



THE WATCHMAN AND THE HEALERS
—JAMES MICHELS

2012/13

Annual Report

College of Physicians and
Surgeons of British Columbia



Transparent Objective Impartial Fair

SERVING THE PUBLIC THROUGH EXCELLENCE
AND PROFESSIONALISM IN MEDICAL PRACTICE

COLLEGE OF PHYSICIANS AND SURGEONS
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2013 ANNUAL GENERAL MEETING

Friday, September 20, 2013
Vancouver Convention Centre
Vancouver, British Columbia

COVER: James Michels is a highly accomplished Cree/Metis artist whose bentwood boxes and stunning carved panels can be viewed in most of the major galleries of the Northwest coast. For more information on the artist and his work visit bentcedarbox.com.

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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, 2012 through to December 31, 2012 unless otherwise indicated. Due to changes in reporting resulting from the *Health Professions Act*, year-to-year comparisons prior to 2009 are not 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.



(L TO R) FRONT ROW: DR. S.M.A. KELLEHER, DR. H.M. OETTER (REGISTRAR), DR. M.A. DOCHERTY (PRESIDENT), DR. L.C. JEWETT (VICE-PRESIDENT), DR. D.M.S. HAMMELL, DR. M. CORFIELD (DM), DR. A.M. MCNESTRY
SECOND ROW: DR. D.J. ETCHES, DR. J.G. WILSON, DR. W.R. VROOM, MS. L. CHARVAT, DR. P.T. GROPPER, MS. V. JENKINSON, MR. W.M. CREED (TREASURER)
BACK ROW: DR. G.A. VAUGHAN, DR. J.R. STOGRYN, DR. A.J. BURAK, MR. M. EPP, MR. S.S. GILL, DR. N.D. JAMES
ABSENT: DR. D.A. PRICE, DR. A.I. SEAR

The Board and Senior Management Team

OUR MISSION, VALUES AND MANDATE

OUR MISSION

Serving the public through excellence and professionalism in medical practice.

OUR VALUES

The College has a legislated duty to serve and protect the public. It must establish and administer registration, inquiry and discipline procedures that are *transparent, objective, impartial* and *fair*. Aligned with these duties, the following core values guide the College in its mission:

Accountability

Through objective and transparent processes, we acknowledge and assume full responsibility for the actions we take and the decisions we make. We are committed to reporting openly to the public, including conducting open portions of our board meetings.

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, health authorities, academic institutions, medical and health regulatory organizations) to protect patient well-being and serve the greater needs of the community.

OUR MANDATE

The College of Physicians and Surgeons of British Columbia regulates the practice of medicine under the authority of provincial law. All physicians 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 meet expected standards of practice and conduct.

Regulation of the medical profession is based on the foundation that the College must act first and foremost in the interest of the public. The primary function of the College is to ensure that physicians are qualified, competent and fit to practise medicine. The College administers processes for responding to complaints from patients and for taking action if a physician is practising in a manner that is incompetent, unethical or illegal. The College also administers a number of quality assurance activities to ensure physicians remain competent throughout their professional lives.

GOVERNANCE

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 physicians and five members of the public appointed by the Ministry of Health govern the College. Under the legislation, the College has 14 committees made up of Board members, medical professionals and public representatives who review issues and provide guidance and direction to the Board and the College staff, ensuring a well-balanced and equitable approach to regulation. The daily operations of the College are administered by the registrar (CEO) and other medical and professional staff.



MARJORIE A. DOCHERTY, MBChB, CCFP, FCFP
— PRESIDENT

HEIDI M. OETTER, MD
— REGISTRAR

To accomplish
the complex task
of regulating the
profession, successful
partnerships are
essential

A MESSAGE FROM THE PRESIDENT AND REGISTRAR

In the past year, the College's accomplishments have been the result of the collective efforts of many. Our goals have been ambitious, ranging from defining national standards for medical registration in Canada, to working closely with other provincial regulatory colleges to express our concerns to the federal minister of health about the proposed regulations for access to marijuana for medical purposes. By its very nature, the regulation of medical practice is diverse in its actions, and requires collaborative relationships with a broad range of stakeholders in health organizations to ensure that patients receive safe and competent care.

Work continues with the provincial Ministry of Health, the BC Patient Safety and Quality Council, the health authorities and the British Columbia Medical Association to implement a suite of projects under the Physician Quality Assurance Steering Committee. This includes rigorous processes for licensure, credentialing and privileging, as well as the establishment of a framework to ensure that all physicians are engaged in processes that support them in demonstrating their competency over their careers.

In order to deliver the projects successfully, current legislative frameworks such as the *Hospital Act* and the *Health Professions Act* must be updated to enable greater collaboration, accountability and regulatory oversight between the College and the health authorities. This is a key priority for the coming year.

Guided by the principles of team-based care and a shared mandate of ensuring patient safety, the 24 provincial health regulatory organizations (HROs) are working together to exchange ideas and educational resources, and identify best practices in developing quality assurance programs. Specific joint initiatives include:

- partnering with the College of Pharmacists on a City of Vancouver project to address abuses regarding the distribution of methadone to residents living in single-room occupancy hotels in Vancouver's downtown eastside
- working with the College of Registered Nurses to look at team-based care for the provision of methadone maintenance treatment
- launching a multi-media public awareness campaign in fall 2013 to increase general knowledge of the role of regulation in health care
- investigating allegations of unauthorized practice

The College aims to be a leader in the promotion of ethics and professionalism in medical practice. To that end, the president and registrar have attended many meetings throughout the year with a diverse group of stakeholders, and where possible, have accepted invitations to present to learners on the role and work of the College, including expectations regarding ethics and professionalism.

There continues to be a shortage of physicians in some specialties as well as family medicine, especially in rural and remote areas. Meanwhile, some recently qualified physicians are finding it difficult to obtain a permanent position at a hospital. We continue to work with both the faculty of medicine at UBC and the Ministry of Health to identify long-term solutions to these challenges.

The College was an active participant in the National Assessment Collaborative, led by the Medical Council of Canada, to define a framework for assessing a physician's readiness to enter practice in situations where his/her training is not considered substantially equivalent to Canadian training standards. The first framework to be completed is in family medicine, with future projects to include the assessment of specialists that are in need, such as internal medicine and psychiatry. This work requires the collective input of regulators, the academic institutions and the national colleges, with financial support from government.

This year marked the final year of the three year strategic plan adopted by the College in 2010. Over this time period, the College has completed many initiatives to improve effectiveness and efficiency in its day-to-day business of regulating the medical profession. A key area of focus has been enhancing information technology and improving business processes. An example of our accomplishments in this regard is the automation of the annual licence renewal process, which has achieved savings by reducing the amount of time required of administrative staff to manage paper forms. Enhancements to the licence renewal form this past year included the ability to document registrants' compliance with limits and conditions on their practice.

To accomplish the complex task of regulating the profession, and ensuring standards of excellence are maintained, successful partnerships are essential. As leaders, our job is to build alliances; to seek out opportunities to share ideas, expertise and resources; to set brave, ambitious goals; and to be prepared to make hard decisions to drive positive change. Together we thank our many partners who have worked with us this past year to realize a common vision of a better health system for British Columbians.

1

We register competent physicians

The College has rigorous registration requirements that must be met before a physician can obtain a licence to practise medicine in British Columbia. Before making a decision, the College carefully reviews a physician's education, training, and relevant practice experience, as well as any outstanding investigations, disciplinary actions or practice restrictions from other jurisdictions to ensure that only qualified, competent and ethical physicians receive a licence.

HIGHLIGHTS FOR THE YEAR

PROVINCIALY

- The Federation of Medical Regulatory Authorities of Canada (FMRAC) developed consensus on the Canadian standard for English language proficiency (ELP) testing scores, which resulted in changes to BC's English language requirements for all new physician applicants in any class of registration, including new acceptable scores on the TOEFL-iBT (internet-based test) and the requirement for test results to be received by the College directly from the testing agency (TOEFL or IELTS) to ensure the authenticity of results.

Applicants are considered to have met the English language proficiency requirements without proof if

- the language of instruction at medical school was English,
 - the primary language of patient care was English, and
 - the first and native language of the country where the applicant was trained is English.
- The College of Family Physicians of Canada recognizes postgraduate family medicine training completed in Australia, the United Kingdom, Ireland and the United States as substantially equivalent to Canadian training, and grants certification to individuals from those countries without examination. Family/general practitioners who train in jurisdictions other than those listed above must

undergo an assessment of competency prior to being granted a provisional licence. A newly formed steering committee with representatives from the Physician Services Strategic Advisory Committee, the University of British Columbia, the College of Physicians and Surgeons of British Columbia, the Ministry of Health, and the BC-International Medical Graduate Assessment Program is developing an acceptable entry-to-practice competency assessment program for family/general practitioners in this province. The assessment will consist of three components: a pre-screening assessment filter, a point-in-time assessment, and an observed (supervised) clinical in-practice assessment or "field assessment." The program is aligned with the National Assessment Collaboration framework led by the Medical Council of Canada, and is expected to launch in 2015.

NATIONALLY

- Work continues on finalizing national standards for both full and provisional classes of registration for all provinces and territories to better facilitate physician labour mobility across Canada as required by the provincial/territorial and federal Agreement on Internal Trade. As part of this larger initiative, FMRAC and its member colleges collaborated with the Medical Council of Canada and Human Resources and Skills Development Canada to create a single, streamlined web-based application process for all physicians, including international medical graduates, wanting to practise medicine in Canada. The new portal – physiciansapply.ca – will allow physicians to create a comprehensive account where they can apply for registration in different jurisdictions, and seamlessly share their credentials and documents to support their applications. The project, funded in part by the Government of Canada, was launched this year as a pilot in several provinces. Full implementation in British Columbia is expected in 2015.

INTERNATIONAL MEDICAL GRADUATES (IMGs)

TOTAL IMGs PRACTISING IN BRITISH COLUMBIA

2012	2011
1,757 general practitioners	1,678 general practitioners
1,535 specialists	1,471 specialists
3,292	3,149

THE 3,292 PRACTISING IMGs OBTAINED THEIR MEDICAL DEGREE FROM THE FOLLOWING COUNTRIES:

COUNTRY	F	M	TOTAL	COUNTRY	F	M	TOTAL	COUNTRY	F	M	TOTAL
South Africa	227	698	925	Colombia	2	7	9	Dominican Republic	0	3	3
United Kingdom	129	517	646	Dominica	2	7	9	Saint Kitts and Nevis	1	2	3
India	67	161	228	Austria	5	4	9	Zambia	2	1	3
United States	76	117	193	Bangladesh	3	6	9	Myanmar	0	2	2
Ireland	49	143	192	Brazil	6	3	9	Paraguay	0	2	2
Australia	29	59	88	Czech Republic	2	7	9	Venezuela	2	0	2
Pakistan	20	61	81	Sri Lanka	4	5	9	Aruba	0	1	1
China	26	52	78	Viet Nam	1	8	9	Kuwait	0	1	1
Iran	37	34	71	Turkey	3	4	7	Puerto Rico	0	1	1
Poland	24	32	56	Spain	2	5	7	Armenia	0	1	1
Egypt	10	40	50	South Korea	1	6	7	Thailand	0	1	1
Other*	20	27	47	Libya	2	5	7	Nepal	0	1	1
New Zealand	5	32	37	Yugoslavia	5	2	7	Finland	0	1	1
Germany	8	27	35	Hungary	4	3	7	Iceland	0	1	1
Nigeria	5	30	35	Trinidad and Tobago	4	2	6	Switzerland	1	0	1
Philippines	14	15	29	Syria	0	6	6	Japan	0	1	1
Russia	14	13	27	Italy	3	3	6	Indonesia	1	0	1
Romania	20	7	27	Montserrat	1	4	5	Jordan	0	1	1
Taiwan	3	18	21	Democratic Republic of the Congo	2	3	5	Saint Lucia	1	0	1
Jamaica	2	14	16	Saudi Arabia	2	3	5	Nicaragua	0	1	1
Ukraine	9	7	16	Chile	1	4	5	Greece	1	0	1
Grenada	4	10	14	Lebanon	2	3	5	Denmark	0	1	1
Netherlands Antilles	2	11	13	Sweden	3	2	5	Portugal	1	0	1
Bulgaria	4	9	13	Slovakia	3	1	4	Uruguay	0	1	1
Argentina	6	7	13	Croatia	3	1	4	Georgia	1	0	1
Uganda	2	11	13	Fiji	1	3	4	Madagascar	0	1	1
Belgium	2	9	11	Bosnia-Herzegovina	4	0	4	Sudan	0	1	1
Mexico	1	10	11	Peru	1	3	4	Malaysia	1	0	1
Netherlands	5	6	11	Ghana	0	4	4	Oman	1	0	1
Israel	3	8	11	Belarus	2	2	4	Lithuania	1	0	1
Iraq	3	7	10	Kenya	0	4	4	Afghanistan	0	1	1
France	4	6	10	Guatemala	0	3	3	Macedonia	1	0	1
Zimbabwe	1	9	10	Belize	0	3	3				
Singapore	5	5	10	Senegal	3	0	3				
								Grand Total	928	2364	3292

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

* Other includes IMGs who received their medical degree from countries that are no longer recognized—Burma, Ceylon, Czechoslovakia, East/West Germany, Khmer Republic, USSR and West Pakistan.



MARIA CORRAL, MD, FRCPC
HEAD, DEPARTMENT OF PSYCHIATRY AND MEDICAL EDUCATION DIRECTOR,
PROVIDENCE HEALTH CARE

PREMAKANTHIE LABAN, MBChB, MMed (Psych), FC Psych (SA)
CONSULTANT PSYCHIATRIST, ST. PAUL'S HOSPITAL

In Focus

A supervising physician
and an international
medical graduate

“

The addition of internationally trained psychiatrists enriches the clinical, educational and administrative processes at our hospitals. These physicians bring a breadth of experience which enables the inclusion of perspectives we may not otherwise consider.

HIGHLIGHTS FOR THE YEAR

- 292 IMGs applied for registration in British Columbia
- 217 new IMG applicants were granted provisional registration
- 95 new IMG applicants were granted full registration
- 63 IMGs previously on the provisional register were advanced to the full register
- 43 IMGs were licensed to become clinical trainees*
- 26 IMGs entered into a residency training program—at St. Paul's IMG program

*About Clinical Trainees

Clinical trainees are IMGs who are not eligible for registration for independent practice. The clinical trainee licence serves as a bridge allowing IMGs 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, allow them to become familiar with the provincial medical system and gain a competitive advantage when applying for a residency program.

A native of Scotland, Dr. Docherty graduated from the University of Aberdeen. She completed her postgraduate training in internal medicine, obstetrics and pediatrics before immigrating to Canada in 1985. Dr. Docherty's career in family medicine began at the Slave Lake General Hospital. Working in a small remote community in northern Alberta provided many opportunities to learn and develop as a young professional. She quickly became aware of the health-care challenges associated with addiction and poverty, and learned how important it was as a physician to listen carefully, and seek to understand different perspectives.

In 1988, Dr. Docherty moved to British Columbia and joined the Kelowna General Hospital. As a passionate physician educator, she has mentored many students and helped develop a number of programs like the Rural Family Practice Residency Program. She has served as the head of the Department of Family Practice and is currently a clinical professor at the University of British Columbia. In honour of her outstanding efforts, she has received several teaching awards, including the Dr. Peter Grantham Award for teaching excellence. In 2011, Dr. Docherty received one of the College of Family Physicians of Canada's Family Physicians of the Year Awards in recognition of her outstanding patient care, significant contributions to the health and well-being of her community, and commitment to family medicine teaching and research.

HEALTH PROFESSIONS REVIEW BOARD (HPRB)—REGISTRATION MATTERS

In 2012:

- The Registration Committee issued **291** reviewable registration decisions, of which two were the subject of applications for review with the Health Professions Review Board. One application was voluntarily withdrawn by the applicant and the other was dismissed.

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

REFLECTIONS FROM A PHYSICIAN EDUCATOR AND LEADER

In addition to being a busy family physician and teacher, Dr. Docherty has spent the past decade serving as a member of the College Board, including the last two years as president. Her motivation for getting involved was simple: to learn more about the regulation of her profession. Reflecting back on her time with the College, Dr. Docherty acknowledges the hard work of board and committee members over the years. "The thoughtful dialogue around the boardroom table is enlightening, and the decisions reached focus on fairness and due process," she said. "The outcome represents the collective voice of physician and public members who contribute greatly to the work of the College." As outgoing president, Dr. Docherty was asked if she had any words for future College presidents. She offered this: "There is so much to learn when you are willing to listen to different points of view and adjust your own thinking to arrive at a solution. As physician leaders, we must remain open to new ideas and be prepared to challenge our own assumptions. This is integral to our profession."



MARJORIE A. DOCHERTY, MBChB, CCFP, FCFP

At a glance

REGISTRATION STATISTICS

2012

Total Registrants

12,792

8,492 
4,300 

Professionally Active

Of the 12,792 registrants

11,194

are professionally active in British Columbia

General Practitioners

5,833

3,533 
2,300 

Specialists

5,361

3,784 
1,577 

Educational Registrants 2012

Medical Students

1,110

557 
553 

Residents

1,059

440 
619 

Total number of new residents at UBC medical school in 2012: 360
2011: 337
2010: 307

Postgraduate Fellows

148

92 
56 

2011

Total Registrants

12,878

8,709 
4,169 

Professionally Active

Of the 12,878 registrants

10,842

were professionally active in British Columbia

General Practitioners

5,713

3,499 
2,214 

Specialists

5,129

3,672 
1,457 

2 | We protect the public

Safeguarding the public is the 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 complaints proceedings. Complaints brought to the College are initially triaged and categorized into four broad categories: conduct, clinical performance, boundary violations, and fitness to practise. Every complaint filed with the College is reviewed by the Inquiry Committee.

The Inquiry Committee is a standing committee under the *Health Professions Act*. The work of the Inquiry Committee begins with a review of the material obtained through the investigation of a complaint to determine the next course of action. This may be remedial; or it may involve the physician agreeing to specific undertakings and/or a reprimand; or, if the matter is serious enough, it may be referred to the Discipline Committee.

In 2012, a total of 1,028 complaint files were concluded.

- **512** files were related to clinical performance. Missed diagnoses accounted for a major portion of clinical complaints. Other complaints involved physicians' lack of follow-up advice to their patients at the time of discharge from hospital. Addiction, injury, and death due to psychotropic medication misuse, especially prescription opioids, continues to be a growing area of concern. There were a number of third party complaints alleging reckless prescribing by physicians who ought to have known that their patient was addicted to or diverting drugs.
- **447** files were related to professional conduct, ethics and professionalism. Complaints in this category continue to reflect patient concerns around physicians' poor communication and apparent lack of empathy. In these situations, the Inquiry Committee relies heavily on the evidence of the medical record. Careful documentation not only indicates that specific issues were addressed, it also shows that an appropriate level of care was provided. The College received an increasing number of complaints reflecting public concerns around private billing

for medical services. The College is not critical of physicians who appropriately bill patients privately for services that are not covered by the Medical Services Plan. However, the Canadian Medical Association's *Code of Ethics* highlights physicians' responsibility to consider whether or not a patient is able to pay professional fees. Private fees must not prevent patients from accessing insured medical care.

- **31** files were related to boundary violations, including touching that was perceived as sexual. Other complaints in this category involved breaches such as inappropriate self-disclosure or dual relationships.
- **38** files were related to the review of a physician's practice.

HEALTH PROFESSIONS REVIEW BOARD (HPRB)—COMPLAINT DISPOSITIONS

In 2012:

- The Inquiry Committee issued **921** reviewable dispositions and **110** delayed investigation notices
- **83** complainants requested a review of their file with the HPRB
- The HPRB issued **5** decisions directing the College to reconsider its disposition

A complainant has the right to take complaint dispositions to the HPRB for two reasons—if they wish to appeal the decision of the Inquiry Committee (appealable dispositions) or if the Inquiry Committee does not conclude the complaint within a legislated time frame (delayed investigation notices).

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



SITTING (L TO R) DR. D.J. ETCHES, MS. P. BOWLES, DR. P.D. ROWE (VICE-CHAIR), DR. T.A. FERA, MS. A. CHAN, DR. G.C. JACKSON
STANDING (L TO R) DR. P.T. GROPPER (CHAIR), DR. C.H. RUSNAK, MR. S.S. GILL, DR. J.P. PAWLOVICH
ABSENT: MS. S. MEHINAGIC

In Focus

Inquiry Committee Panel B

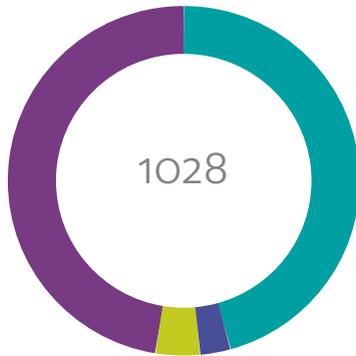
“

This diverse, multidisciplinary panel brings a unique perspective to dealing with complaints related to clinical competence.

At a glance

COMPLAINT STATISTICS

NATURE OF THE COMPLAINTS CONCLUDED



512 Clinical
 447 Conduct
 31 Boundary
 38 Review of Practice

COMPLAINTS CONCLUDED

1028

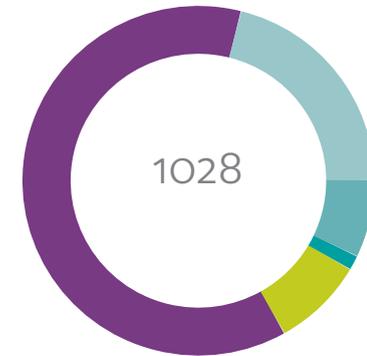
CLINICAL	512
Diagnosis	141
Medical Records	7
Prescribing	66
Consent	8
Surgical Complication	63
Clinical - Other Treatment Complication	34
Case Management	193

CONDUCT	447
Communication	199
Breach of Confidentiality	14
Conflict of Interest	4
Medical Records / Third Party Medical Reports	114
Practice Management	38
Advertising	27
Conduct - Other Concern	51

BOUNDARY	31
Comments	6
Dating	1
Inadequate provision of dignity and respect	2
Inappropriate, insensitive history taking	0
Sexual Assault	1
Sexual Intercourse	0
Sexualized Touching	12
Boundary - Other Concern	9

REVIEW OF PRACTICE	38
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OUTCOME OF THE COMPLAINTS CONCLUDED



633 No (or very minor) Criticism
 33(6)(a) & 32(3)(c)

329 Criticism

- 274 Remedial / Educational
 33(6)(b) & 32(3)(c)
- 39 Reprimand / Undertakings
 33(6)(c)
- 16 Referred to Discipline
 33(6)(d)

66 Abandoned / Withdrawn /
 Transferred



RASHMI CHADHA MBChB, MScCh, CCFP, MRCGP (DIST), ABAM, DCH, DRCOG
ADDICTIONS PHYSICIAN, VANCOUVER COASTAL HEALTH

In Focus

Member of the
Prescription Review
Committee

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The College has an expanding role in providing education and guidance to physicians who struggle with the complexity of prescribing narcotics and other potentially addictive medications. It is an honour to work with individual physicians and see them making positive changes in the way they prescribe.

3

We ensure excellence in medical practice

The College develops professional standards and guidelines to assist physicians in meeting high standards of medical practice and conduct. The standards and guidelines address key areas of practice, and respond to existing or emerging issues and topics that are relevant to the College's mandate of public protection.

NEW OR UPDATED STANDARDS AND GUIDELINES IN 2012/13

NEW

- Access to Medical Care
- Treating Self, Family Members and Those with Whom You Have a Non-professional Relationship

UPDATED

- Advertising and Communication with the Public
- Duty to Report
- Medical Records – Maintenance of Security
- Withdrawal of Physician Services

QUALITY ASSURANCE

The College also has five quality assurance programs to ensure that every physician in the province is practising to the highest professional standards and that all of BC's diagnostic and private medical/surgical facilities are accredited.

PROFESSIONALS

METHADONE MAINTENANCE PROGRAM

Methadone is an oral long-acting synthetic opioid which is effective in treating opioid dependence. As a controlled substance, physicians must be authorized by the federal Minister of Health in order to prescribe it. The Methadone Maintenance Program provides oversight and educational workshops to assist physicians who are authorized to prescribe methadone for the treatment of opioid dependence.

HIGHLIGHTS FOR THE YEAR

- Conducted **10** peer assessment reviews
- Granted **27** new physicians methadone exemptions
- In total, **473** BC physicians have methadone exemptions
- In total, **14,572** methadone patients are registered in the province

PRESCRIPTION REVIEW PROGRAM

The Prescription Review Program is a practice quality assurance activity, which assists physicians with the challenging task of prescribing opioids, benzodiazepines and other potentially addictive medications.

HIGHLIGHTS FOR THE YEAR

- Sponsored the Prescribers Course with **19** participants
- Co-hosted the 25th annual Chronic Pain and Suffering Symposium with **160** participants



LILAH ROSSI, MD, CCFP
CLINICAL ASSISTANT PROFESSOR, UBC
CITY VIEW FAMILY PRACTICE

DONNA MCLACHLAN, MD, CCFP
CLINICAL INSTRUCTOR, UBC
CITY VIEW FAMILY PRACTICE

In Focus

Assessors for the
Physician Practice
Enhancement Program

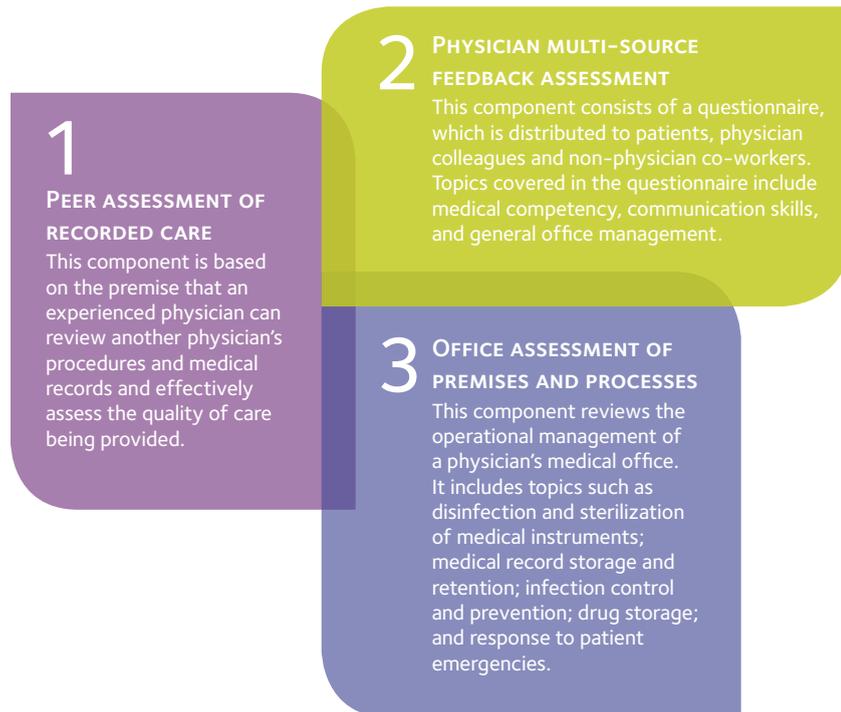
“

Meeting with physicians around the province who have a variety of different practice types provides a very positive educational experience. Conducting assessments enhances our own practice as well so our patients also benefit.

PHYSICIAN PRACTICE ENHANCEMENT PROGRAM

The Medical Practice Assessment Program was renamed this past year to reflect the expansion of the program, which includes two new assessment components. The Physician Practice Enhancement Program (PPEP) is a collegial program that proactively assesses and educates physicians to ensure they meet high standards of practice throughout their professional lives. The goal of the program is to promote quality improvement in community-based physicians' medical practice by highlighting areas of excellence and identifying opportunities for professional development.

THE THREE ASSESSMENT COMPONENTS OF PPEP ARE:



At the conclusion of all three components, an assessment report is generated and shared with the physician. All components of PPEP are reviewed by the Medical Practice Assessment Committee (MPAC) as a compendium of a physician's practice.

HIGHLIGHTS FOR THE YEAR

- Completed **332** peer assessments for general practice
- Recruited an additional **13** peer assessors for a total of **70** assessors province-wide
- Conducted **4** Medical Record Keeping for Physicians workshops with a total of **60** participants

PHYSICIAN HEALTH AND WELLNESS

The College is authorized by law to suspend a physician whose deficient performance is the result of illness or injury. Health matters are virtually always addressed with a physician voluntarily withdrawing from practice for a prescribed period of time, followed by a closely monitored recovery, and an assessment by the College prior to any consideration of return to practice.

Physicians with a blood borne communicable disease are required to inform the College of their condition and work with the Blood Borne Communicable Diseases Committee to identify practice restrictions and ensure compliance with appropriate guidelines.



ALNOOR RAMJI MD, FRCPC
CLINICAL ASSISTANT PROFESSOR, GASTROENTEROLOGY AND
HEPATOLOGY, DIVISION OF GASTROENTEROLOGY, UBC

VALENTINA MONTESSORI MD, FRCPC
CLINICAL ASSOCIATE PROFESSOR, DIVISION OF INFECTIOUS DISEASES, UBC
ASSOCIATE MEDICAL DIRECTOR, IMMUNODEFICIENCY CLINIC, BC CENTRE FOR EXCELLENCE IN HIV/AIDS, ST. PAUL'S HOSPITAL

In Focus

Members of the Blood
Borne Communicable
Diseases Committee

“

The work that we do enables physicians to continue to practise medicine and provide care to their patients in the context of having a blood borne infectious disease.

FACILITIES

DIAGNOSTIC ACCREDITATION PROGRAM

The Diagnostic Accreditation Program establishes, evaluates and monitors performance standards, provides education and consultation in diagnostic health care, and administers 23 accreditation programs covering the five diagnostic services: diagnostic imaging, laboratory medicine, neurodiagnostics, pulmonary function and polysomnography.

HIGHLIGHTS FOR THE YEAR

- **290** private and **384** public diagnostic facilities in BC
- **133** site surveys were completed involving **438** different modalities and disciplines
- **33** initial assessments were performed for new facilities

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES PROGRAM

The Non-Hospital Medical and Surgical Facilities Program requires private facilities to maintain high standards of practice equal to or exceeding public hospitals. The program establishes accreditation and performance standards, procedures and guidelines to ensure the delivery of high quality health services. The 700 physicians who work in private facilities across the province must be granted privileges by the College.

All facilities, regardless of the scope of services they provide, undergo a rigorous and comprehensive review prior to being awarded a term of accreditation. To ensure public protection, if a facility does not meet accreditation standards, it may be required to close until the deficiencies are corrected.

HIGHLIGHTS FOR THE YEAR

- **65** private medical and surgical facilities are operating in BC
- **13** facilities were accredited as part of their three-year accreditation cycle
- **707** physicians were authorized by the College to provide medical services in one or more private medical and surgical facility
- **62,495** procedures were performed in non-hospital medical and surgical facilities across the province



KATIE ADKINS, SENIOR COLLEGE SERVICES REPRESENTATIVE

In Focus

The College's front line communicators

“

The College services representatives are the first interaction physicians and members of the public have with the College. We are always pleased to assist callers.

4

We guide the profession

WE ANSWER QUESTIONS AND PROVIDE SUPPORT

The College services representatives answer more than 200 calls a day from physicians and members of the public inquiring about the College's professional standards and guidelines, registration and complaints processes, physician contact information, and other related topics. The College's medical staff offer advice to physicians in all areas of practice such as ethics and professionalism, and statutory compliance.

WE INFORM AND EDUCATE

While obtaining a licence to practise medicine is an important first step, a physician's education and training doesn't stop there. Professional development is ongoing throughout a physician's career. The College sponsors and hosts conferences, workshops and courses on a variety of topics to assist physicians in their ongoing education, including:

- medical record keeping
- methadone prescribing
- prescribing for chronic pain
- boundaries, ethics and professionalism
- online research tutorials

WE PROVIDE UP-TO-DATE CLINICAL INFORMATION TO PHYSICIANS

The College library is a prime source of reliable clinical information to support physicians in their practice. Each year, College librarians respond to more than 12,000 research and reference requests from physicians. All specialties are represented among library users, from anatomical pathologists to urologists. Physicians in general/family practice, psychiatry and internal medicine contact the library most frequently.

WE PARTNER AND COLLABORATE

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

- improving access to health-care services
- enhancing the quality of care patients receive
- ensuring the privacy of patient information / records
- developing health-care policy
- standardizing competency assessments for international medical graduates
- implementing a national online registration process for new physicians

2012 EDUCATION DAY

The 2012 Education Day was held on Friday, September 21 at the Vancouver Convention Centre. The day focused on emerging trends in medicine, and helped physicians anticipate and identify relevant concerns and implications for the future of medical care in this rapidly evolving landscape.

Dr. Jeff Nisker, professor, Schulich School of Medicine and Dentistry, University of Western Ontario, presented the morning plenary session on preimplantation genetic diagnosis (PGD).

Dr. Michael M. Burgess (PhD), professor and chair in biomedical ethics, W. Maurice Young Centre for Applied Ethics, presented the afternoon plenary session on the implication of new genomics and the prospect of genome-based personalized medicine.



J. GALT WILSON, MD, MSc, FCFP (DEPUTY REGISTRAR), INTRODUCES THE MORNING PLENARY SESSION

In Focus

2012 Annual General Meeting and Education Day

“

Physicians gather at the annual Education Day to engage, connect, share and learn.

5

Operations and administration

At a glance

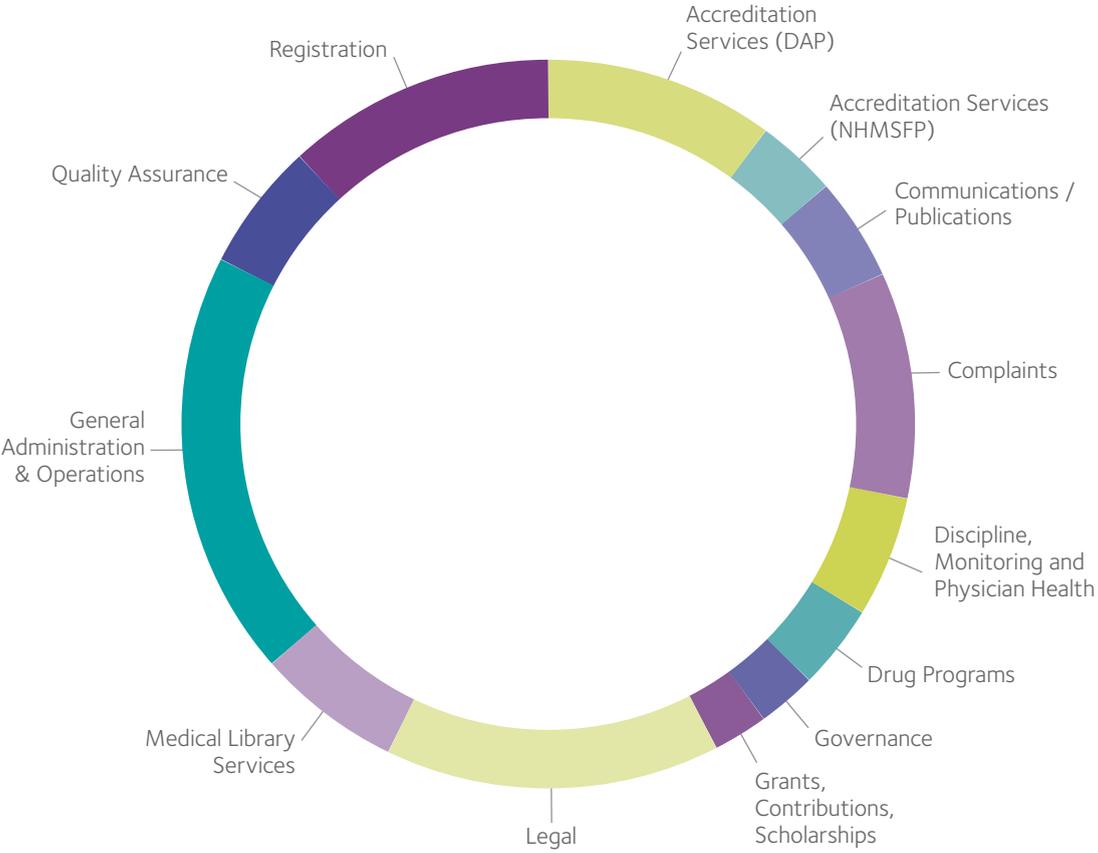
STATEMENT OF OPERATIONS

* The complete audited financial statements can be found on the College website www.cpsbc.ca.

YEARS ENDED FEBRUARY 28, 2013 AND FEBRUARY 29, 2012	2013 \$	(Restated – Note 2) 2012 \$
REVENUE		
Annual registrant and incorporation fees	16,901,553	15,361,076
Accreditation fees	3,849,877	3,278,838
Rental revenue (Note 9)*	792,007	226,244
Application and incorporation setup fees	607,280	534,350
Investment income	486,597	518,637
Grants	462,665	436,333
Other income	390,006	324,644
Penalties, fines and costs	242,410	150,596
Preliminary assessment fees	120,025	187,950
Medical directory and provider registry	99,995	98,305
Assessment income	75,884	41,191
	24,028,299	21,158,164
EXPENDITURES		
Salaries and benefits (Note 7)*	12,554,821	10,684,602
Assessments, accreditations and reviews	1,265,246	443,318
Board and committees	1,148,037	1,143,122
Rent and occupancy costs	1,135,335	1,957,697
Amortization, property and equipment	1,062,685	478,059
Professional fees	817,750	498,644
Information technology	766,106	855,551
Office expenses	714,540	588,672
Miscellaneous expenses	534,121	452,800
Bank charges and credit card fees	387,732	359,766
Travel and training	313,819	243,013
Library resources	309,725	329,067
Physician health program	300,000	300,000
Publications	169,368	149,231
Grants	163,000	150,754
Annual meeting and election	77,579	68,778
Scholarships	20,500	20,500
Federation membership fees	19,590	177,647
	21,759,954	18,901,221
Excess of revenue over expenditures before undernoted	2,268,345	2,256,943
Realized gain (loss) on sale of investments	13,028	(89,537)
Unrealized gain on investments	272,776	76,353
Loss (gain) on sale of property and equipment (Note 3(d))	(9,877)	1,366,493
Actuarial gains (losses) (Note 7)*	128,700	(581,900)
EXCESS OF REVENUE OVER EXPENDITURES	2,672,972	3,028,352

* The complete audited financial statements can be found on the College website www.cpsbc.ca.

At a glance EXPENDITURES BY FUNCTION



YEAR ENDED FEBRUARY 28, 2013

EXPENDITURES BY FUNCTION	
Accreditation Services (DAP)	\$2,396,699
Accreditation Services (NHMSFP)	790,651
Communications/Publications	1,013,466
Complaints	2,261,278
Discipline, Monitoring and Physician Health	1,075,507
Drug Programs	766,377
Governance	549,972
Grants, Contributions, Scholarships	493,500
Legal	2,997,766
Medical Library Services	1,335,336
General Administration & Operations	3,997,569
Quality Assurance	1,253,673
Registration	2,828,160
Total	\$21,759,954

Allocations of expenditures by function are unaudited figures

COLLEGE BOARD

The College is governed by a board of 10 peer-elected physicians and five public representatives appointed by the Ministry of Health. The daily operations of the College are administered by the registrar and other medical and professional staff. (Photo on page 2.)

BOARD MEMBERS IN 2012/2013

OFFICERS

Dr. M.A. Docherty (*President*)
Dr. L.C. Jewett (*Vice-president*)
Mr. W.M. Creed, FCA (*Treasurer*)

ELECTED MEMBERS

District 1: Dr. D.M.S. Hammell
District 2: Dr. G.A. Vaughan
District 3: Dr. D.J. Etches
 Dr. P.T. Gropper
 Dr. N.D. James
District 4: Dr. D.A. Price
 Dr. J.R. Stogryn
District 5: Dr. M.A. Docherty
District 6: Dr. L.C. Jewett
District 7: Dr. A.I. Sear

APPOINTED PUBLIC MEMBERS

Ms. L. Charvat
Dr. M. Corfield (DM)
Mr. W.M. Creed, FCA
Mr. S.S. Gill
Ms. V. Jenkinson

COLLEGE LEADERSHIP

REGISTRAR

Dr. H.M. Oetter

DEPUTY REGISTRARS

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

CHIEF OPERATING OFFICER

Mr. M. Epp

COLLEGE COMMITTEES

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

COMMITTEE MEMBERS IN 2012/2013

EXECUTIVE COMMITTEE

Dr. M.A. Docherty*+
Dr. L.C. Jewett*^
Mr. W.M. Creed, FCA*◇
Ms. V. Jenkinson*◇
Dr. J.R. Stogryn*
Dr. G.A. Vaughan*

FINANCE AND AUDIT COMMITTEE

Mr. W.M. Creed, FCA*◇+
Ms. V. Jenkinson*◇^
Dr. M.A. Docherty*
Dr. P.T. Gropper*
Dr. L.C. Jewett*
Dr. G.A. Vaughan*
Mr. S.S. Gill*◇°

REGISTRATION COMMITTEE

Dr. J.R. Stogryn*+
Dr. M. Corfield (DM)*◇^
Dr. D.M.S. Hammell*
Dr. G. Parhar
Dr. A.I. Sear*
Mr. G. Stevens◇
Dr. J.L. Wright
Ms. C. Evans◇°
Dr. L. Sent°

INQUIRY COMMITTEE

Panel A

Dr. M.A. Docherty*+
Dr. L.C. Jewett*^
Ms. V. Jenkinson*◇
Ms. L. Charvat*◇°
Dr. D.M.S. Hammell*°

Panel B

Dr. P.T. Gropper*+
Dr. P.D. Rowe^
Ms. P. Bowles◇
Ms. A. Chan◇
Dr. D.J. Etches*
Dr. T.A. Fera
Mr. S.S. Gill*◇
Dr. G.C. Jackson
Ms. S. Mehinagic◇
Dr. J.P. Pawlovich
Dr. C.H. Rusnak

Panel C

Dr. G.A. Vaughan*+
Dr. N.D. James*^
Dr. R.J. Adderley
Dr. P.M. Battershill
Ms. L. Charvat*◇
Dr. B.A. Fleming
Dr. A. Ho (PhD)◇

Panel D

Dr. A.I. Sear*+
Dr. C.H. Rusnak^
Mr. G. Stevens◇

DISCIPLINE COMMITTEE

PHYSICIAN MEMBERS

Dr. V.M. Frinton+
Dr. P.A. Mitenko^
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. R.D. Kinloch
Dr. L.M. Lawson
Dr. D.M. MacRitchie
Dr. D.M. Petrunia
Dr. T.K. Sidhu
Dr. J.P. Whitelaw

PUBLIC REPRESENTATIVE MEMBERS

Ms. J. Clarke
Ms. C. Evans
Ms. L. Purchase
Dr. R.D. Small (PhD)

LEGEND

* Board member ◇ Public representative
+ Chair ° Alternate
^ Vice-chair

LEGAL MEMBERS

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

QUALITY ASSURANCE COMMITTEE

Dr. D.M.S. Hammell*+
Dr. M. Corfield (DM)*◇^
Ms. C. Evans◇
Dr. L.M. Lawson
Dr. D.A. Price*
Dr. J.R. Stogryn*
Dr. L. Sent°

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES COMMITTEE

Dr. D.A. Price*+
Dr. L.C. Jewett*^
Dr. N. Carr
Mr. W.M. Creed, FCA*◇
Dr. A. Giligson
Dr. J.A. Hitkari
Dr. J.M. Leith
Dr. G. Parhar
Dr. R.L. Preston
Dr. K.A. Stothers
Dr. N.J. Wells
Ms. B. Willson, RN

**DIAGNOSTIC ACCREDITATION PROGRAM
COMMITTEE**

Dr. J.C. Heathcote+
Mr. W.M. Creed, FCA*◇^
Dr. J.A. Matheson
Dr. M. Murray
Mr. G. Stevens◇
Dr. B.J. Toews
Dr. T.F. Ward
Ms. J. Crickmore (*ex-officio member*)
Dr. M.A. Docherty*°
Dr. D.M.S. Hammell*°

**MEDICAL PRACTICE ASSESSMENT
COMMITTEE**

Dr. J.W. Barclay+
Dr. D.J. Etches*^
Dr. R.A. Baker
Dr. M.A. Dahl
Dr. M.J. Fahy
Dr. A. Hosie
Dr. E.E. Payne
Dr. C. Penn

METHADONE MAINTENANCE COMMITTEE

Dr. P.W. Sobey+
Dr. N.D. James*^
Dr. P.G. Beckett
Dr. L.F. Fredeen
Dr. R.S. Joe
Dr. P.H. Mark
Dr. J.B. Melamed
Dr. D.A. Rothern

PRESCRIPTION REVIEW COMMITTEE

Dr. D.J. Etches*+
Dr. C.M. Blackwood^
Dr. J.M. Bradley
Dr. R. Chadha
Dr. D.G. Hunt
Dr. J.R. Kennedy
Dr. R.S. Lalji
Dr. D.M. McGregor

ETHICS COMMITTEE

Ms. L. Charvat*◇+
Dr. D.M.S. Hammell*^
Dr. M. Corfield (DM)*◇
Dr. Lori d'Agincourt-Canning (PhD)◇
Dr. R. Drabkin
Dr. R.D. Small (PhD)◇
Dr. Louise Sourisseau

**BLOOD BORNE COMMUNICABLE DISEASES
COMMITTEE**

Dr. M. Krajden+
Dr. V.C. Montessori^
Dr. P.R.W. Kendall
Dr. A. Ramji
Dr. H.G. Stiver

LIBRARY COMMITTEE

Dr. N.D. James*+
Dr. J.C. Butt
Dr. R.E. Gallagher
Dr. M. McGregor

PATIENT RELATIONS COMMITTEE

Dr. M.A. Docherty*+
Dr. J.R. Stogryn*^
Ms. L. Charvat*◇

COLLEGE DEPARTMENTS AND CONTACTS AS OF MARCH 31, 2013

OFFICE OF THE REGISTRAR

Dr. H.M. Oetter, Registrar

REGISTRATION

Dr. A.J. Burak, Deputy Registrar

Ms. C. de Bruin, Director

COMPLAINTS, CONDUCT AND CLINICAL

Dr. A.M. McNestry, Deputy Registrar (*Conduct*)

Dr. J.G. Wilson, Deputy Registrar (*Clinical*)

Mr. B. Fishbook, Director

COMPLAINTS, BOUNDARIES AND MONITORING

Dr. S.M.A. Kelleher, Deputy Registrar

Mr. E. van Eck, Director (*Investigations*)

QUALITY ASSURANCE AND PRACTICE ASSESSMENTS

Dr. W.R. Vroom, Deputy Registrar

Ms. N. Castro, Director (*maternity leave*)

Ms. D. Leung, Acting Director

DIAGNOSTIC ACCREDITATION PROGRAM

Dr. W.R. Vroom, Deputy Registrar

Ms. H. Healey, Director

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES PROGRAM

Dr. W.R. Vroom, Deputy Registrar

Ms. P. Fawcus, Director

METHADONE MAINTENANCE PROGRAM

Dr. A.M. McNestry, Deputy Registrar

PRESCRIPTION REVIEW PROGRAM

Dr. J.G. Wilson, Deputy Registrar

PROFESSIONAL MEDICAL CORPORATIONS

Dr. A.J. Burak, Deputy Registrar

LEGAL

Ms. H. MacKay, Acting Chief Legal Counsel

Ms. S. Hellmann, Staff Lawyer

Ms. S. Kanji, Staff Lawyer

OPERATIONS

Mr. M. Epp, Chief Operating Officer

Ms. H. Ewart, Director (*Human Resources*)

Mr. J. Pesklevits, Director (*Finance and Office Services*)

COMMUNICATIONS

Ms. S. Prins, Director

RECORDS, INFORMATION AND PRIVACY

Ms. J. Liu, Director

COLLEGE LIBRARY

Dr. K. MacDonell (PhD), Director

Ms. J. Neill (*retired in 2012*)

COLLEGE OF PHYSICIANS AND SURGEONS
OF BRITISH COLUMBIA

300-669 Howe Street
Vancouver, BC V6C 0B4

Telephone	604-733-7758
Facsimile	604-733-3503
Toll Free	1-800-461-3008
College Library	604-733-6671

cpsbc.ca