of supervised practice, it is expected that eligible provisional registrants will progress to full registration by either meeting the Canadian standard or undergoing a summative assessment, hopefully through the practice-eligible routes of one of the two national certifying colleges. The Federation of Medical Regulatory Authorities of Canada (FMRAC) and its members are very encouraged by the work of both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada to develop practice-eligible routes to certification that are intended to be rigorous and flexible, and take into account the stage in a physician's career. (The current certification exams are designed to test the output of residency training, not the skill, knowledge and experience of mid-career practitioners.)



The MCC is similarly working to define a program of entry-to-practice assessment tools to assist colleges in screening IMGs into two streams: those who require further training (i.e. residency), and those who are likely to be successful in the resource intensive, pre-practice comprehensive clinical assessment, which enables them to obtain a provisional licence to practise under supervision. Creating pathways to licensure that reflect both credential recognition as well as qualification recognition may increase the number of physicians in Canada. The development and implementation of rigorous, objective, and fair competency-based assessments will be expensive. Capacity and funding remain undefined at this time; however, the College continues to work with the University of British Columbia, as well as the provincial government to identify possible solutions to these significant barriers.

Another national initiative has been the College's involvement as a member of FMRAC with the Application for Medical Registration in Canada. This initiative is funded by Human Resources and Skills Development Canada with financial and in-kind contributions from FMRAC and the MCC. The purpose is to develop a standardized online application for physicians seeking licensure in any of the 13 provincial or territorial jurisdictions in Canada. This electronic service will apply the national standards being developed by the medical regulatory authorities, ensuring that credential recognition for all physicians is fair, transparent, timely and consistent.

While initially aimed at IMGs seeking licensure in a Canadian jurisdiction, at some point it will be expanded to include Canadian trained physicians as well. The infrastructure includes a common portal that facilitates the electronic exchange of information between medical regulatory authorities and other stakeholders such as the Physician Credentials Repository of Canada (PCRC), the MCC, certifying colleges, universities, and competency-based assessment programs. Clearly, the existing capability to access primary source verified credentials (through PCRC) will speed up application processes for physicians who wish to move from one Canadian jurisdiction to another. Licensure will still be required in each jurisdiction where a physician wants to practise. Most importantly, the decision to grant registration and all matters pertaining to the accountability for a physician's performance will remain the responsibility of the college in that jurisdiction.

The measurement of success of regulation is the level of confidence and trust that the public has in the physicians who care for them. Indeed, trust is the cornerstone of the patient-physician relationship, and it begins by ensuring that the requirements for entry into the profession are rigorous, but also equitable for all applicants. While daunting at times, the collaborative work being done by the provincial colleges to establish national standards is a significant step towards enabling unrestricted mobility, and opening doors to our international medical graduates who make such a valuable contribution to the communities they serve.

Heidi M. Oetter, MD
Registrar



2 REGISTERING COMPETENT PHYSICIANS

OUR GOAL: Only qualified, competent and ethical physicians who meet the standards of excellence and professionalism are granted registration.

The College's registration processes were amended this past year to ensure compliance with the *Labour Mobility Act*, which enables unrestricted mobility between provinces for any physician licensed to practise medicine in Canada.

The challenge is that not all provinces have equivalent standards for granting a licence to physicians who obtained all or part of their medical education and training outside of Canada—and who may not have completed the training or taken all of the examinations required of Canadian-trained physicians.

In some cases, one college may grant a full unrestricted licence to an international medical graduate (IMG) who they deem competent and qualified to practise medicine based on their own province-specific assessments rather than national certifying examinations. Under the *Labour Mobility Act*, if one provincial college has granted a physician licensure to practise medicine, that physician is eligible for licensure in any other province in Canada without needing to complete further examinations or assessments.

Unrestricted mobility across Canada has always existed for physicians who:

- Obtained their medical degree
- Completed an accredited and approved postgraduate medical education program
- Completed the Medical Council of Canada's Qualifying Examinations
- Obtained certification from either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada
- Are Canadian citizens or permanent residents of Canada*



Michelle Corfield, DM • Joanne L. Wright, MD, FRCPC
Gurdeep Parhar, MD
Members, Registration Committee

The Federal Medical Regulatory Authority of Canada (FMRAC) and its member colleges continue to work cooperatively to develop a national standard that establishes minimum entry-to-practice requirements for family physicians and specialists who have received all or part of their medical education and training outside of Canada but have not yet completed their Canadian qualifying examinations and certification. This national standard would pertain to those physicians seeking full registration on initial application and those seeking provisional registration.

*At this time, the College requires all physicians who qualify for a full, unrestricted licence under the *Labour Mobility Act* to be Canadian citizens or permanent residents of Canada.

The College is dedicated to minimizing barriers to registration for qualified IMGs who wish to practise in British Columbia by exploring innovative ways to evaluate their competence and performance in the workplace beyond simply recognizing their credentials. One of the challenges is that workplace assessment programs are resource intensive and very costly to implement. With limited health dollars available, the ability to adequately fund assessment programs is a significant factor to consider when weighing it against other worthwhile initiatives such as increasing the number of postgraduate residency positions. Provincial initiatives like the College of Physicians and Surgeons of Saskatchewan's comprehensive SIPPA (Saskatchewan International Physician Assessment of Practice) program for family physicians will be closely examined in the coming months to see whether similar programs might be viable in BC.

The College continues to work closely with the Ministry of Health and the University of British Columbia to address the physician resource challenge in the province. In 2010, the government committed to increasing the capacity to train physicians, including the expansion of the undergraduate and postgraduate MD program at UBC, as well as the addition of more postgraduate residency positions for international medical graduates.

In Focus—International Medical Graduates

As of December 31, 2010 there were 3,027 international medical graduates practising medicine in British Columbia: 1,615 are general practitioners and 1,412 are specialists.

Highlights in 2010+

- 304 IMGs applied for registration in British Columbia
- 175 new IMG applicants were granted provisional registration
- 91 new IMG applicants were granted full registration
- 17 IMGs previously on the provisional register were advanced to the full register
- 33 IMGs entered a residency training program
- 78 IMGs were licensed to become clinical trainees

ABOUT CLINICAL TRAINEES

Clinical trainees are IMGs who are not eligible for independent licensure. The clinical trainee licence serves as a bridge, allowing the IMG to observe and learn in a practice setting under a physician's direct supervision. The goal is to provide IMGs with an informal educational experience, allowing 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.



NEW PROVISIONAL REGISTRANTS+

UK	22
USA	19
South Africa	41
Australia	9
New Zealand	2
Other	82
TOTAL	175

NEW FULL REGISTRANTS+

UK	6
USA	6
South Africa	15
Australia	2
New Zealand	0
Other	62
TOTAL	91

Afghanistan	2	Japan	1
Austria	1	Madagascar	1
Bahrain	1	Montserrat	2
Belarus	1	Myanmar	1
Belgium	2	Nepal	1
Brazil	1	Netherlands	1
China	2	Netherlands Antilles	1
Cuba	1	Nigeria	4
Dominica	2	Pakistan	9
Egypt	1	Philippines	1
France	1	Poland	1
Georgia	1	Portugal	2
Germany	4	Russia	1
Ghana	2	Saudi Arabia	3
Grenada	2	South Korea	1
India	12	Spain	1
Iran	3	Syria	2
Iraq	2	Taiwan	1
Ireland	1	Turkey	1
Israel	2		
Italy	3		

Armenia	1	Montserrat	1
Bangladesh	2	Netherlands Antilles	2
Belize	1	Nigeria	1
Brazil	1	Pakistan	5
China	4	Philippines	2
Colombia	1	Poland	1
Czech Republic	1	Romania	3
Egypt	1	Russia	1
Germany	1	Saint Kitts and Nevis	1
India	14	Saudi Arabia	2
Iran	9	Switzerland	1
Ireland	4	Vietnam	1
Libya	1		

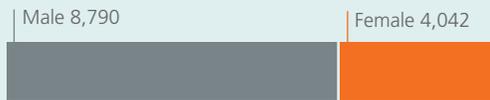
HEALTH PROFESSIONS REVIEW BOARD – REGISTRATION MATTERS

In 2010, the College Registration Committee issued 289 appealable registration decisions, of which four were appealed to the Health Professions Review Board. Three were withdrawn by the applicants following mediation.

REGISTRATION STATISTICS

OVERVIEW OF REGISTRANTS IN 2010*

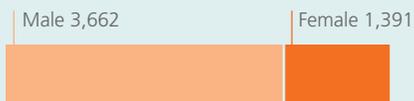
Total registrants: 12,832



OF THE 12,832 REGISTRANTS, 10,726 ARE PROFESSIONALLY ACTIVE IN BRITISH COLUMBIA

Professionally active: 10,726

Specialists = 5,053



General Practitioners = 5,673



FROM JANUARY 1 TO DECEMBER 31, 2010

+ 587	physicians were added to the full register
+ 205	physicians were added to the provisional register
- 405	physicians were removed from the register
<hr/>	
= 387	TOTAL net number of new physicians on the College register

* Figures calculated as of December 31, 2010
 + Figures calculated from January 1 to December 31, 2010

EDUCATIONAL REGISTRANTS*

Medical Students	1,108
Residents	930
Postgraduate Fellows	162
Postgraduate Resident Electives	23



Courtesy of Kent Kallberg

THE 2010 WINTER OLYMPICS WAS AN IMPETUS FOR THE COLLEGE TO ENHANCE ITS OWN EMERGENCY PREPAREDNESS PLAN, AS WELL AS IMPLEMENT SPECIFIC POLICY FOR A NEW EMERGENCY CLASS OF LICENSURE—THE FIRST OF ITS KIND IN CANADA.

Heidi Oetter, MD, College Registrar and Gavin Stuart, MD, FRCSC, Dean, UBC Faculty of Medicine carry the Olympic torch through the Callaghan Valley, February 5, 2010.

THE OLYMPICS AND THE COLLEGE

Being in the hub of the Olympic action was a thrilling time for the College throughout February 2010. Board, committee members and staff embraced the Olympic spirit and found their connection to the games as volunteers, spectators and even torch bearers—College Registrar, Dr. Heidi Oetter, ran a leg of the relay. Yet, despite the excitement and fun, the College had a bigger role to play.

In the months leading up to the games there was an influx of athletes, coaches, media, military and security personnel, spectators and physicians. The registration department was busy with the initial planning and coordination between government organizations, ministries and VANOC leading to the final registering and licensing of the incoming physicians.

By February 1, 2010, 159 physicians were registered and licensed according to their focus and activities throughout the games. Some physicians were licensed to work at the Mobile Medical Unit (MMU), some worked at the polyclinics “within the fence” to treat athletes and staff at events, and others, such as the American and Canadian forces, were licensed in case of an emergency or natural disaster.

The College also accredited the diagnostic facilities associated with the two polyclinics located in Vancouver and Whistler, which were an integral part of the medical services infrastructure for the Olympics.

The 2010 winter Olympics was an impetus for the College to enhance its own emergency preparedness plan, as well as implement specific policy for a new emergency class of licensure—the first of its kind in Canada.

The College is proud to have been part of this memorable event, which brought the world to Vancouver and touched the heart of everyone.

3 ASSURING EXCELLENCE AND PROFESSIONALISM

OUR GOAL: Through rigorous quality assurance programs and processes, every physician is practising to the highest professional standards and working in an appropriately accredited facility.

QUALITY PROFESSIONALS

Revalidation is the process by which physicians demonstrate to their peers and the public that they participate in lifelong learning activities and are competent in their scope of practice. Professional development may include continuing medical education, peer reviews and assessments, and adherence to ethical standards and guidelines.

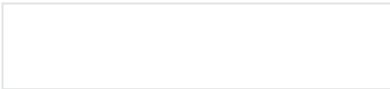
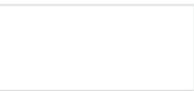
While world-wide medical regulatory authorities have taken many different approaches to the assessment of physician performance, the most common is the mandated enrolment in a continuing professional development (CPD) program. Starting in January 2010, all BC physicians were required to verify their enrolment in and compliance with the CPD program of either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada in order to renew their annual licence. While participation in professional development alone does not imply competence, there is evidence that learning activities with a focus on audits, assessment and reflection do form a robust foundation for assuring ongoing competence.



John W. Barclay, MD, CCFP
Chair, Medical Practice Assessment Committee

Medical Practice Assessment Program

2010 was an important year of establishing priorities for the College's peer assessment programs. As part of the College's strategic plan to enhance quality assurance activities, 34 physicians participated in an intensive training program to become new peer assessors for the College's Medical Practice Assessment Program. The program also revised many of its assessment tools to support an electronic format with an improved database. This proactive peer review process has demonstrated that the vast majority of BC physicians are practising to the appropriate standard of care, and has proven to be an effective means of assuring quality and ongoing professional development through support, guidance and advice. While medical practice assessments have historically focused on family physicians and some specialists in private office-based settings, the program will continue to expand in the coming year to include assessments of other specialists, as well as physicians working in multi-physician office settings.



Paul W. Sobey, MD
Member, Methadone Maintenance Committee

Methadone Maintenance Program

Methadone is an oral long-acting synthetic opioid which is effective in treating opioid dependency. It is a banned substance and in order to prescribe methadone for opioid dependency or for pain management, physicians are required to obtain an authorization in the form of an exemption from the federal Minister of Health.

Under the *Health Professions Act*, the College administers the Methadone Maintenance Program. To receive authorization to prescribe methadone, a physician must complete a one-day workshop and two half-days of preceptorship. All newly authorized physicians are peer reviewed within the first year. As part of the College's effort to enhance its peer review programs, assessments of all methadone prescribing physicians will soon be conducted cyclically, which will significantly increase the number of reviews done each year.

The Methadone Maintenance Program is responsible for establishing guidelines for safe and effective prescribing of methadone, performing peer reviews of methadone maintenance practices, conducting continuing education for methadone, and reviewing coroner's cases when methadone has been identified in toxicology. The program also maintains a register of patients receiving methadone for opioid dependency.

2010 highlights:

- 16 methadone peer reviews were conducted
- 11,853 methadone patients were registered in the program
- 43 new physicians were granted exemptions
- In total, 403 BC physicians have methadone exemptions





Douglas M. McGregor, MBChB • Charles M. Blackwood, MD, CCFP
Members, Prescription Review Committee

Prescription Review Program

The Prescription Review Program is a quality assurance activity of the College which assists physicians in the challenging task of prescribing opioids, benzodiazepines and other potentially addictive medications with appropriate caution in the best interests of their patients. Scholarly research literature and lay media continue to document competing challenges for the medical profession: the need to do a better job of assisting patients who suffer from chronic non-cancer pain (CNCP), while at the same time resisting pressure to overprescribe. Chronic pain patients struggle to access responsive primary care services, while prescription drugs increasingly account for more misuse with attendant harms than illegal ones. Misuse of prescription drugs is recognized as a public health crisis in North America.

The program makes use of the PharmaNet database, which provides information on all controlled substances prescribed in BC, and identifies physicians who might benefit from a collegial and educational intervention. Patterns of prescribing that attract concern may include:

- Larger numbers of patients on chronic opioids or benzodiazepines than the peer norm
- Dosing of opioids above the equivalent of 200mg of morphine daily
- Combinations of opioids and benzodiazepines
- Combinations of stimulants and benzodiazepines
- Combinations of different opioids
- The use of archaic drugs such as Demerol and meprobamate

QUALITY FACILITIES

All non-hospital medical and surgical facilities and all diagnostic facilities operating in British Columbia are rigorously accredited through one of the College's accreditation programs.

Non-hospital Medical and Surgical Facilities Program

There are currently 66 accredited private medical and surgical facilities in the province with four new facilities pending approval. A number of medical procedures (e.g. colonoscopies) and surgeries (e.g. cosmetic, ophthalmic, gynecologic, orthopedic) are performed in accredited private facilities. Making sure that practice standards are the same or better than those in a hospital setting is the responsibility of the Non-hospital Medical and Surgical Facilities Program, and the committee that oversees and guides the program.

Facilities accredited by the College participate in a thorough three-year accreditation cycle. The process includes: rigorous inspection and detailed reporting by a qualified accreditation team; ensuring adherence to health care guidelines and standards as well as the Bylaws that govern the program; and approving the appointments of medical staff at the facility based on training, credentials and qualifications. Each facility, regardless of size, is required to report annually to the committee on the number and types of surgeries performed, and promptly report any complications arising from a procedure and/or a surgery that resulted in a hospital visit or admission.

In 2010, the program held a workshop on medical laser safety for all individuals who use laser equipment. The workshop was facilitated in collaboration with WorkSafe BC and followed the standards set out by the Canadian Standards Association.

The Non-hospital Medical and Surgical Facilities Program operates on a cost-recovery basis and is funded through a combination of annual fees and survey charges.

2010 highlights:

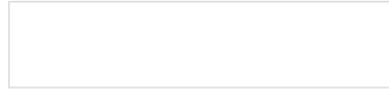
- 15 facilities were accredited as part of their three-year accreditation cycle
- 56,752 procedures were performed in non-hospital medical and surgical facilities across the province
- 800 physicians currently practise in non-hospital medical and surgical facilities across the province

Diagnostic Accreditation Program

The Diagnostic Accreditation Program reviews and ensures safe care, and promotes excellence in diagnostic medicine in 623 private and public diagnostic facilities operating in British Columbia. These facilities provide diagnostic imaging, laboratory medicine, neurodiagnostics, pulmonary function and polysomnography studies.

In 2010, the program completed 93 site surveys involving 223 different modalities. In addition, the program undertook a revision of its 2007 standards and launched new standards for diagnostic imaging and laboratory medicine accreditation. These standards were submitted to the International Society for Quality in Health Care (ISQua) for accreditation.

The program itself also underwent an accreditation review by ISQua. While completion of the organization's standards is still a work-in-progress, the program's diagnostic imaging and laboratory medicine standards both received ISQua accreditation. To date, the Diagnostic Accreditation Program is the only diagnostic accrediting body in Canada to receive an accreditation award from ISQua.



Quality Assurance Committee

The Quality Assurance Committee reports directly to the Board. The following committees report to the Quality Assurance Committee:

- Medical Practice Assessment Committee
- Methadone Maintenance Committee
- Prescription Review Committee
- Blood Borne Communicable Diseases Committee
- Ethics Committee

The Non-hospital Medical and Surgical Facilities Program Committee and the Diagnostic Accreditation Program Committee report directly to the Board.

Ethics Committee

The Ethics Committee is responsible for developing policy and professional guidance to address ethical issues and dilemmas that occur in contemporary medical practice.

The Ethics Committee brings an “ethical lens” to a specific situation or issue to ensure that the outcome or recommended course of action reflects the duties and responsibilities of medical professionals as outlined in commonly accepted ethical principles and in the Canadian Medical Association’s *Code of Ethics*.

In 2010, the committee revised several existing policies such as *Walk-in Clinics – Standard of Care*, *Conflict of Interest*, *Ending the Patient-Physician Relationship* and *Independent Medical Examinations*. New policies were also developed based on emerging societal and

environmental factors that have consequences for physicians such as *Social Media and Online Networking Forums*, *Primary Care Multi-physician Clinics*, and *Sale of Products in the Office*. These and other policies are published in the Physician Resource Manual on the College website.

THE COLLEGE LIBRARY

Physicians increasingly communicate with the library through email and web requests. In 2010, over 1,500 in-depth reference questions were researched—and most of the results were transmitted electronically. More than half of requested articles were delivered via email, with corresponding savings in cost, time, and paper. The shift from print journals to e-access was accelerated, reducing print journal titles to 40 and increasing e-journals to over 2,500. More articles were downloaded by College registrants than ever before. When combined with the number requested from library staff, article requests total more than 52,000. This use demonstrates the intensity with which College registrants seek information to support their efforts to provide high quality clinical care.

4 ADDRESSING PUBLIC INQUIRIES AND CONCERNS

OUR GOAL: Respond to all complaints compassionately, transparently and objectively, and take the appropriate remedial or disciplinary action required in the public interest.

Protecting the public

Safeguarding the public is a statutory mandate and foremost priority of the College. The comprehensive review and serious consideration of each complaint ensures a just and fair process for patients and physicians involved in inquiry proceedings.

Complaints Received

Complaints brought to the College are streamed into three broad categories: conduct, clinical performance, or boundary violations. Every complaint filed with the College is reviewed by a panel of the Inquiry Committee. In 2010, a total of 815 complaint files were concluded.

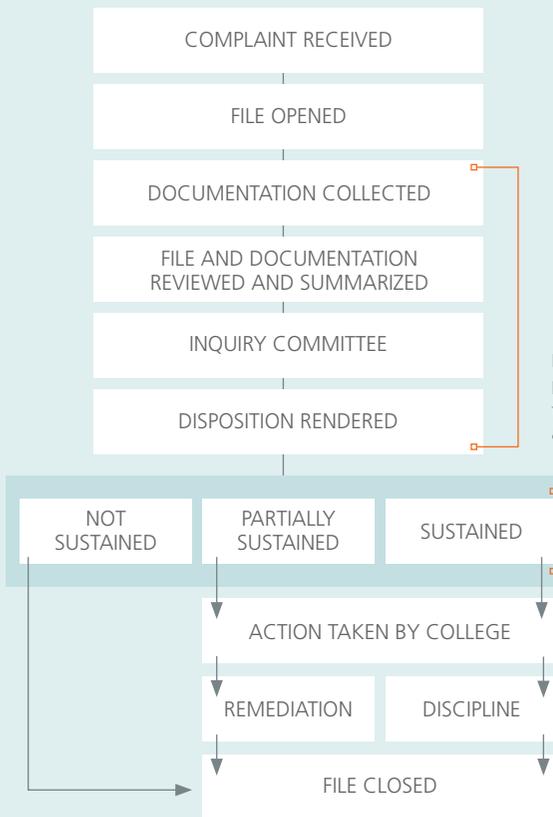
Of those:

- 339 complaints were related to professional conduct and/or ethical standards, with the vast majority resulting from communication issues between the patient and the physician.
- 435 complaints were related to clinical performance; primarily allegations of deficient performance on the part a physician, prescribing concerns or patient dissatisfaction with surgical outcomes.
- 41 complaints were related to boundary concerns.

REVIEW PROCESS

Under the *Health Professions Act*, patients have the right to appeal a decision of the College to the Health Professions Review Board (HPRB). The HPRB is an independent administrative tribunal that considers appeals of the College's Inquiry Committee dispositions (complaints) and Registration Committee decisions.

COMPLAINTS PROCESS



Inquiry Committee

The Inquiry Committee is a standing committee under the *Health Professions Act*. The committee reports directly to the Board. The work of the Inquiry Committee begins with a review of the material obtained through the investigation of the complaint to determine whether it is sustained or not, and whether remedial or disciplinary action is required. Sustainable complaints are adjudicated with the same degree of rigour by one of the committee's four inquiry panels.

DELAYED INVESTIGATION NOTICES

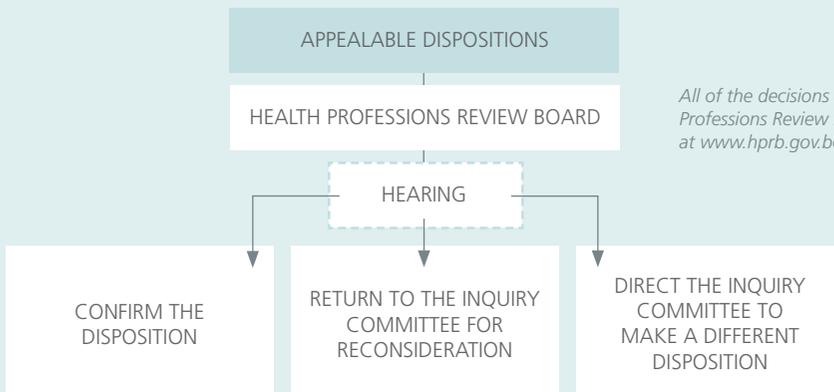
If the Inquiry Committee does not conclude the complaint within the legislated time period, a complainant has the right to request a review by the Health Professions Review Board.

APPEALABLE DISPOSITIONS

Once a disposition is rendered by the Inquiry Committee, the complainant has the right to appeal the decision to the Health Professions Review Board.

HEALTH PROFESSIONS REVIEW BOARD – COMPLAINT DISPOSITIONS

In 2010, the College Inquiry Committee issued 771 appealable dispositions and 170 delayed investigation notices, of which 79 (8%) were appealed to the Health Professions Review Board.



All of the decisions made by the Health Professions Review Board can be found at www.hprb.gov.bc.ca.

COMPLAINTS STATISTICS

Figures calculated from January 1 to December 31, 2010

Complaints Concluded	815
Clinical	435
Conduct	339
Boundary	41

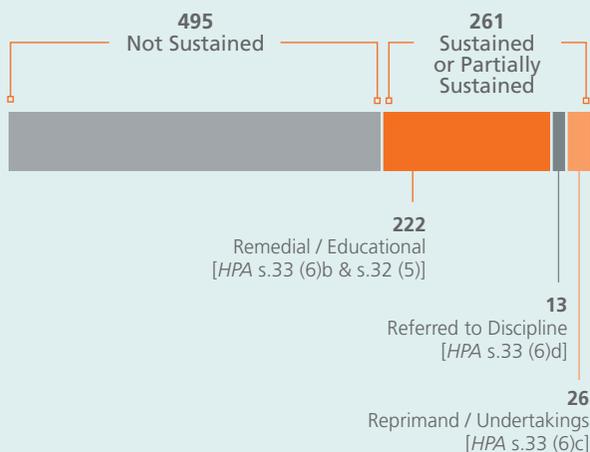
NATURE OF THE COMPLAINTS CONCLUDED

Clinical	435
Diagnosis	152
Medical Records	9
Prescribing	45
Consent	5
Surgical Complication	52
Clinical – Other Treatment Complication	17
Case Management	67
Other	88

Conduct	339
Communication	115
Breach of Confidentiality	9
Conflict of Interest	1
Medical Records / 3rd Party Medical Reports	69
Practice Management	35
Advertising	17
Other	93

Boundary	41
Inappropriate / Insensitive Comments	14
Touching or Other Sexualized Interactions	13
Other Boundary Violations	14

OUTCOME OF THE COMPLAINTS CONCLUDED



Of the 815 complaint files that were concluded by December 31, 2010, 495 of them were not sustained, 261 were found to be sustained or partially sustained and 59 were abandoned, withdrawn or transferred.

When the Inquiry Committee finds a complaint to be sustained or partially sustained, the committee members may choose to impose remedial action, request that the physician agree to undertakings, or refer the matter to the Discipline Committee.

DISCIPLINARY OUTCOMES

Investigations, Inquiries, Discipline

In 2010 nine disciplinary matters were concluded:

MAY

Dr. Mayer NELKEN, Richmond

Dr. Nelken, a psychiatrist, admitted unprofessional conduct with respect to the care of a patient who attended the MindCare Centres clinic in Toronto for repetitive transcranial magnetic stimulation (rTMS) treatment.

In the period 2005-2009, Dr. Nelken admitted that he failed to obtain College consent to practise in association with MindCare and entered into rental arrangements with MindCare which were ethically inappropriate and constituted a conflict of interest. Dr. Nelken was represented as the rTMS Psychiatrist and Medical Director of the MindCare clinics in Vancouver and Toronto when he had no experience or expertise in that area of practice. Dr. Nelken was not registered or licensed to practise medicine in Ontario and had no personal knowledge of the rTMS services offered in Ontario.

In 2007, Dr. Nelken accepted a patient for rTMS treatments at MindCare without seeing the patient, obtaining collateral information or obtaining appropriate consent. He cosigned the Patient Discharge Report without any knowledge of the treatment provided. Dr. Nelken gave no follow-up care recommendations and made no arrangements for transfer of care.

The College imposed a penalty that included transfer to the Conditional – Disciplined class of registration effective 2400 hours March 31, 2010, a formal written reprimand, a fine of \$15,000, no future involvement in MindCare or the provision of rTMS treatments, a mentorship, participation in continuing medical education and monitoring of his practice.

JUNE

Dr. Roger James Foulis MORRISON, Revelstoke

An investigation pursuant to section 25.2 of the *Health Professions Act* concluded that Dr. Morrison, a general practitioner, was not applying the requisite skill and knowledge to his practice. Dr. Morrison consented to limits and conditions imposed by the Board effective 2400 hours, May 13, 2010, which included the following:

Prior to return to independent practice, Dr. Morrison was required to successfully complete a minimum three month supervised preceptorship and participate in counselling to confirm readiness to safely resume practice. Upon return to independent practice, Dr. Morrison was required to have clinic staff present at all times during his hours of clinical practice and to participate in practice reviews at six months and 12 months.

JUNE

Dr. Roger James Foulis MORRISON, Revelstoke

Dr. Morrison admitted unprofessional conduct with respect to attending a laboratory in April 2009 and using the identity and health care number of a patient to obtain his own personal test results. The College imposed a penalty that included an 18 month suspension from practice (with six months stayed



if limits and conditions were met), participation in assessments, attendance at the College to further assess and determine conditions of registration, and costs of \$2,000.

As a result of the above formal actions, general limits and conditions were imposed on Dr. Morrison's practice, including restricting his practice to a supervised group practice setting approved by the College, no prescribing of narcotic or controlled drugs and testosterone, no prescribing of prednisone except in emergency circumstances, participation in continuing medical education/professional development and in a treatment program acceptable to the College, participation in a mentorship and monitoring of his practice.

JULY

Dr. Michael Ronald FIGURSKI, Kelowna

Dr. Figurski, a general practitioner, admitted unprofessional conduct with respect to conduct in the period December 2008 to May 2009. Contrary to repeated advice and direction from the College, Dr. Figurski provided x-ray services to approximately 32 patients without having accreditation from the Diagnostic Accreditation Program and without identifying a medical director acceptable to the College who was required to be a radiologist with certification from the Royal College of Physicians and Surgeons of Canada. The College imposed a formal written reprimand and a fine of \$5,000.

JULY

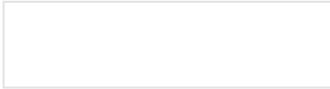
Dr. James Christopher Anscombe MORRANT, Vancouver

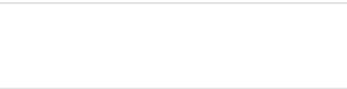
Dr. Marrant, a psychiatrist, was the subject of a pending disciplinary citation for breach of the conditions of his registration and of his formal voluntary withdrawal from practice. The College accepted Dr. Marrant's irrevocable resignation as a registrant and his commitment not to seek future renewal of his registration. The breaches related to exceeding the maximum number of psychotherapy sessions with a patient and to attending upon the patient during the period of his voluntary withdrawal from practice.

AUGUST

Dr. Peter Sung-Ho LIM, North Vancouver

Dr. Lim, a psychiatrist, admitted unprofessional conduct with respect to two patients during the period 2008 to 2010. Dr. Lim telephoned and sent text messages of an inappropriate and personal nature to one patient and engaged in a personal and sexual relationship with the other patient. The College imposed a penalty that included transfer to the Conditional - Disciplined class of registration effective 2400 hours, May 31, 2010, a two year suspension (with six months stayed if limits and conditions were met), and a concurrent three month suspension from practice, assessments and counselling, attendance at the College to further assess and determine conditions of registration, a mentorship, continuing medical education and monitoring of his practice.





SEPTEMBER

Dr. Pankaj DHAWAN, Vancouver

Dr. Dhawan, a specialist in physical medicine and rehabilitation, admitted unprofessional conduct with respect to a medical student whom he was teaching in 2008. There were inappropriate discussions on two occasions and physical contact, namely, hugging and kissing the student on one occasion. The College imposed a penalty that included the imposition of a formal written reprimand, restricting clinical practice to a private office setting, no renewal of a university appointment or hospital privileges without disclosing this disciplinary action and notifying the College, participation in assessment and counselling, a mentorship and monitoring, payment of costs of \$4,000 and provision of a written apology to the medical student in a form acceptable to the College.

DECEMBER

Dr. Jamuna Lal MAKHIJA, Vancouver

Dr. Makhija, a general practitioner, admitted unprofessional conduct with a patient that included entering into inappropriate business and social interactions. The College imposed a penalty that included transfer to the Conditional - Disciplined class of registration effective November 1, 2010, a six month suspension, participation in assessments and counselling, attendance at the College to further assess and determine conditions of registration, participation in a mentorship and continuing medical education, payment of costs of \$8,500 and monitoring of his practice.

DECEMBER

Dr. Jamuna Lal MAKHIJA, Vancouver

Dr. Makhija admitted unprofessional conduct with respect to failing to keep a record of charges made and payments received for medical services he provided to a patient in the period April 2002 to August 2004. Dr. Makhija also invoiced his patient for surgical assistance services for that there were no records. The College imposed a penalty that included transfer to the Conditional - Disciplined class of registration, a fine of \$25,000, a formal written reprimand, participation in a mentorship and continuing medical education and monitoring of his practice.

ERASURES FROM THE PHYSICIAN REGISTER IN 2010

Erased from register under section 2-5(3) of the Bylaws under the <i>Health Professions Act</i> – non-compliance with registration requirements	3 registrants
Removed from register at own request under section 21(3)(a) of the <i>Health Professions Act</i>	132 registrants
Restored to the register under section 2-4(1)(c) of the Bylaws under the <i>Health Professions Act</i> – payment of outstanding fee, debt, costs or penalty owed	41 registrants

5 OPERATIONS AND ADMINISTRATION

REPORT FROM LEGAL COUNSEL

Before the Courts and the British Columbia Human Rights Tribunal

In 2010, the following matters were before the Courts and the British Columbia Human Rights Tribunal:

Dr. Peter Walter Dick v. the College

Dr. Peter Walter Dick filed a complaint with the British Columbia Human Rights Tribunal alleging discrimination with respect to the College's failure to register him to practise medicine in British Columbia. Dr. Dick had obtained his medical qualification in Europe and had practised there prior to coming to Canada. In response to the complaint, the College filed an application with the Tribunal to dismiss the complaint on the basis that it had no reasonable chance of success if it proceeded to a hearing. The Tribunal granted the College's application and the complaint was dismissed.

Mr. Gregory Turnbull v. Her Majesty the Queen in right of the province of British Columbia, the College and others

Mr. Gregory Turnbull filed a complaint with the British Columbia Human Rights Tribunal alleging discrimination with respect to his physical disability (multiple sclerosis) and inability to obtain venous angioplasty. The College has a pending application to the Tribunal to dismiss the complaint against it for having no reasonable chance of success if it proceeded to a hearing.

Ms. Olivia Pratten v. British Columbia (Attorney General) and the College

As previously reported, Ms. Olivia Pratten, who was conceived by artificial insemination, brought a lawsuit in the British Columbia Supreme Court against both the Attorney General of British Columbia and the College. As against the Attorney General, it was alleged that government's failure to enact legislation to allow for contact between children born of artificial insemination and sperm donors was unconstitutional and it was mandatory for the government to do so. As against the College, it was alleged that the College's bylaw requiring members of the College to keep records for a minimum of six years was invalid. The plaintiff sought an order that the court declare that registrants of the College had to keep medical records concerning artificial insemination and donors' identity indefinitely.

Prior to the commencement of the trial, the parties agreed that the claim against the College would be automatically dismissed if the claim against the Attorney General is dismissed. The parties also agreed that in the event the plaintiff was successful against the Attorney General, the College would amend its bylaw to conform to the order the court granted. No reasons for judgment have been issued by the Court in this case.

Adam Kishkan v. the College and others

The plaintiff commenced a lawsuit against the College and numerous registrants of the College alleging negligent medical treatment. Shortly after the action was commenced, the plaintiff agreed to have it dismissed by consent and provided a full release to all parties.

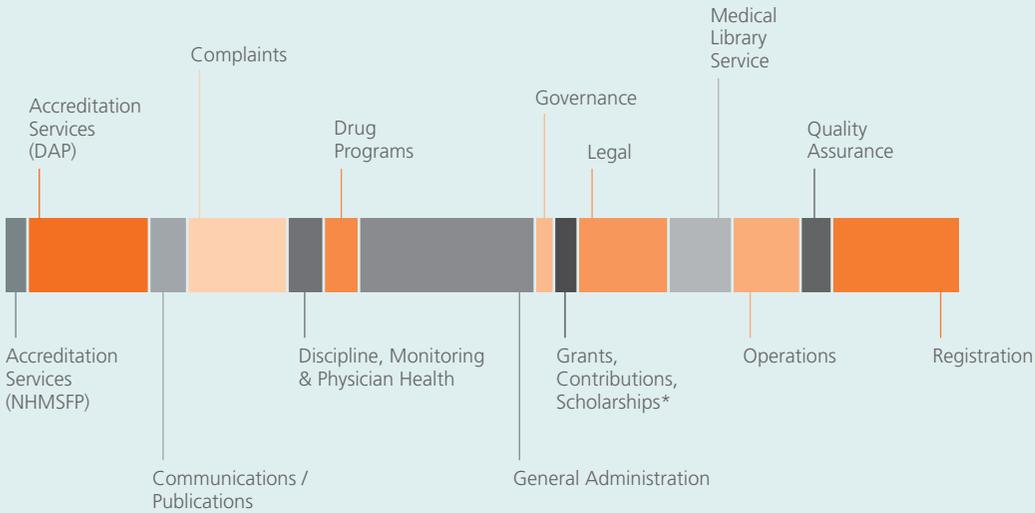
STATEMENT OF OPERATIONS

Year ended February 28, 2011

	2011	2010
	\$	\$
Revenue		
Annual registrant and incorporation fees	13,806,438	12,711,624
Accreditation fees	3,207,307	3,451,665
Investment income	1,365,581	1,336,248
Application and incorporation setup fees	574,571	513,960
Grants	428,896	437,277
Other income	286,580	410,051
Preliminary assessment fees	112,875	131,500
Medical directory and provider registry	98,903	106,265
Penalties, fines and costs	82,485	128,485
	19,963,636	19,227,075
Expenditures		
Salaries and benefits	10,795,401	9,530,385
Rent and occupancy costs	1,659,220	1,600,527
Board and committees	1,563,914	1,670,805
Office expenses	813,336	638,141
Professional fees	589,753	526,266
Information technology	532,008	570,778
Miscellaneous expenses	486,567	404,821
Lease termination costs	462,306	-
Bank charges and credit card fees	385,046	237,646
Physician health program	300,000	301,000
Amortization, property and equipment	241,991	190,799
Publications	217,708	216,642
Travel	174,384	177,564
Federation membership dues	169,383	154,710
Grants	147,798	144,900
Annual meeting and election	70,784	71,651
Scholarships	20,500	20,500
	18,630,099	16,457,135
Excess of revenue over expenditures before undernoted	1,333,537	2,769,940
Realized (loss) gain on investments	(112,675)	1,496,350
Unrealized gain on investments	746,481	1,573,409
Excess of revenue over expenditures	1,967,343	5,839,699

Certain comparative figures have been reclassified to conform to the financial statement presentation adopted for the current year.

COLLEGE EXPENDITURES BY FUNCTION 2010/11 (\$18.6M)



\$ 434,305	Accreditation Services (NHMSFP)
2,363,269	Accreditation Services (DAP)
737,100	Communications/Publications
1,938,883	Complaints
693,593	Discipline, Monitoring & Physician Health
672,245	Drug Programs
3,441,053	General Administration
385,729	Governance
468,298	Grants, Contributions, Scholarships*
1,714,138	Legal
1,275,119	Medical Library Service
1,341,639	Operations
636,807	Quality Assurance
2,527,921	Registration
\$ 18,630,099	

* Includes: Physician Health Program, Clinical Competence Program at UBC, and Scholarships



Back row, left to right: Dr. C.H. Rusnak, Mr. R. Sketchley, Dr. S.M.A. Kelleher, Dr. P.T. Gropper, Dr. W.R. Vroom, Dr. J.G. Wilson, Ms. V. Jenkinson, Mr. M. Epp, Dr. A.M. McNestry, Dr. A.J. Burak, Dr. G.A. Vaughan, Mr. G. Stevens, Ms. E. Peaston, Dr. A. Dodek, Dr. A.I. Sear

Front row, left to right: Dr. J.R. Stogryn, Mr. W.M. Creed, Dr. H.M. Oetter (registrar), Dr. D.M.S. Hammell (president), Dr. M.A. Docherty (vice president), Dr. L.C. Jewett (treasurer), Dr. M. Corfield (DM), Dr. L. Sent

COLLEGE BOARD

The College is governed by an elected board of ten peer-elected physicians and five public representatives who are appointed by the Ministry of Health. The daily operations of the College are administered by the registrar and other medical and professional staff.

Board Members in 2010

Officers

Dr. D.M.S. Hammell, *President*
 Dr. M.A. Docherty, *Vice President*
 Dr. L.C. Jewett, *Treasurer*

Elected Members

District 1 Dr. D.M.S. Hammell
 Dr. S.G. Holland (*resigned 2010*)
 Dr. C.H. Rusnak (*appointed 2010*)
 District 2 Dr. G.A. Vaughan
 District 3 Dr. A. Dodek
 Dr. P.T. Gropper
 Dr. L. Sent
 District 4 Dr. J.R. Stogryn
 District 5 Dr. M.A. Docherty
 District 6 Dr. L.C. Jewett
 District 7 Dr. A.I. Sear

Appointed Members

Dr. M. Corfield (DM) (*appointed 2010*)
 Mr. W.M. Creed
 Ms. C. Evans (*resigned 2010*)
 Ms. V. Jenkinson
 Mr. R. Sketchley
 Mr. G. Stevens

College Leadership

Registrar

Dr. H.M. Oetter

Deputy Registrars

Dr. A.J. Burak
 Ms. E. Peaston (*Legal*)
 Dr. E.J. Phillips
 Dr. M.L. Piercey
 Dr. W.R. Vroom
 Dr. J.G. Wilson
 Dr. S.M.A. Kelleher (*recruited 2010*)
 Dr. A.M. McNestry (*recruited 2010*)

Chief Operating Officer

Mr. M. Epp

COLLEGE COMMITTEES

The Board establishes standing committees made up of board members and other medical professionals and public representatives who review issues, and provide guidance and direction to the Board and College staff, ensuring a well-balanced and equitable approach to medical self-regulation.

Executive Committee

Dr. D.M.S. Hammell*⁺
 Dr. M.A. Docherty*[<]
 Dr. L.C. Jewett*
 Dr. G.A. Vaughan*
 Mr. W.M. Creed*[^]
 Mr. G. Stevens*[^]

Finance and Audit Committee

Mr. W.M. Creed*⁺[^]
 Dr. L.C. Jewett*[<]
 Dr. M.A. Docherty*
 Dr. A. Dodek*
 Dr. D.M.S. Hammell*
 Ms. V. Jenkinson*[^]

Registration Committee

Dr. M.A. Docherty*⁺
 Dr. L.C. Jewett*[<]
 Dr. A. Dodek*[>]
 Dr. M. Corfield (DM)*[^]
 Mr. G. Stevens*[^][>]
 Dr. G. Parhar
 Dr. J.L. Wright
 Ms. J. Clarke[^]

Inquiry Committee – Panel A

Dr. D.M.S. Hammell*⁺
 Dr. M.A. Docherty*[<]
 Dr. L. Sent*[>]
 Ms. V. Jenkinson*[^][>]
 Mr. G. Stevens*[^]

Inquiry Committee – Panel B

Dr. J.R. Stogryn*⁺
 Dr. G.A. Vaughan*[<]
 Dr. C.H. Rusnak*
 Ms. V. Jenkinson*[^]
 Dr. M. Elliott
 Dr. T.A. Fera
 Dr. D.A. Price
 Dr. P.D. Rowe
 Ms. P. Bowles[^]
 Ms. A. Chan[^]
 Ms. S. Mehinagic[^]

Inquiry Committee – Panel C

Dr. P.T. Gropper*⁺
 Dr. A.I. Sear*[<]
 Dr. L.C. Jewett*
 Mr. W.M. Creed*[^]
 Dr. R.J. Adderley
 Ms. A. Ho[^]

Inquiry Committee – Panel D

Dr. A.I. Sear*⁺
 Mr. R. Sketchley*
 Mr. G. Stevens*[^]
 Dr. M. Elliott

Discipline Committee

Physician Members

Dr. R.D. Kinloch⁺
 Dr. V.M. Frinton[<]
 Dr. N.J. Byrne
 Dr. C. Chan-Yan
 Dr. M.J. Donlevy
 Dr. D.C. Drummond
 Dr. Y.B. Ip
 Dr. C.S. Johnston
 Dr. L.M. Lawson
 Dr. D.M. MacRitchie
 Dr. P.A. Mitenko
 Dr. D.M. Petrunia
 Dr. T.K. Sidhu
 Dr. J.P. Whitelaw

Public Members

Ms. L. Charvat
 Ms. J. Clarke
 Ms. C. Evans
 Mr. J. Lynn
 Ms. J. Morley, QC
 Ms. L. Purchase
 Mr. R.D. Small

Legal Members

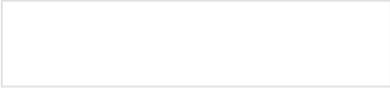
Ms. M. Baird
 Mr. M.A. Clemens, QC
 Mr. E.D. Crossin, QC
 Mr. R.W. Hunter
 Ms. K.F. Nordlinger, QC
 Mr. D. Wende
 Ms. J.P. Whittow, QC

Quality Assurance Committee

Dr. L. Sent*⁺
 Dr. A. Dodek*[<]
 Dr. D.M.S. Hammell*[>]
 Mr. R. Sketchley*[^]
 Ms. C. Evans[^][>]

Non-Hospital Medical and Surgical Facilities Program Committee

Dr. L.C. Jewett*⁺
 Dr. V.M. Frinton[<]
 Dr. P.T. Gropper*
 Dr. A. Gilligson
 Dr. J.P. McConkey
 Dr. G.I. McGregor
 Dr. K.A. Stothers
 Dr. C.B. Warriner
 Dr. N.J. Wells
 Ms. C. Evans[^]
 Ms. M. Gauthier, RN



Diagnostic Accreditation Program Committee

- Dr. H. Huey+
- Dr. J.C. Heathcote<
- Dr. M.A. Docherty*>
- Dr. D.M.S Hammell*>
- Mr. W.M. Creed*^
- Dr. R.S. Muir
- Dr. N. Murray
- Dr. B.J. Toews

Medical Practice Assessment Committee

- Dr. J.W. Barclay+
- Dr. R.A. Baker<
- Dr. M.A. Dahl
- Dr. A. Hosie
- Dr. C. Penn

Methadone Maintenance Committee

- Dr. L. Sent*+
- Dr. P.G. Beckett
- Dr. D.J. Hutnyk
- Dr. R.S. Joe
- Dr. P.H. Mark
- Dr. J.B. Melamed
- Dr. P.W. Sobey

Prescription Review Committee

- Dr. J.R. Stogryn*+
- Dr. M. Khara<
- Dr. J.F. Anderson
- Dr. C.M. Blackwood
- Dr. J.R. Kennedy
- Dr. R.S. Lalji
- Dr. D.M. McGregor
- Dr. R.D. Shick

Ethics Committee

- Dr. A. Dodek*+
- Dr. A.I. Sear*<
- Dr. L. Sent*
- Mr. R. Sketchley*^
- Dr. L. Sourisseau
- Ms. L. D’Agincourt-Canning^
- Mr. R.D. Small^

Blood Borne Communicable Diseases Committee

- Dr. M. Krajden+
- Dr. V.C. Montessori<
- Dr. F.H. Anderson
- Dr. P.R.W. Kendall
- Dr. A. Ramji
- Dr. H.G. Stiver

Patient Relations Committee

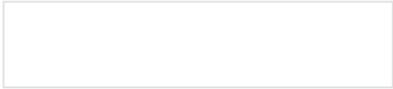
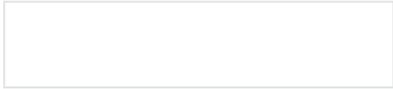
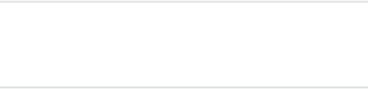
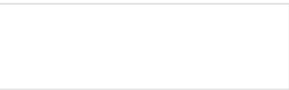
- Dr. D.M.S. Hammell*+
- Dr. A.I. Sear*<
- Ms. V. Jenkinson*^

Library Committee

- Dr. G.A. Vaughan*+
- Dr. A.I. Sear*
- Dr. J.C. Butt
- Dr. R.E. Gallagher
- Dr. M. McGregor

LEGEND

- * Board member ^ Public representative
- + Chair > Alternate
- < Vice chair



COLLEGE DEPARTMENTS AND CONTACTS



Registration

Dr. E.J. Phillips
Deputy Registrar

Public Inquiries and Complaints

Dr. A.J. Burak
Deputy Registrar
Dr. M.L. Piercey
Deputy Registrar
Dr. J.G. Wilson
Deputy Registrar
Ms. S. Goddard
Director

Professional Medical Corporations

Dr. W.R. Vroom
Deputy Registrar

Prescription Review Program

Dr. J.G. Wilson
Deputy Registrar

Methadone Maintenance Program

Dr. A.J. Burak
Deputy Registrar

Non-Hospital Medical and Surgical Facilities Program

Dr. E.J. Phillips
Deputy Registrar
Ms. P. Fawcus, RN
Director

Diagnostic Accreditation Program

Dr. W.R. Vroom
Deputy Registrar
Ms. S. Vigouret Lee
Executive Director

Medical Practice Assessment Program

Dr. W.R. Vroom
Deputy Registrar
Ms. N. Castro
Director

Operations and Administration

Mr. M. Epp
Chief Operating Officer

Legal

Ms. E. Peaston
Deputy Registrar
Ms. L. Zee
Legal Counsel

Records, Information and Privacy

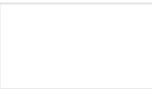
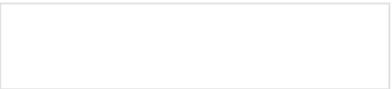
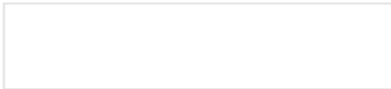
Ms. J. Liu
Director

Communications

Ms. S. Prins
Director

College Library

Ms. K. MacDonell
Librarian/Co-Manager
Ms. J. Neill
Librarian/Co-Manager

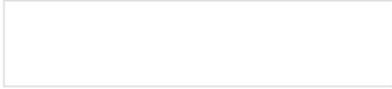


DECEASED REGISTRANTS

Reported from May 1, 2010 – December 31, 2010

Arato, Dr. Judith, <i>Vancouver, BC</i>	June 1, 2009	Poole, Dr. John Kemp, <i>Campbell River, BC</i>	November 27, 2010
Bartok, Dr. Katalina, <i>Vancouver, BC</i>	April 18, 2010	Povey, Dr. Warren George, <i>Vancouver, BC</i>	May 10, 2010
Bolton, Dr. David McNiell, <i>Salt Spring Island, BC</i>	July 10, 2010	Prys-Picard, Dr. Curig, <i>Campbell River, BC</i>	November 5, 2010
Boxall, Dr. Ernest Alfred, <i>Vancouver, BC</i>	January 10, 2010	Rigg, Dr. John Michael, <i>Vancouver, BC</i>	January 19, 2010
Boyd, Dr. David Mossom, <i>Victoria, BC</i>	October 19, 2009	Robinson, Dr. Dean Alexander, <i>Langley, BC</i>	September 28, 2009
Brunton, Dr. Lawrence Jackson, <i>Vancouver, BC</i>	January 7, 2010	Rose, Dr. Johnson Albert, <i>Invermere, BC</i>	June 1, 2010
Bueckert, Dr. Lorne Daniel, <i>Bowen Island, BC</i>	August 14, 2010	Selezinka, Dr. William, <i>Rancho Bernardo, CA, USA</i>	January 13, 2010
Burgess, Dr. George Henry, <i>Masset, BC</i>	March 29, 2010	Selwood, Dr. Michael, <i>Penticton, BC</i>	December 13, 2009
Condon, Dr. Edmond Augustine, <i>Vancouver, BC</i>	November 8, 2010	Staples, Dr. John Corbett, <i>Sidney, BC</i>	October 3, 2010
Copland, Dr. Graeme McAllan, <i>Vancouver, BC</i>	November 11, 2010	Stewart, Dr. David Allan Wilson, <i>Kamloops, BC</i>	August 22, 2010
Debenham, Dr. Patrick Albert, <i>Langley, BC</i>	June 21, 2010	Thompson, Dr. Trevor James Guy, <i>Kingston, ON</i>	September 7, 2010
Dudley, Dr. John Howard, <i>Nanaimo, BC</i>	February 17, 2010	Traynor, Dr. James Alan, <i>Parksville, BC</i>	June 6, 2010
Findlay, Dr. Ian Douglas, <i>Kamloops, BC</i>	April 20, 2010	Tye, Dr. Derek Michael, <i>North Vancouver, BC</i>	May 18, 2010
Gillespie, Dr. Andrew Erroll, <i>Victoria, BC</i>	November 9, 2010	Van Schie, Dr. Lisa, <i>Lac Le Jeune, BC</i>	April 24, 2010
Griesdale, Dr. Donald Edwin, <i>Lions Bay, BC</i>	September 5, 2010	Wignall, Dr. Norman, <i>Vancouver, BC</i>	August 28, 2010
Hamm, Dr. Richard Carl, <i>Steinbach, MB</i>	August 11, 2009	Williams, Dr. Hugh Richard, <i>Vancouver, BC</i>	March 26, 2010
Heffelfinger, Dr. Robert Morris, <i>Coquitlam, BC</i>	August 24, 2010	Wilson, Dr. Robert George, <i>Surrey, BC</i>	October 8, 2010
Hobson, Dr. Jim Digby, <i>Gibsons, BC</i>	September 23, 2010	Zack, Dr. John Jacob, <i>Vancouver, BC</i>	September 16, 2010
Ingram, Dr. Herbert George, <i>Victoria, BC</i>	September 9, 2010		
Kalla, Dr. Frank Paul, <i>Vancouver, BC</i>	August 23, 2010		
Kalyanpur, Dr. Vasant Raghav, <i>Richmond, BC</i>	January 22, 2010		
Liang, Dr. David Youn-Sen, <i>Victoria, BC</i>	October 2, 2010		
McCannel, Dr. John Arthur, <i>New Westminster, BC</i>	May 19, 2010		
McDonagh, Dr. John Edwin, <i>White Rock, BC</i>	May 6, 2009		
Menzies, Dr. Morris Albert, <i>West Vancouver, BC</i>	July 10, 2010		
Milobar, Dr. Tony, <i>Kamloops, BC</i>	February 1, 2010		
Nickerson, Dr. Kenneth Glenwright, <i>Whistler, BC</i>	March 30, 2010		
Penny, Dr. Helen Angela, <i>Surrey, BC</i>	May 28, 2010		
Pinkerton, Dr. Alexander Clyde, <i>North Vancouver, BC</i>	January 20, 2010		
Pollak, Dr. John Eric, <i>West Vancouver, BC</i>	June 6, 2009		

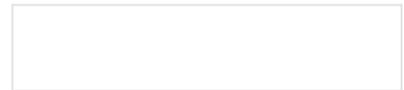
MEDICAL DIRECTORY



A copy of the 2010-2011 Medical Directory was mailed to current registrants of the College in October 2010. Additional copies are available for purchase by registrants, health authorities and others approved by the College in accordance with current privacy legislation. The Medical Directory is published each year in the fall. It is also available as an electronic file to registrants upon request.

An online version of the Medical Directory is accessible to the public on the College website at www.cpsbc.ca.

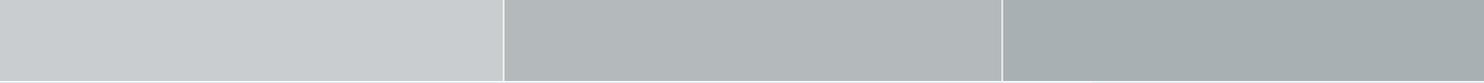
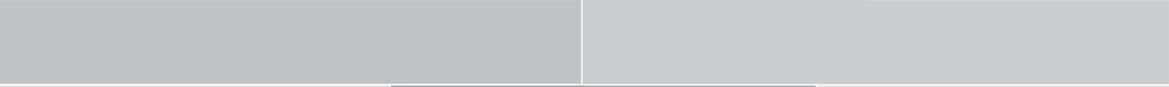
Physicians are able to access an expanded view of the online Medical Directory (which includes MSP and fax numbers) by logging in to the College website.





LOOKING TO THE FUTURE

THE COLLEGE WILL BE RELOCATING TO
THE OFFICES AT HOTEL GEORGIA AT
669 HOWE STREET IN SEPTEMBER 2011.



COLLEGE OF PHYSICIANS AND SURGEONS OF BC

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