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Part 1—Introduction

The Governance Policy Manual (GPM) contains all of the current standing governance policies adopted by the Board of the College of Physicians and Surgeons of British Columbia.

The policies contained in the manual are an adjunct to the Health Professions Act, Regulations and the Bylaws made under the Act. They formalize the roles and responsibilities of the Board and establish its governance functions and practices.

1.1 Reasons for adoption

The Board has adopted the GPM to ensure:

- efficiency in having all governance policies in one manual
- ease of reviewing current policy when considering new issues
- interactions between the Board and registrar are clear and transparent
- diligence in governance process
- effective orientation of new board members

1.2 Consistency

Each policy in the GPM is consistent with governing legislation – the Health Professions Act, Regulations and the Bylaws made under the Act. All standing governance policies of the Board are included in this manual. Organizational and administrative policies are consistent with this GPM.

1.3 Transition

The policies contained within this manual are deemed to supersede any past policy that might be found in earlier documents or previous board minutes.

1.4 Updates

The policies contained in the GPM are reviewed frequently to ensure currency and relevance. A full review of the entire manual is conducted annually. Recommendations to add or amend a policy contained within the GPM must be submitted as a motion to the president for inclusion on the Board’s meeting agenda. Amendments to the GPM are approved by resolution. Whenever changes are adopted, an updated version of the policy is provided to each board member for inclusion in his/her manual with a new approval date clearly indicated. All versions of the policies are kept on record in the registrar’s office.

1.5 Maintenance of policies

The GPM is maintained by the registrar’s office. The registrar provides updated copies to the Board whenever policies are amended. The Board consults legal counsel whenever amendments are made to ensure compliance with the College’s governing legislation.

*Part 1 revised May 2014*
Part 2—Organizational Overview

2.1 Mission statement

The Board adopted the following mission statement in November 2009:

*Serving the public through excellence and professionalism in medical practice*

2.2 Values

The College has a duty to establish and administer registration, inquiry and discipline procedures that are *transparent, objective, impartial and fair*.

Aligned with the duties and objects described in the *Health Professions Act*, the following core values guide the Board’s governance policies and practices:

*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.

2.3 Mandate

The College of Physicians and Surgeons of British Columbia is the licensing and regulatory body for all physicians and surgeons in the province. The College is governed by provincial legislation—the *Health Professions Act*—that entrusts the College to serve and protect the public, and to exercise its powers and discharge its responsibilities under all enactments in the public interest.

For a full description of the duties and objects of the College, refer to Part 2, section 16 of the *Health Professions Act*. 
2.4 Strategic goals

Each year the Board establishes strategic goals to guide the major activities of the College, and deliver on its mandate of public protection.

The Board’s strategic goals are contained in Part 11 of this manual.

*Part 2 revised May 2014*
Board Governance Policy Manual

Part 3—Board Structure, Responsibilities and Process

The Board recognizes that management has the responsibility to report to the Board regarding the work of the organization and the actions of the organization. The structure, mandate and powers of the Board are defined by the Health Professions Act, the Regulations and the Bylaws made under the Act. The Board consists of 10 elected members from seven electoral districts, and five members who are appointed by the Minister of Health.

3.1 Governance approach and principles

Preamble

What is governance? Three distinct roles

1. The Board’s governance approach and principles emphasize that it acts reasonably, prudently and in good faith:
   - in protection of the public
   - strategic leadership
   - encouragement of diverse viewpoints and ideas
   - integrity, ethics and professionalism
   - outward vision
   - in the interface with stakeholders

2. The Board is the source of strategic decisions that shape the organization and have the ultimate accountability for the work and acts of the organization.

3. In this spirit, the Board:
   - adheres to the governance structures and policies laid out in its governance manual
   - accounts to the public and the government for competent, conscientious, and effective administration of the College’s mandate
   - initiates and develops policy
   - monitors and regularly discusses the Board’s own processes and performance
   - provides appropriate orientation, training and evaluation of overall board performance

3.2 Declarations

Upon joining the Board of the College of Physicians and Surgeons of British Columbia, members must swear/attest to and sign an oath of office, and agree to and sign the Confidentiality Policy, Code of Conduct Policy and the Conflict of Interest Policy.

3.3 Roles and responsibilities of officers

In accordance with the Bylaws, at its first meeting in April of each year, or as soon after as is convenient, the Board elects a president, vice-president and treasurer, along with other members of the Executive Committee.
President

The president is the chief officer of the Board and a member of the Executive Committee. In this role, the president personally models the College’s values and code of conduct, and is responsible for creating an environment that is fair, respectful, and professional. The president ensures that the Board is aware of and fulfills its governance duties, complies with applicable legislation and policy, and conducts its business effectively and in accordance with the accepted rules of order.

To fulfill these duties, the president:

- Presides over (chairs) all Board and Executive Committee meetings, develops the agenda in consultation with the registrar, and facilitates the active participation of all members.
- Presides over the Annual General Meeting.
- Serves as an ex-officio and voting member of all College committees.
- Ensures the vice-president is appropriately briefed on significant issues and able to assume the role of president if required.
- Ensures new board members are oriented to their role and aware of their responsibilities.
- Acts as the liaison between the Board and the registrar.
- Evaluates the activities and performance of individual board members on an annual basis.
- Evaluates the activities and performance of the registrar on an annual basis.

The president is accountable to the Board for the satisfactory performance of these duties. The term of office is one year. The president can stand for re-election.

Vice-president

The vice-president is the deputy chief officer of the Board and a member of the Executive Committee. In this role, the vice-president is responsible for discharging all of the duties of the president if the president is unavailable. The vice-president assists the president in providing leadership and guidance to other board members. The vice-president personally models the College’s values and code of conduct. The term of office is one year. The vice-president can stand for re-election.

Treasurer

The treasurer is a member of the Executive Committee, and holds the position of chair or vice-chair of the Finance and Audit Committee. In this role, the treasurer assists in the development of the College’s budget, ensures adherence to the College’s financial policies and procedures, and ensures executive oversight of all financial transactions. The treasurer personally models the College’s values and code of conduct. The term of office is one year. The treasurer can stand for re-election.

3.4 Nomination and election process (officers and Executive Committee)

Preamble

These guidelines set out the criteria for the election of officers of the College and members of the Executive Committee, the duration of the terms of office, and clarify the responsibilities of the nominating committee and the process for election.
Officers

The officers of the College are the president, the vice-president and the treasurer.

The Bylaws pursuant to the Health Professions Act provide as follows:

Officers of Board

1-5 (1) At its first meeting in April of each year, or as soon after as is convenient, the board must elect a president, vice-president and treasurer, from among the board members.

(2) Officers elected under section 1-5(1) hold office at the board’s pleasure.

(3) The officers elected by the board must perform the duties and exercise the powers delegated to them by the board, in addition to the duties and powers imposed or given by the Act and the Bylaws.

Executive Committee

1-13 (1) If an executive committee is appointed under section 17.2 of the Act, the committee may perform all duties and exercise all powers of the board under the Act, except

(a) the powers set out in section 39(2) to (10) of the Act,

(b) the power to alter, repeal or suspend a bylaw, and

(c) the power to appoint the registrar under section 21 of the Act.

Proceedings of executive committee

(2) If present, the president presides over all meetings of the committee.

Board meetings

1-25 (3) The president may call a meeting of the board.

(4) The president must convene a meeting of the board upon receipt of a written request by at least six board members, stating the nature of the business that is proposed to be conducted at the requested meeting.

Committees and committee meetings

1-26 (1) The board must establish the composition of all College committees at its first meeting after the second Monday in April in each year or as soon after as is convenient.

(2) The president is an ex-officio member of all committees, except where specifically designated as a member of a committee.

(6) The board must designate a committee chairperson and a committee vice-chairperson from among the members of the committee.

(7) The duties of the chairperson of a committee are to

(a) preside over all meetings of the committee,

(b) unless specified otherwise, report to the board directly or by delegation, and

(c) carry out other duties as the board may direct.
The vice-chairperson of a committee performs the duties of the chairperson in the absence of the chairperson.

Criteria for nomination

Officers have the responsibility to guide the Board and the executive committee and to provide direction to the registrar staff. Accordingly, eligible members must have:

- Served as a member of the Board for a minimum period of six months and have demonstrated a commitment to and active participation in College affairs;
- Preferably served for a minimum of one year as chair on one of the College’s standing committees and appropriately fulfilled all requirements of the chair during that period or alternatively have demonstrated the skill set necessary to fulfill the role of chair; and
- Extensive knowledge of the functions and responsibilities of the College.

Term of office

The term of office for the position of president, vice-president and treasurer will generally be for a one year period from July 1 to June 30. In the absence of extenuating circumstances, members should not hold the same office for more than two years.

To ensure that all candidates are assessed annually based on consideration of current expertise and experience of individual candidates, there will not be automatic succession of vice-president to president or treasurer to vice-president. Prior experience as an officer of the College will be one factor to be considered by Board at the time of election.

Executive Committee

Criteria for nomination

The officers of the College, namely the president, the vice-president and the treasurer, will automatically be appointed to the Executive Committee.

The remaining members appointed to the Executive Committee must demonstrate knowledge of the functions and responsibilities of the College and have served on the Board for a minimum of six months. The six members appointed must reflect the statutory requirement that at least two members must be public members.

Nominating Committee

Appointment

The Board will annually appoint a Nominating Committee.

This committee should be comprised of at least two members of the Board who have a broad knowledge and awareness of the affairs of the College and the functions of the Board and its committees.

Responsibilities

The responsibilities of the Nominating Committee will include:
The election process

The election of officers of the College and of members of the Executive Committee will be held annually during the Board meeting in May.

The election of officers of the College and of members of the Executive Committee will be by secret written ballot.

The election will be conducted in the following sequence:

- Nomination of president
- Announcement of appointment
- Nomination of vice-president
- Announcement of appointment
- Nomination of treasurer
- Announcement of appointment
- Nomination of remaining members of Executive Committee
- Announcement of appointments

The registrar and a designated staff member will act as scrutineers for the election. The scrutineers will ensure that all votes are counted in accordance with appropriate and proper procedures.

The registrar will advise the Nominating Committee of the candidates who receive the greatest number of votes for the respective positions.

If there is a tie vote, or if no candidate receives a minimum of fifty percent (50%) of the votes, a second vote will be held, with the candidate with the lowest number of votes being dropped from the candidate list. If there is a tie vote between two candidates in the election for the same office, the determination as to which of the candidates shall be declared to have been elected shall be decided by lot. The method of determining by lot shall be agreed upon by a majority of the Board, and may include a coin toss.

The registrar will retain the voting papers and any other election documents for at least fourteen (14) days after the election.

Following the election, the Nominating Committee will announce the appointments to all other College committees.

Section 3.4 revised May 2015
3.5 Orientation of new board members

The president and the registrar are responsible for facilitating a comprehensive orientation session for new board members to ensure they are prepared for their role, and aware of their responsibilities to the Board, and to the College.

The orientation session includes:

1. A scheduled discussion with the president to
   - explore the new board member’s interest and preference for committee involvement,
   - review the process for performance evaluation and professional development, and
   - assign a board mentor who is responsible for guiding the new member.

2. A scheduled discussion with the registrar to
   - review the *Health Professions Act*, Regulations, Bylaws and the GPM,
   - review the College’s mandate, mission and goals, and organizational structure, and
   - review the meeting calendar, administrative procedures and relevant law, internal policies, and the meeting rules of order.

3. Taking and signing, by oath or solemn affirmation, an oath of office prescribed by the minister in the presence of a judge or justice of the peace or the registrar.

4. Signing the Confidentiality Policy, the Code of Conduct Policy and the Conflict of Interest Policy.

3.6 Elected board vacancy

Where a board vacancy occurs with more than one year left on the elected board member’s term and where that board member has notified the Board of their resignation, or where a board vacancy occurs through natural cause, the Board must fill the vacancy.

At its earliest opportunity, the Board will establish a nominations committee, comprised of:

- the president
- the past president
- one public member
- one elected member

The nominations committee will, through a fair and transparent process, identify potential candidates for appointment. It will provide the Board with a roster of up to three candidates, complete with a stated reason for the nomination, and a letter of intent from each nominee.

The Board will decide on the successful candidate through its regular decision-making processes, being a simple majority of votes, to determine the successful appointee. The Board does not need to conduct this vote at a general meeting; for the purposes of filling a Board vacancy a fax resolution is appropriate. Ratification of the fax resolution at the next general meeting will occur.

*Section 3.6 added November 2013*
3.7 Roles and responsibilities of individual board members

Every member of the Board is expected to become an active participant in a body that functions effectively as a whole. In addition to assisting in the major decisions of the Board, individual members are responsible for:

- Being knowledgeable about the Health Professions Act, Regulations and the Bylaws that govern the College.
- Being informed about the governance policies and practices contained within the GPM.
- Offering opinions and perspectives during discussions and deliberations of the Board.
- Voicing any opposition to a decision clearly and explicitly at the time a decision is being taken.
- Visibly voting on decisions – or visibly abstaining from the vote.
- Working effectively with other board members, committee members and employees to ensure productive outcomes at all meetings.
- Understanding and respecting the distinction in the roles of the Board and College employees.
- Above all, maintaining solidarity with other board members in support of a decision made at a board meeting.

3.8 Performance evaluation

The Board is committed to a process of performance evaluation designed to provide board members with an opportunity each year to examine how the Board, committees, board chairs, committee chairs and individual committee and board members are performing, and to identify opportunities for improvement. The purpose of evaluation is to ensure continuous improvement of the Board and committees, and to provide formative feedback to individual board and committee members and chairs to assist in their own development. The process will also allow an opportunity to provide feedback on the effectiveness of board and committee meetings and whether the Board and committees are operating efficiently and effectively in meeting their mandate.

Each board or committee member will participate in an evaluation of the performance of the Board or committee as a whole and of his/her own performance as a board or committee member. The scope of evaluation will include an assessment of the Board or committee as a whole in fulfilling its rules and responsibilities and of the processes and structures of the Board or committee. It will also include a 360° and self-assessment of the performance of individual board and committee members and chairs in fulfilling their responsibilities.

Section 3.8 revised March 2017

3.8.1 Board self-evaluation questionnaire

- How well has the Board done its job?
- How well has the Board conducted itself?
- Board’s relationship with chief executive officer
- Feedback to the chair of the Board
- My performance as an individual board member
3.8.2 Performance management (removal of a board member)

In accordance with section 17.11 (5) of the Health Professions Act, the Board may review the conduct of any member, and if the Board is satisfied that the member has contravened a term of the oath of office, the Board may, by resolution passed by two-thirds of the members voting on the resolution, reprimand, suspend or remove that member from the Board or any committee.

A person suspended from a board under section 17.11 (5) may not act as a member of the Board unless the suspension is lifted. A person removed under section 17.11 (5) ceases to be a member of the board and the office to which that person was elected or appointed is vacant and the vacancy must be filled in accordance with the Bylaws as follows:

a. by election, if the person was a person referred to in section 17 (3) (a) or (a.1), or
b. by appointment, if the person was a person described in section 17 (3) (a.2).

3.9 Monitoring and safeguarding

The Board is responsible for exercising good stewardship of the College on behalf of registrants, the government, the public, College employees and other stakeholders. The Board will account to its stakeholders for the activities of the College through regular communication, including a public website and an annual report with audited financial statements.

General duties of the Board as a whole include:

- Overseeing the development of a strategic plan and approving the annual budgets.
- Defining and safeguarding the College’s mission and values.
- Governing the College by setting priorities, initiating and establishing policy.
- Appointing and supporting the registrar and deputy registrars to whom the day-to-day responsibility for administration of the College is delegated.
- Securing sufficient resources for the College to conduct its work.
- Accounting to registrants (and other funders) for the expenditures of funds.
- Ensuring prudent and proper management of the College’s resources.
- Regularly reviewing the College’s programs and activities to ensure efficiency and consistency with the mandate of the College.
- Evaluating the effectiveness of the Board through a formal evaluation process.
- Submitting an annual report to the minister responsible not later than 120 days after the end of the College’s fiscal year.

3.9.1 Financial position

The Board is responsible for the overall financial stability of the College. Based on recommendations from the Finance and Audit Committee, the Board directs, approves and monitors the following:

- the annual budget and regular operating statements
- the investment policy
- registrant and program fees
- the appointment of external auditors

The registrar is responsible for providing:
Board Governance Policy Manual

- effective financial administration
- financial technical support
- financial reports and updates at the request of the Board

The registrar works in close collaboration with the Finance and Audit Committee to ensure the successful implementation of the Board’s financial decision-making.

3.9.2 College performance

The Board is responsible for ensuring that the College adheres to its statutory obligations. The Board oversees the work of the College’s statutory, standing and ad hoc committees to ensure that each committee implements, measures and effectively reports on its activities according to legislative requirements.

The registrar and deputy registrars work in close collaboration with each committee to facilitate:

- effective administration of committee mandates
- technical support
- committee reports at the request of the Board

3.10 Board meetings

As set out in section 1-25(1) of the Bylaws, the Board meets at least two times in each calendar year. Members are expected to attend all meetings set by the Board, and all meetings of the committees to which they have been appointed. A majority of the board members constitutes a quorum.

At all board meetings:

- Discussion is confined to issues that clearly fall within the Board’s authority.
- The president will act as chair (or the vice-president in the president’s absence).
- Deliberations are timely, fair, orderly, thorough and efficient and in accordance with the applicable rules of order.
- Members who are unable to attend a meeting must advise the president prior to the meeting.
- In accordance with section 1-3(d) of the Bylaws, members who are absent from three consecutive meetings in a twelve-month, unless previously excused by the Board, cease to hold office.

3.10.1 Decision-making process


According to those rules, an item of business is presented to the Board for decision in the form of a motion, which must be seconded by another board member. Any member of the Board has the right to present a motion for inclusion on the agenda. When a motion has been properly moved and seconded, the president (or presiding officer) states it clearly to the Board and invites members to discuss or debate the motion. Once the discussion is over, the president asks members to vote on the motion. The Bylaws require a majority vote to resolve a motion. Special resolutions must be approved by a two-thirds vote of all board members.
3.10.2 Agendas and Minutes

Board meeting agendas are discussed and prepared jointly by the registrar and the president. Any member of the Board may put forward an agenda item for consideration by the president and the registrar. The registrar’s office is responsible for

- developing and distributing materials to members at least one week prior to a scheduled board meeting, and
- recording the minutes at each meeting.

3.11 Compensation

Board members are compensated according to the College’s Honoraria Policy.

3.12 College committees

The College’s committees are set out in the Bylaws under the Health Professions Act. The terms of reference for each committee are described in the Bylaws (see Part 9). Committee members, including a chair and a vice-chair, are appointed by the Board. In accordance with section 1-26(11) of the Bylaws, each committee must submit an annual report of its activities to the Board.

Much of the work of the College is conducted by committees. There are four types of committees: statutory committees (set out in the Health Professions Act), Bylaw committees, standing committees and from time-to-time ad hoc committees (see attached Terms of Reference in Part 6 of this manual).

It is important to ensure that the College’s decision-making processes are free from criticism for bias, confidentiality, conflict of interest, lack of independence, and nepotism. For these reasons, close relatives of sitting board members are not eligible for appointment to a College committee during the entire term of the board member’s time in office. Close relatives of College staff and contractors are likewise excluded from appointment to College committees.

For the purpose of this policy, a close relative will include:

- spouse or partner (including intimate relationships)
- parent, step-parent, foster parent of employee or employee’s spouse or common-law partner
- child or step-child or foster child of employee
- sibling of employee
- child’s spouse or common law partner

Statutory Committees

- Executive
- Inquiry
- Registration
- Quality Assurance
- Discipline
- Patient Relations, Professional Standards and Ethics
Bylaw Committees

- Finance and Audit
- Blood Borne Communicable Diseases
- Non-Hospital Medical and Surgical Facilities Accreditation Program
- Diagnostic Accreditation Program

Standing

- Library
- Human Resources and Governance
- Nominating

Part 3 revised November 2016
Part 3 revised September 2017
Part 4—Board-Registrar/Employee Relations

4.1 Registrar’s role

The registrar is the chief executive officer of the College, holding the most senior staff position. The registrar is accountable for ensuring compliance with statutory obligations of the Health Professions Act, Regulations and Bylaws, implementing and monitoring the policies and direction set forth by the Board, managing the daily operations and administration of the College, and ensuring appropriate resourcing and staffing. The registrar is appointed by the Board.

4.2 Board/registrar relationship

The registrar is the key conduit between the Board and College employees, and may at any time delegate an employee to work with the Board and committee members on College activities. The registrar works in collaboration with the president to ensure the Board’s decisions are understood and implemented by College employees. Specific issues or concerns from individual board members should be directed to the president first.

4.3 Key performance

The Board shall ensure that the Human Resources and Governance Committee undertakes an annual performance review of the registrar, the results of which will be shared with the Board. The committee shall develop, in conjunction with the registrar, annual performance objectives consistent with College’s strategic plan and submit objectives to the Board for approval.

Section 4.3 revised January 2015

4.4 Code of conduct

The registrar personally models the College’s values and code of conduct.

4.5 Treatment of employees

The registrar is accountable for creating a work environment that is fair, respectful and professional. Accordingly, the registrar is responsible for:

- Recruiting, training, motivating and compensating high-performing employees.
- Facilitating continuous learning and professional development.
- Fostering a work environment that embodies high employee morale and enthusiasm to achieve the highest standards.
- Taking reasonable steps to protect employees from harassment, and unsafe or unhealthy conditions.
- Providing a process and forum to hear and address employee concerns.
- Developing and implementing official human resource policies to ensure equitable treatment of all employees.
- Avoiding situations that are or may be perceived to be a conflict of interest in awarding full-time or contractual employment.
Ensuring effective communication and information exchange at the employee level.
Ensuring employees are aware of this and other relevant policies.
Part 5—Administrative Parameters

5.1 General guidance and constraints
The following parameters guide the registrar in executing operational and administrative decisions without undue board directive. The Board expects that the registrar and College employees will act ethically and responsibly at all times, and in accordance with their legislative requirements, and other binding laws.

5.2 Regulatory functions
The registrar is responsible for ensuring that the work and activities of the College are compliant with the requirements set out in the Health Professions Act, the Regulations and the Bylaws, consistent with the Board’s interpretation of this governing legislation.

5.3 Financial parameters
The registrar must maintain the financial integrity of the organization, ensuring that due care is exercised in the receiving, processing and disbursing of funds, and that financial and non-financial assets are protected.

5.3.1 Budgeting and planning
Budgeting for any fiscal year or the remaining part of any fiscal year must not deviate materially from established business plans, risk fiscal jeopardy, or fail to adhere to long-term plans. Accordingly, the registrar shall ensure that all budgeting:

1. Contains sufficient detail to enable reasonably accurate projection of revenues and expenses, separation of capital and operational items, cash flow, and audit.
2. Discloses planning assumptions.
3. Considers expenditures in any fiscal year based on funds that are conservatively projected to be received in that period.
4. Ensures sufficient liquidity to meet, with an adequate safety margin, the operating needs of the College.
5. Provides for full funding for the operation of the Board in fulfilling its responsibilities.
6. Considers the fiscal soundness of future years and the building of organizational capability sufficient to achieve College goals in future years.

5.3.2 Financial condition
With respect to the actual, ongoing financial conditions and activities, the registrar must ensure fiscal stability and spend only those expenditures approved by the Board in a given fiscal year. Accordingly, the registrar shall:

1. Spend only those funds that have been received in the fiscal year to date, unless specifically directed by the Board to do otherwise.
2. Avoid using long-term reserve funds, unless specifically directed by the Board to do otherwise.
3. Settle payroll and debts in a timely manner.
4. Ensure government-ordered payments or filings are submitted in an accurate and timely manner.
5. Ensure the collection of accounts receivable is undertaken in a timely manner.
6. Designate signing authorities for all financial documents.

5.3.3 Asset protection

The registrar must ensure that assets are protected, adequately maintained, and not risked unnecessarily.

Accordingly, the registrar shall:

1. Maintain insurance against fire, theft, computer and casualty losses, and against liability losses to board members, employees and other individuals engaged in College activities.
2. Ensure that the College, its board members and employees are not unnecessarily exposed to claims of liability.
3. Ensure that only employees who are duly authorized have access to College files or material amounts of funds.
4. Provide reasonable maintenance of office premises and equipment.
5. Make purchases with due consideration to quality, after-purchase service, value dollar and opportunity for fair competition.
6. Obtain approval from the Board, Executive Committee or the Finance and Audit Committee prior to making unbudgeted expenditures of greater than $125,000 on any one expense.
7. Ensure that no more than $5,000 on any individual physician or $50,000 annually is spent to assist physicians on compassionate grounds, and provide an update on these activities to the Executive Committee.
8. Protect paper and electronic files and information from loss or significant damage.
9. Invest or hold operating capital in secure instruments.
10. Not acquire, encumber or dispose of land and buildings without board approval.

5.3.4 Compensation and benefits

With respect to employment, compensation and benefits to employees, consultant and contract workers, the registrar must ensure that fiscal integrity is maintained.

Accordingly, the registrar shall:

1. With respect to her/his contract
   • uphold the spirit of the contract between the registrar and the Board.
2. Establish current compensation and benefits that
   • reflect the geographic or professional market for the skills employed,
   • avoid obligations over a longer term than revenues can be safely projected, and
   • are fair and equitable.
3. Establish and manage pension benefits that
• ensure unfunded liabilities do not occur which would in any way commit the organization to benefits that incur unreasonable future costs,
• provide a reasonable level of benefits to all full-time employees, though differential benefits to encourage longevity in key employees are not prohibited, and
• are approved by the Board.

4. Work with the board to recruit and develop employment contracts for the College’s deputy registrars.

5.4 Information management

The registrar must develop and maintain efficient information systems and technology that assist employees in completing the work of the College.

Accordingly, the registrar shall:

1. Meet legislated requirements for collection, retention, confidentiality and release of information.
2. Maintain effective and integrated internal systems to ensure the timely exchange of information.
3. Maintain an up-to-date prioritized plan for necessary information systems / technology enhancements or acquisitions.

5.5 Communication/counsel to the board

The registrar is responsible for ensuring that the Board is informed and supported in its work.

Accordingly, the registrar shall:

1. Communicate regularly with the president.
2. Submit monitoring data required by the Board in a timely, accurate and clear manner, directly addressing provisions of the policies being monitored.
3. Ensure the Board is aware of relevant political, economic, social or technological factors; especially those which may have an impact on board assumptions, practices or policies.
4. Advise the Board if it is not in compliance with its own governance policies, particularly in the case of board behaviour, which may be detrimental to the working relationship between the Board and the registrar.
5. Provide a mechanism for official board or committee communication.
6. Deal with the Board as a whole except when
   • fulfilling individual requests for information, or
   • responding to committees duly charged by the Board.
7. Provide reasonable administrative support for board activities.
8. Report in a timely manner any actual or anticipated non-compliance with any policy of the Board.

5.6 Public image

The registrar is responsible for protecting the College’s public image and credibility.
Accordingly, the registrar shall:

1. Implement the College’s communication plan and related policies.
2. Ensure that all public presentations portray the policies and decisions of the Board.
3. Ensure that only appropriately trained employees are making presentations or speaking on behalf of the College.
4. Communicate effectively with registrants, government, the media and the public regarding College policy and initiatives.
5. Release board position statements and policy only with the Board’s approval.

5.7 Emergency executive succession

In order to protect the Board from sudden loss of executive services, the registrar must ensure that at least one deputy registrar is sufficiently familiar with all College issues and process to allow continuity.

*Part 5 revised May 2014*
Part 6—College Committees – Terms of Reference

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Terms of Reference

Executive Committee

Purpose
The Executive Committee considers policy and operational issues of significance, and can make such decisions on behalf of the Board, between board meetings.

Governance
The Executive Committee is a statutory committee of the Board and reports to the Board.

Composition
The Executive Committee will consist of no more than six board members. The Board elects the members of the Executive Committee and includes the elected officers of the College: the president, vice-president and the treasurer. The Executive Committee must have at least two appointed board members.

Roles and responsibilities
To act as the Board between board meetings and, more specifically, to take action under section 25.6 of the Health Professions Act.

Meetings
The Executive Committee will meet as required but no less than five times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of members constitutes a quorum, as long as one member is an appointed board member.

Reporting
The Executive Committee, after each meeting, will provide a written report to the Board.

Resources
The Executive Committee will be supported by the registrar with administrative support from the registrar’s office.
Terms of Reference

Inquiry Committee

Purpose
To review and investigate public complaints, all matters reported as a regulated health professional’s duty to report, and matters that the Inquiry Committee chooses to investigate on its own motion. The Inquiry Committee may direct the registrar to instruct legal counsel to apply to the Supreme Court of British Columbia for an order to search and/or seize the property of registrants and non-registrants. The Inquiry Committee may establish policies and procedures for conducting alternative dispute resolution of complaints.

Governance
The Inquiry Committee is a statutory committee, and reports directly to the Board.

Composition
The Inquiry Committee is established consisting of at least nine persons appointed by the Board, at least one-third of whom must be public representatives. The committee must include the president and vice-president of the Board and two appointed board members.

The Inquiry Committee may appoint panels. Each panel must consist of at least three persons appointed by the Board and must include at least one elected board member, one registrant and one appointed board member and, if composed of more than three persons, at least one-third of its members must be public representatives. The chair of each panel is appointed by the Board.

A panel may exercise any power, duty or function of the Inquiry Committee.

Members of the Inquiry Committee and all its panels are expected to be familiar with the principles of administrative law, including natural justice and procedural fairness.

The specific composition of each panel is assigned as follows:

Panel A
Members of Panel A include the president, the vice-president and a senior appointed member. As this panel deals with the most serious complaints, the most senior members of the Board are selected for their understanding of clinical practice and their experience with principles of administrative justice and procedural fairness.

Panel B
Members of Panel B are selected from a broad range of clinical specialties, as well as their experience in principles of administrative justice and procedural fairness. Clinical specialties may include, but are not limited to: family medicine, emergency medicine, general surgery, internal medicine and obstetrics. Public members are selected for their knowledge and experience.
Panel C

Members of Panel C are selected for their experience in matters of professional conduct, as well as their knowledge of and experience in the principles of administrative justice and procedural fairness. Physician members are primarily general practitioners, while public members typically have experience in professional ethics.

Panel D

Members of Panel D are selected for their knowledge of and experience in the principles of administrative justice and procedural fairness. Consideration is also given to their availability, as this panel meets monthly.

Panel E

Members of Panel E are selected for their experience in physician practice review and remediation.

Roles and responsibilities

The Inquiry Committee must review all complaint matters concluded by the registrar. A disposition of the registrar becomes a disposition of the Inquiry Committee unless the committee gives the registrar written direction to investigate the matter under section 33 of the Health Professions Act (all section references below are to the HPA).

The Inquiry Committee must carry out an investigation of any matter referred to it under section 33 by directing the registrar to investigate the matter.

The Inquiry Committee may resolve any matter referred to it under section 33 by:

- taking no further action
- taking any action it considers appropriate to resolve the matter between a complainant and the registrant
- requesting that the registrant undertake not to repeat the action, undertake to take educational courses, consent to a reprimand, or consent to any other action specified by the committee
- directing the registrar to issue a citation

If the Inquiry Committee considers it necessary to protect the public during an investigation or pending a hearing of the Discipline Committee, the committee may, by order, impose limits or conditions on the registrant’s practice, or suspend the registrant under section 35. The Executive Committee also has the power to invoke section 35 remedies upon receiving a report following a medical examination ordered under section 25.6, in which case the Executive Committee may order the delay or cessation of the Inquiry Committee’s investigation to avoid duplication.

The Inquiry Committee may also direct the registrar to instruct legal counsel to apply to the Supreme Court of British Columbia for an order to search the premises and seize property of a registrant or non-registrant who has contravened the HPA, its regulations or bylaws.

Roles and responsibilities specific to each panel are outlined below:
Panel A
The primary role of Panel A is to review complaints that, on their face, are clearly serious matters, and have the potential to lead to the issuance of a citation. These complaints may vary in nature, and may include matters of severely deficient clinical performance, matters of professional conduct, and boundary concerns. This panel is also responsible for reviewing and pursuing court orders for search and seizure asset out in section 29(1). Additionally, the panel is responsible for

a. providing information to the public regarding the College’s complaint and disciplinary process, and
b. upon the Board’s request, reporting any review, investigation, process, policy, or other matter to the complaint and disciplinary process of the College.

Panel B
The primary role of Panel B is to review complaints that relate to clinical performance that, if sustained, would normally be resolved remedially and would not constitute a serious matter as defined in the HPA. This panel will also review files that meet one of the five criteria for directing such matters to the Inquiry Committee: complexity; previous complaint of a similar nature; context of a particularly adverse outcome; public interest; or potential for a separate section 33(4) investigation.

Panel C
The primary role of Panel C is to review complaints that relate to professional conduct that, if sustained, would normally be resolved remedially and would not constitute a serious matter as defined in the HPA. This panel will also review files that meet one of the five criteria for directing such matters to the Inquiry Committee: complexity; previous complaint of a similar nature; context of a particularly adverse outcome; public interest; or potential for a separate section 33(4) investigation.

Panel D
The primary role of Panel D is to approve investigations of the Inquiry Committee that have been requested by the registrar, as required in section 32(2) and review dispositions made by the registrar under section 32(3). This panel may also approve investigations under section 33(4), when the complainant is unknown or wishes to remain anonymous.

Panel E
The primary role of Panel E is to review practice investigations which were directed by the Inquiry Committee under section 33(4)(d). This panel will take any action required based on their review of reports from College appointed inspectors and other information available to it.

Meetings
Panel A will meet as required, but no less than six times per year, approximately every six weeks.
Panel B meets six times per year, approximately every six weeks.
Panel C meets six times per year, approximately every six weeks.
Panel D meets 12 times per year, approximately every four weeks.
Panel E meets four times per year, approximately every twelve weeks.
A majority of the voting members of a panel constitutes a quorum.

**Reporting**
All panels of the Inquiry Committee report to the Board.

**Resources**
Panels of the Inquiry Committee are supported by the complaints and practice investigations department. Specific cases and tasks are delegated to the legal department as required.
College staff in attendance at each meeting will vary depending on the panel:

**Panel A**
- Registrar
- Deputy Registrar, Complaints and Practice Investigations
- Chief Legal Counsel
- Legal Counsel
- Paralegals

**Panel B**
- Medical Reviewer, Complaints and Practice Investigations
- Director, Complaints and Practice Investigations
- Legal Counsel
- Senior Administrative Assistant, Complaints and Practice Investigations
- Medical-Legal Editor, Complaints and Practice Investigations
- Clinical Advisor, Complaints and Practice Investigations
- Complaints Assistant, Complaints and Practice Investigations

**Panel C**
- Medical Reviewer, Complaints and Practice Investigations
- Director, Complaints and Practice Investigations
- Legal Counsel
- Senior Administrative Assistant, Complaints and Practice Investigations
- Medical-Legal Editor, Complaints and Practice Investigations
- Coordinator, Complaints and Practice Investigations
- Complaints Assistant, Complaints and Practice Investigations

**Panel D**
- Coordinator, Complaints and Practice Investigations
- Administrative Assistant, Complaints and Practice Investigations
Panel E

- Deputy Registrar, Complaints and Practice Investigations
- Director, Complaints and Practice Investigations
- Chief Legal Counsel (or Legal Counsel)
- Medical-Legal Editor, Complaints and Practice Investigations
- Coordinator, Complaints and Practice Investigations
- Administrative Assistant, Complaints and Practice Investigations

Term limits

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Registration Committee

Purpose
To establish the conditions or requirements for eligibility for registration of a person with the College based on the review and alignment of the person’s knowledge, skills and abilities with the standards of academic achievement, competencies or other qualifications established under the Health Professions Act (HPA) and the College Bylaws made pursuant to the HPA and to grant eligibility for registration on that basis. To review a registrant’s eligibility for continued registration and licensure when related to registration and licensure requirements.

Governance
The Registration Committee is a statutory committee of the Board and reports to the Board.

Composition
The Board will appoint the members of the Registration Committee including the chair and vice-chair. At least six persons appointed by the Board, at least one-third of whom must be public representatives. The committee must include at least four registrants, two of whom must be elected board members.

Roles and responsibilities
The responsibilities of the Registration Committee are:

- to determine whether a person’s knowledge, skills and abilities are substantially equivalent to the standards of academic achievement, competencies or other qualifications established under Part 2 of the Bylaws and to grant registration on that basis
- to waive, when appropriate, the requirement for a registrant to provide a certificate of professional conduct upon the registrant’s return to BC after practising medicine or surgery outside of British Columbia, referenced in section 25.3 of the HPA, which enables registrants to provide a certificate of professional conduct at a frequency determined by the committee
- to review applicant or registrant issues related to:
  - evidence of identification, experience, good professional conduct, good character and currency in clinical practice
  - other jurisdictions’ restrictions imposed on their practice or other matters such as practice limits and conditions, complaint matters and suspension of hospital privileges
  - the ability to speak, read and write English
  - practising medicine competently within the scope of their training and experience
  - the provision of proof of professional liability coverage or protection
  - the provision of a signed Criminal Record Check consent under the Criminal Records Review Act
- to set limits and conditions and time lines for the completion of continued registration requirements for persons eligible for registration in the provisional class
to review any other registration issues (e.g. five-year end point summative assessment report) as identified by the committee

Meetings
The number of meetings will be determined by the committee, in consultation with the executive director, registration. A majority of voting members constitutes a quorum.

Reporting
The Registration Committee, after each meeting, will provide a written report to the Board.

Resources
The Registration Committee will be supported by the executive director responsible for the registration department, with administrative support from the registration department.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, the vice-president of the Board will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Quality Assurance Committee

Purpose
To administer the quality assurance programs of the College to promote high standards of practice among registrants in accordance with Part 9 of the College Bylaws.

Governance
The Quality Assurance Committee is a statutory committee, and reports directly to the Board.

Composition
The Quality Assurance Committee is established consisting of at least 12 persons appointed by the Board, at least one-third of whom must be public representatives. The committee must include at least two elected Board members and at least one appointed Board member.

The Quality Assurance Committee will meet in panels. Each panel must consist of at least three persons appointed by the Board and must include at least one elected board member, one registrant and one appointed board member and, if composed of more than three persons, at least one-third of its members must be public representatives. The chair of each panel is appointed by the Board.

A panel may exercise any power, duty or function of the Quality Assurance Committee.

The specific composition of each panel is assigned as follows:

Physician Practice Enhancement Panel
The panel consists of at least six persons, four who must be registrants with expertise in evaluation of physician performance and competence.

Prescription Review Panel
The panel consists of at least six persons, four who must be registrants with expertise in pain management/addiction/psychiatry.

Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Patient Safety Incident Review Panel
The panel consists of members of the NHMSFAP Committee with expertise in the investigation and review of adverse events.

Roles and responsibilities
Roles and responsibilities specific to each panel are outlined below:

Physician Practice Enhancement Panel
The responsibilities of the panel are to:
Board Governance Policy Manual

- establish, develop and administer an ongoing program of peer assessment of the practice of registrants
- assist registrants in maintaining proper standards of practice in the care of patients and the keeping of records
- appoint assessor(s) to conduct on-site assessment including the assessment of the premises where the registrant engages in the practice of medicine
- administer the collection of information from a registrant’s peers, coworkers, or patients for the purpose of obtaining feedback about the registrant’s professional performance

Prescription Review Panel

The responsibilities of the panel are to identify and review prescribing concerns of drugs for which there is a potential for misuse, abuse and diversion including:

- the review of prescribing of selected drugs and provide guidance to registrants
- recommending to the Board drugs that require a “controlled prescription”
- reviewing and determining the information to be provided by a registrant on a controlled prescription form

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

The responsibility of the panel is to review adverse events as reported by sections 5-6(1)(a), (b) and (c) of the Bylaws and as directed by the NHMSFAP Committee.

Meetings

All panels of the Quality Assurance Committee will meet as required, but not less than four times a year. The committee will meet in camera and the committee’s activities, including all correspondence, and documentation will be maintained in confidence except as provided for sections 26.2 (2) or (3) of the Health Professions Act. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Resources to the panels of the Quality Assurance Committee will be supported by the designated deputy registrar responsible for the quality assurance programs with administrative support from the staff of the respective program.

Term limits

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Discipline Committee

Purpose
The Discipline Committee hears and determines matters set for a hearing by citation issued by the registrar.

Governance
The Discipline Committee is a statutory committee of the Board and reports to the Board.

Composition
The Discipline Committee will consist of physician, public and legal members, including a chair and vice-chair, all of whom will be appointed by the Board. No current board member will serve as a member of the Discipline Committee. The Discipline Committee may appoint panels and each panel must consist of two physicians, one public member and one legal member. The chair of the Discipline Committee will appoint the panel as well as the chair of each panel. A panel of the committee may exercise any power, duty or function of the committee.

Roles and responsibilities
The Discipline Committee must hear and determine matters set out in a citation issued by the registrar. Its actions are set out in sections 38, 39 and 39.1 of the Health Professions Act.

Meetings
The Discipline Committee meets if a hearing is held.

Reporting
The Discipline Committee panel, after each hearing, must provide a written order, which includes reasons for the order. The order must be provided to the Board, the respondent and the complainants within thirty days of the hearing.

Resources
The Discipline Committee will be supported by the legal department and the registrar.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.
The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Patient Relations, Professional Standards and Ethics Committee

Purpose
The purpose of the Patient Relations, Professional Standards and Ethics Committee is to administer a patient relations program to prevent professional misconduct of a sexual nature, and to serve as a resource to the Board in matters pertaining to standards of practice and standards of professional ethics in medical practice.

Governance
The Patient Relations, Professional Standards and Ethics Committee is a statutory committee of the Board and reports to the Board.

Composition
The Board will appoint the members of the Patient Relations, Professional Standards and Ethics Committee, including the chair and vice-chair. The committee will consist of at least three members and must include at least one appointed board member.

Roles and responsibilities
The responsibilities of the Patient Relations, Professional Standards and Ethics Committee are:

1. To establish a patient relations program to prevent professional misconduct of a sexual nature, including:
   - establishing guidelines for the conduct of registrants with patients
   - establishing and maintaining procedures regarding complaints of professional misconduct of a sexual nature
   - providing information to the public regarding the College’s complaints and disciplinary processes
2. To reflect on and to critically examine relevant emerging issues and topics that create ethical dilemmas in medical practice, and specifically to:
   - act in an advisory capacity and serve as a resource to the Board in matters pertaining to ethics and professionalism in medical practice
   - review drafts, provide ethical expertise and opinions to the Board on new standards and guidelines as they are developed
   - identify opportunities for stakeholder engagement and input regarding ethics and professionalism as new standards and guidelines are developed
   - present new ethical standards and guidelines to the Board for final approval
   - review existing ethical standards and guidelines on a scheduled basis to ensure current relevance to the profession
Meetings
The Patient Relations, Professional Standards and Ethics Committee will meet at least four times per year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Reporting
The Patient Relations, Professional Standards and Ethics Committee, after each meeting, will provide a written report to the Board.

Resources
The Patient Relations, Professional Standards and Ethics Committee will be supported by the registrar, the chief legal counsel and the director of communications with administrative support from the staff of the registrar’s office.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Finance and Audit Committee

Purpose

The purpose of the Finance and Audit Committee is to assist the Board in fulfilling its oversight responsibilities of the College by reviewing and approving:

- operational and significant capital budgets,
- interim and annual financial information,
- external and internal audit reports,
- systems of financial control which have been established by management, and
- by recommending the auditors and approving related fees.

Governance

The Finance and Audit Committee is a statutory committee of the Board and reports to the Board.

Composition

The Board will appoint the members of the Finance and Audit Committee, which will be comprised of no more than six members including at least three elected board members, two appointed board members, and it must include the treasurer. Ideally, members will have expertise in financial matters.

Roles and responsibilities

The Finance and Audit Committee is responsible:

- to review and recommend to the Board the annual College budget including the assumptions used, ensuring that significant risks have been identified and strategies have been identified to address these risks
- to present the annual budget the Board for approval
- to review interim operating statements prior to their receipt by the Board
- to review interim investment statements
- to review the year-end (February 28th) financial statements and recommend their approval to the Board, including:
  - discussions with management and the external auditor regarding significant financial recording and presentation issues
  - ensuring the financial statements adequately disclose all major transactions and significant issues
- to recommend to the annual general assembly the appointment of the auditor
- to review and approve the College’s external legal expenses on a quarterly basis
- to provide an annual report to the Board
- to review and recommend the honoraria policy, on a bi-annual basis
Meetings
The Finance and Audit Committee will meet as required, but no less than quarterly. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.

Reporting
The Finance and Audit Committee, after each meeting, will provide a written report to the Board.

Resources
The Finance and Audit Committee will be supported by the registrar, the chief operating officer and the director of finance with administrative support from the operations department.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

**Blood Borne Communicable Diseases Committee**

**Purpose**
The purpose of the Blood Borne Communicable Diseases Committee is to establish guidelines for the practice of a registrant affected with a blood-borne communicable disease.

**Governance**
The Blood Borne Communicable Diseases Committee is a statutory committee of the Board and reports to the Quality Assurance Committee.

**Composition**
The Board will appoint the members of the Blood Borne Communicable Diseases Committee including the chair and vice-chair. The committee will consist of at least four registrants, including at least one board member, and must include a hepatologist, and infectious disease specialist, an internist or microbiologist, and a member skilled in the management of HIV/AIDS.

**Roles and responsibilities**
To establish guidelines for the practice of an affected registrant to minimize or prevent risk of transmission of a blood-borne communicable disease from a registrant to a patient, including:

- to consider the specific blood borne communicable disease of an affected registrant and to review the serology of an affected registrant
- if necessary, to interview an affected registrant to discuss the nature and details of their medical practice
- to recommend guidelines and where necessary, restrictions to the affected registrant’s practice to minimize or prevent risk of transmission to patients
- to recommend restrictions, including restriction on exposure-prone procedures, to the affected registrant and their treating physician(s)
- to provide to the affected registrant undertakings for execution which document the committee’s recommendations and the affected registrant’s acceptance of and commitment to comply with those recommendations
- to notify the registrar in writing which recommendations have been provided to the affected registrant along with the relevant undertakings
- to review the status of an affected registrant subject to review on at least an annual basis

**Meetings**
The Blood Borne Communicable Diseases Committee will meet as required but no less than two times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.
Reporting

The Blood Borne Communicable Diseases Committee, after each meeting, will provide a written report to the Quality Assurance Committee.

Resources

The Blood Borne Communicable Diseases Committee will be supported by the deputy registrar responsible for the physician monitoring department with administrative support from the staff of the physician monitoring department.

Term limits

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

Purpose
To ensure the delivery of high quality and safe services in non-hospital facilities by approving standards, guidelines, policies and procedures for the operation of a non-hospital facility, granting accreditation, suspending or revoking accreditation, monitoring patient safety incidents and addressing matters of non-compliance.

Composition
The Board will appoint the members of the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee including the chair and vice-chair. The committee will consist of at least six members to include:

- anesthesiology
- specialties representative of NHMSFAP common practice
- family practice
- nursing (representative of the BC College of Nursing Professionals)
- two public members

Membership must reflect both urban and community facilities.

No two committee members may have privileges at the same NHMSFAP.

One public member must be present at each meeting.

Roles and responsibilities
The responsibilities of the NHMSFAP Committee are:

- to establish, review and update a strategic plan
- to establish and maintain accreditation standards, guidelines, policies and procedures for non-hospital facilities
- to review accreditation reports and make a determination for accreditation award: full, provisional, or revocation
- to discuss and review communications received from a facility or a third party which require committee input
- to establish and maintain standards for the approval of new facility applications and for determining which procedures may or may not be performed in a facility
- to establish credentialing standards for medical directors in granting of privileges to:
  - medical staff at a specified facility, and
  - an individual physician to perform specified procedures in a specified facility
- to establish and maintain standards for the appointment of a medical director at a facility
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- to establish standards for the responsibilities of the medical directors of a facility and ensure compliance with those responsibilities
- to review and make a determination on variances in an application for:
  - approval of a new facility, and
  - approval of procedures which may or may not be performed at a facility
- to establish and maintain standards for suspending or revoking accreditation whereby immediate action is required
- to refer adverse events to the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Patient Safety Incident Review Panel for review
- to review and approve minutes of the committee meetings

Meetings
The NHMSFAP Committee will meet quarterly and at the request of the chair. A majority of voting members constitutes a quorum. In the absence of the chair, the vice-chair will chair the meeting.

Reporting
The NHMSFAP Committee, after each meeting, will provide a written report to the Board.

Resources
The NHMSFAP Committee will be supported by the deputy registrar responsible for the NHMSFAP Committee with administrative support from the staff and consultants.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Diagnostic Accreditation Program Committee

Purpose
To establish accreditation standards for the performance of diagnostic services, to evaluate the actual performance to the standards, and determine if a diagnostic facility should be accredited.

Governance
The Diagnostic Accreditation Program Committee is a statutory committee of the Board and reports to the Board.

Composition
The Board will appoint members of the Diagnostic Accreditation Program Committee, including the chair and vice-chair. The committee consists of at least six persons, the majority of which must be registrants and must include at least one board member. The committee will consist of persons with knowledge of accreditation and quality assurance and will include:

- a pathologist;
- a medical imaging specialist;
- a registrant who does not practice in a diagnostic facility;
- a person recommended by the health authorities or the province;
- other persons with specific clinical expertise as voting ad hoc members for the purpose of reviewing assessments and making accreditation decisions.

Roles and responsibilities
The responsibilities of the Diagnostic Accreditation Program Committee are:

- to determine if a diagnostic facility should be accredited to provide a diagnostic service;
- to establish performance standards to ensure the delivery of high quality and safe diagnostic services and, upon request, to provide a copy of those standards;
- to evaluate a diagnostic service’s level of actual performance in achieving the performance standards;
- to establish and monitor external proficiency testing programs;
- to promote high standards in diagnostic medicine;
- to keep records of receipts and expenditures in a manner approved by the Board.

Meetings
The Diagnostic Accreditation Program Committee will meet as required but not less than four times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.
Reporting

The Diagnostic Accreditation Program Committee, after each meeting, will provide a written report to the Board.

Resources

The Diagnostic Accreditation Program Committee will be supported by the deputy registrar responsible for the Diagnostic Accreditation Program with administrative support from the staff of the Diagnostic Accreditation Program.

Term limits

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years.
Terms of Reference

Library Committee

Purpose
The purpose of the Library Committee is to provide vision and direction to the College regarding library services.

Governance
The Library Committee is a standing committee of the Board and reports to the Board.

Composition
The Board will appoint the members of the Library Committee including the chairperson. The committee will consist of at least six members. All members are College registrants or board members and the chairperson will be an elected board member. An alternate member may be appointed at the discretion of the Board.

Roles and responsibilities
To consider, monitor, oversee and make recommendations to the Board relating to College library service policies and procedures. More specifically, the Library Committee will:

- provide overall direction for establishing a short- and long-term library services strategy consistent with the College’s strategic plan and objectives
- establish overall goals and objectives regarding library services
- monitor and assess the College’s execution of its library services strategy;
- ensure registrants’ and College administration’s needs are regularly assessed to ensure the appropriateness of library services
- ensure that the financial resources of the library are well managed and that adequate funds are secured to implement the library’s strategic objectives

Meetings
The Library Committee will meet as required but no less than three times a year.

Reporting
The committee, after each meeting, will report to the Board.

Resources
The committee will be supported by the deputy registrar of complaints and practice investigations and the director of library services with administrative support from the assistant to the director of library services.
Term limits

All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years). The chair of the committee is to be appointed annually to a maximum continuous term of four years. Where possible, a board member will be appointed to chair the committee.

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Human Resources and Governance Committee

Purpose

The purpose of the Human Resources and Governance Committee is to

a. provide vision and direction to the College regarding human resources – specifically regarding risk management, and the ongoing development of policies and procedures, and
b. ensure that the Board fulfills its responsibilities through appropriate governance policies and training programs.

Governance

The Human Resources and Governance Committee is a standing committee of the Board and reports to the Board.

Composition

The Board will appoint the members of the Human Resources and Governance Committee including the chair and vice-chair. The committee will consist of no more than five members, including two appointed and three elected board members. The president of the Board will be the chair.

Roles and responsibilities

The Human Resources and Governance Committee is responsible:

- to consider, monitor, oversee and make recommendations to the Board relating to College human resource policy and procedure development, risk management, HR strategy, compensation philosophy, registrar and senior staff selection, and registrar assessment
- to provide overall direction to the College in establishing a human resources strategy
- to establish overall goals and objectives for the College regarding human resources
- to ensure significant risk management in the areas of dispute resolution, succession planning, workforce planning and compensation
- to monitor and assess the College’s execution of its human resource strategy

With respect to the registrar:

- to develop, along with the registrar, annual performance objectives consistent with the College’s strategic plan and submit objectives to the Board for approval
- to undertake an annual performance review of the registrar, the results of which will be shared with the Board
- to annually review and make recommendations regarding the registrar’s total compensation package (salary, benefits, bonus)
- to ensure a succession plan for the registrar position
- to develop a recruitment strategy for the registrar position, as needed, along with the chief operating officer and human resources director
With respect to senior management positions:

- to review the registrar’s comments on the annual performance of members of senior management;
- to review periodically the methodology for performance assessment of senior management
- to review, as needed, a succession plan for senior management positions focusing on key risks and vulnerabilities
- to ensure that all selection processes and prospective appointments to senior management positions are carried out equitably and fairly
- to review and participate, as needed, with the registrar and chief operating officer to determine the appropriate organizational structure for senior management positions

With respect to all College staff:

- to review the employee manual periodically and make recommendations to the Board for any substantive changes
- to review with the registrar and chief operating officer, any human resource-related issues/cases that create legal and/or financial liabilities for the College
- to make recommendations to the Finance and Audit Committee for the annual salary and pay range adjustments for employees, including senior staff (as a group, not individual employees)
- to review and approve, periodically, the College’s compensation philosophy including benefits
- to provide oversight to ensure that human resource policies and practices are consistent with applicable laws and regulations
- to review regularly, management reports on significant human resource issues, programs and trends

With respect to governance matters:

- to regularly review governance policies and procedures
- to recommend to the Board training and development based on annual assessment of the board’s strengths and weaknesses
- to develop and annually update a long-term plan for the composition of the Board
- to establish and administer process for assessing the effectiveness of the Board and its committees

The Human Resources and Governance Committee:

- may refer matters to another committee of the Board for further consideration
- will ensure that adequate resources and support are in place to enable the Human Resources and Governance Committee to fulfill its duties effectively and efficiently
- will fulfill such other duties as may be assigned to the Human Resources and Governance Committee by the Board

Meetings

The Human Resources and Governance Committee will meet as required but no less than three times a year. In the absence of the chair, the vice-chair will chair the meeting. A majority of voting members constitutes a quorum.
Board Governance Policy Manual

Reporting
The Human Resources and Governance Committee, after each meeting, will report to the Board.

Resources
The Human Resources and Governance Committee will be supported by the registrar, the chief operating officer, chief legal counsel and the director of human resources with administrative support from the operations department.

Term limits
All members of the committee are to be appointed annually for up to two years, renewable twice (for a total of maximum six years).

The Board has the discretion, at the recommendation of the Nominating Committee, to suspend the effect of the term limits in certain circumstances where not to do so would have had a negative effect on a committee, due to the scarcity of qualified members or the need for continuity.
Terms of Reference

Nominating Committee

Purpose
The purpose of the Nominating Committee is to make recommendations to the Board regarding the membership and leadership of the College’s committees.

Governance
The Nominating Committee is a standing committee of the Board. It is appointed in March of each year, and reports to Board in May of each year.

Composition
The Board will appoint the members of the Nominating Committee which will consist of not more than three board members. It will include one elected and one appointed board member who have broad knowledge and awareness of the College and the functions of the Board and its committees.

Roles and responsibilities
The responsibilities of the Nominating Committee will include:

- consulting with board members on a confidential basis to identify those members willing to stand for election as officers or executive committee members
- consulting with all board members on a confidential basis regarding prospective candidates for appointment to the standing committees of the College and, based on that consultation, selecting appointees to such committees
- reviewing confidential assessments of committees and committee chairs for consideration as part of the appointment / reappointment process
- reviewing committee vacancies or the requirement for additional members, as identified by a committee chair and, based on a recommendation from the committee chair and staff resource, recommending replacement or additional committee members to the Board for approval

Meetings
The Nominating Committee will meet as required.

Reporting
The Nominating Committee must deliver a report with its recommendations to Board annually at its May meeting.

Resources
The Nominating Committee will be supported by the administrative staff of the registrar’s office and by the chief legal counsel.