

CPSBC Bylaws Consultation – Group Two

The following table compares the draft bylaws under the Health Professions and Occupations Act (HPOA) and the existing bylaws under the Health Professions Act (HPA) and provides a high-level summary of the changes under Group Two. Regulatory colleges, such as CPSBC, are required to review and update their bylaws to reflect the provisions of the HPOA. This document highlights Doctors of BC’s concerns related to the HPOA, as reflected in CPSBC’s draft bylaws, as well as concerns related to CPSBC’s interpretation of the HPOA. These concerns are distinct and described in our analysis as appropriate.

This document will be updated based on our ongoing analysis of CPSBC draft bylaws as they continue to be released for consultation.

Blood-Borne Communicable Diseases			
Bylaws under the HPOA	Existing bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none">The HPOA does not specifically reference a Blood-borne Communicable Disease Committee (BBCDC) or its function. Multiple conversations with the Ministry of Health have indicated the intent that this work continue.As such, the updated BBCDC bylaws are not necessarily related to the HPOA.However, the BC College of Oral Health Professionals will have the same bylaws. The membership of the BBCDC is defined in the Committees bylaw released under Group One and will include the Office of the Provincial Health Officer and the two colleges.	<ul style="list-style-type: none">The BBCDC must report to the quality assurance committee.The responsibilities of the committee are<ul style="list-style-type: none">to establish guidelines for the practice of an affected registrant,with respect to affected registrants, the committee will review the specific blood-borne communicable disease and serology of an affected registrant. They will formulate and advise on guidelines, recommend practice restrictions, and provide written undertakings to minimize transmission risk to patients.The registrar may notify the medical director of any health authority of the specific recommendations.An affected registrant must provide written documentation as required by the committee which will be maintained in confidence, except in specific cases outlined in the bylaws.Affected registrants have 30 days to request a review of the committee’s recommendations, presenting further evidence or testimony.The BBCDC must notify the registrar of their final decision regarding the registrant’s practice.The BBCDC will meet in camera and maintain confidentiality regarding affected registrants’ illnesses. If a registrant fails to cooperate, comply, or breaches recommendations, the committee may notify the registrar in writing who must treat the matter as if it were a complaint. According to the HPA:<ul style="list-style-type: none">Complaints against registrants must be in writing and delivered to the registrar. The registrar then forwards the complaint, assessment, and recommendations to the inquiry committee for review.The registrar may dismiss a complaint, or request that the registrant act as described without reference to the inquiry committee if the registrar determines that the complaint (a) is trivial, or made in bad faith, (b) does not contain allegations that, if admitted or proven, would constitute a matter subject to investigation by the	<p>Under the new bylaws:</p> <ul style="list-style-type: none">Attending physicians or physicians treating the affected registrant are referred to as “clinicians”, and registrants are referred to as “licensees”.BBCDC is now a standalone committee and is no longer required to report to the quality assurance committee, as it has been removed.New addition: BBCDC must operationalize guidance from the Public Health Agency of Canada with respect to the management of affected licensees who perform exposure-prone procedures.New addition: BBCDC must establish guidelines to protect the identity and confidentiality of affected licensees.New addition: BBCDC now provides recommendations and/or “requirements” to affected licensees.Previously, BBCDC would review the serology and health status of an affected registrant. Now, the BBCDC periodically reviews relevant laboratory and other clinical investigations of affected licensees.Previously, BBCDC would formulate and provide written undertakings for execution, which document committee’s recommendations and affected registrant’s acceptance of and commitment to comply. Now, onus is on affected licensee to provide one or more written undertakings which documents committee’s recommendations and/or requirements, their acceptance of the committee’s recommendations and/or requirements.BBCDC can retain and consult experts.The affected licensee and the physician treating the licensee must now report of their condition in writing, previously the bylaws said only to ‘report’.New addition of “promptly”: an affected licensee and/or attending clinician must provide information concerning affected licensee’s serology and health status to the committee “promptly” on request.New addition: The licensee and/or attending physician must provide “clinical records” if requested by BBCDC.Licensees can now present new evidence at any time, previously there was a 30-day limit.Removed: Following a review of an affected registrant, the committee must notify the registrar in	<ul style="list-style-type: none">New bylaw to operationalize the guidance from the Public Health Agency of Canada, may increase the responsibilities of licensees, who may not be familiar with the PHAC guidance.The committee’s scope has expanded to review “other clinical investigations”, which may prolong the investigation processes and impact physician autonomy. It is unclear what “other clinical investigations” means.Increased burden and potential cost placed on licensees, as the onus is now on them to provide one or more written undertakings which documents their acceptance of the committee’s recommendations and/or requirements.New language added on “requirements” means that affected licensees don’t just have recommendations that need to be followed, but actual requirements set out by BBCDC.Increased ethical responsibility placed on licensees as they must agree to the measures that prevent disease transmission.Experts can be consulted but it’s unclear who the experts are, and it does not specify if they need to be physicians.Licensees and/or attending physicians may be asked to submit clinical records, which raises concerns about privacy, confidentiality, and increased administrative burden to submit the records.Unclear what “promptly” means, as it relates to the need for affected licensees to submit information to BBCCDC.Previously, as required by the HPA, the bylaws specified Section 32 of the Act for licensees who failed to cooperate or comply, by removing this reference it now says the committee can make a regulatory complaint, however, there is a lack of clarity on what that means. For example, previously complaints against the registrant could have been dismissed. Under the HPOA, physicians have no ability to challenge decisions made under the legislation to a body independent from government.

	<p>inquiry committee or (c) contains allegations that that do not constitute a serious matter.</p> <ul style="list-style-type: none">○ The registrar must report the disposition of a complaint to the inquiry committee. The inquiry committee can direct the registrar to proceed differently.	<p>writing stating which recommendations have been provided with respect to the affected registrant’s practice and whether the affected registrant has undertaken to comply with these recommendations.</p> <ul style="list-style-type: none">• Removed: The registrar may notify the medical director of any health authority of the specific recommendations related to an affected registrant.• Removed: reference to if an affected licensee breaches the committee’s recommendations.• New addition: condition for affected licensee to comply with a written undertaking required by the Committee.• Language change: If the licensee fails to cooperate or comply, the committee must notify the registrar in writing, who must treat the notification as a regulatory compliant. Previous language included reference to Section 32 of the HPA, which allowed the registrar, with board approval, to dismiss the complaints in certain circumstances.	
Bylaws under the HPOA	Guidelines according to the College’s existing Health Monitoring Department (No existing bylaws under the HPA)	Summary of Changes¹	Key Concerns
<ul style="list-style-type: none">• The HPOA does not specifically address a Health Monitoring Program; however, there are extensive requirements encompassed by “fitness to practice.” The College, in conversations with the Ministry of Health, agreed that the Health Monitoring Program serves an important function as a separate program from licensure and investigations. <p>The College has created new bylaws on health monitoring that are not necessarily related to the HPOA. These bylaws may formalize the establishment of a Health Monitoring Program (HMP) and are summarized below:</p> <ul style="list-style-type: none">• The registrar may establish and administer a HMP for designated health professions to encourage voluntary disclosure of health conditions² impacting practice, facilitate medical evaluations, and promote safe practice.• The registrar may establish guidelines, policies, and procedures under the HMP.• The HMP will consider a licensee for health monitoring³ if the licensee:	<ul style="list-style-type: none">• There are no existing bylaws related to HMP. However, CPSBC does have an existing Health Monitoring department and fitness to practice guidelines, which function very similarly to HMP.• The College defines a health concern as a physical, cognitive or mental health condition which can include:<ul style="list-style-type: none">○ a condition affecting manual dexterity○ a condition affecting visual acuity○ cognitive impairment○ mental health diagnosis○ substance use disorder○ blood-borne pathogens○ any other health condition that might reasonably be expected to impact the practice of medicine• Health conditions can be raised with the College through self-reporting, licence renewal forms, third-party disclosures, or duty-to-report obligations. College complaints may also reveal underlying health conditions.• Health information is kept confidential within the health monitoring department.• The department will investigate any health concerns and take appropriate action, including:	<p>Under the new bylaws:</p> <ul style="list-style-type: none">• The bylaws don’t define what a health concern is—only a high-level definition of a health condition (see footnote 3). Previously the guidelines included examples of health conditions. This is a broad definition that includes situations where a diagnosis alone does not necessarily indicate the licensee is impaired. It requires the licensee and others to interpret whether the situation truly meets the threshold of impairment.• Licensees are ‘encouraged to voluntarily disclose’ their health condition information and participate in the HMP. However, under the previous HPA, Duty to Report bylaws, licensees must notify the College if they have a health concern that might impair the quality of medical care they provide to patients. Additionally, if a licensee does not share their information, they can be referred to the registrar.• The registrar must establish guidelines, policies, and procedures for the HMP.• The HMP will consider licensees with health conditions affecting their practice, who can continue safely with or without accommodations, restrictions and/or limitations and who consent to participate.• HMP may initiate an inquiry at any time to determine whether a licensee has a health condition.	<ul style="list-style-type: none">• The bylaws encourage voluntary disclosure of a health condition; however, this is contrary to the HPA Duty to Report bylaws, that stipulate licensees must disclose a health condition. This misleading information may confuse licensees.• While the bylaws refrain from using the words mandatory or must, they can still be inferred as mandatory, as licensees can face consequences for noncompliance.• The language and tone of the bylaws can be inferred as punitive, which may lead to physicians hiding their health condition or not disclosing that they may be struggling. It may also deter physicians from seeking the help that they actually need.• The broad definition of ‘health condition’, lacking clear examples, can lead to confusion about reporting obligations, unnecessary reporting, monitoring, independent medical examinations, and added costs. It may also impose stigma and increase the risk of secondary mental health impairment.• There is a lack of clarity on the criteria used to initiate an inquiry into a licensee’s health condition and what the inquiry process looks like.• The bylaws don’t specify whether a referral to the program will lead to an inquiry of the licensee.• Licensees may have to bear additional costs for having to participate in medical evaluations.

¹ This summary compares CPSBC’s existing guidelines published on their website under the Health Monitoring Department to the new bylaws established under the HPOA.

² “**health condition**” includes a physical, cognitive or mental health condition or ailment or an emotional disturbance.

³ “**health monitoring**” means the accommodations, restrictions and/or limitations which a licensee voluntarily consents to in a health monitoring agreement to ensure their capacity to practise a designated health profession.

<ul style="list-style-type: none"> ○ has a health condition which adversely impacts their capacity to practise a designated health profession, ○ can safely continue to practice as a designated health profession with or without accommodations, restrictions and/or limitations in place, and ○ consents to participate in the HMP. • The HMP may initiate an inquiry at any time to determine whether a licensee has a health condition which adversely impacts their capacity to practise a designated health profession. • The HMP may consider referrals for medical evaluation and health monitoring from any source, including but not limited to: <ul style="list-style-type: none"> ○ a licensee who self-reports a health condition, ○ a licensee's health-care provider, ○ an organization which employs, contracts with, or privileges a licensee, ○ the licence committee, ○ the registrar, and ○ any other person exercising a power or performing a duty under the Act. • The HMP may act on information from any source, including but not limited to: <ul style="list-style-type: none"> ○ information self-reported by a licensee, ○ information, opinions, and reports from a licensee's health-care provider(s) and independent medical assessors, ○ information from third parties, ○ information obtained from an organization which employs, contracts with, or privileges a licensee, and ○ information obtained from a person exercising a power or performing a duty under the Act. • The HMP may request a licensee to provide information about their health condition and its impact on their ability to practise. This includes authorizing healthcare providers to disclose information, providing reports or verification of capacity, and participating in independent medical examinations. • A licensee will be provided with a copy of any information, reports, verifications, and evaluations received from health-care providers under subsection (1) and an opportunity to respond. • The HMP will endeavour to: 	<ul style="list-style-type: none"> ○ a conversation between the registrant and the deputy registrar to discuss the possible health issue ○ a one-time fitness to practise confirmation from treating physician(s) ○ asking the registrant to temporarily leave practice until they are deemed fit to return ○ if appropriate, ongoing health monitoring through regular fitness to practise confirmations • The health monitoring department will assess the level of risk a registrant's health issue poses to the public in the context of their scope of practice. • The following factors are taken into consideration when assessing a registrant's health condition: <ul style="list-style-type: none"> ○ impact on fitness to practice ○ scope of practice ○ potential of future risk ○ input from treating physician(s) • The following outcomes determine the course of action appropriate for the registrant. <ul style="list-style-type: none"> ○ No health monitoring required - The health condition does not impact the registrant's fitness to practise. This may require confirmation from the registrant's treating physician(s) ○ Health monitoring required - During health monitoring, a registrant's treating physician(s) must provide regular progress reports confirming that the registrant: continues to be a patient, is compliant with treatment recommendations, is compliant with biological monitoring (if applicable), and is fit to practise medicine ○ Temporarily inactive until fit to practise - A registrant may have their licence status changed to temporarily inactive for health reasons. This is an absence from practice while they address their health issues. Once a registrant is ready to return to practice, they must submit fitness to practise confirmation in writing from their treating physician(s), and consent to possible health monitoring. • The College may request reports from a variety of care providers such as: <ul style="list-style-type: none"> ○ family physician ○ specialist (e.g. psychiatrist, neurologist) ○ counsellor or therapist ○ biological monitoring companies • A care provider must perform an appropriate history and clinical examination when preparing a report and rendering an opinion. • The monitored registrant is responsible for scheduling appointments every three to six months with their care provider. 	<ul style="list-style-type: none"> • Licensees or their attending provider can be requested to provide information regarding the licensee's health condition. <ul style="list-style-type: none"> ○ Licensees can be asked to participate in medical evaluations to assess their capacity to practice. (same as previous guidelines but now formalized in the bylaws) ○ Licensees must consent to the collection, use and disclosure of information from third parties concerning their capacity to practice. (new) The bylaws do not define who the third parties are. ○ A licensee will be provided with a copy of any information, reports, verifications, and evaluations received from health-care providers under subsection 1 and an opportunity to respond. (new) ○ Licensees will receive information from healthcare providers and have an opportunity to respond. (new) • The HMP will use the least intrusive means to obtain medical evaluations and determine health monitoring requirements, requesting only relevant information. • The HMP will consider disagreements between care providers, the need for extensive collateral information, the complexity of recommendations for safe practice, and input from the licensee's healthcare provider or an independent clinician. • Licensees who refuse requests may be referred to the registrar. • The HMP may request a licensee to enter a health monitoring agreement and can be referred to the registrar for not complying. 	<ul style="list-style-type: none"> • Licensees who refuse requests may be referred to the registrar. Additionally, it is worthwhile to note that there is a lack of clarity on the repercussions for refusing to provide information. • Licensee must consent to the collection, use and disclosure of information from third parties concerning their capacity to practice, this raises concerns of physician privacy and confidentiality. Moreover, the bylaws don't define who the third parties are, raising additional privacy concerns. • Lack of clarity on how privacy will be safeguarded. • Lack of clarity on the criteria used to assess capacity and licensee's ability to respond if they have been deemed 'inactive status'. • There's a conflict of interest, with those carrying out independent medical exams often being the same people who monitor with potential financial gain. How is this mitigated, especially in cases where a licensee may practice safely with health monitoring in place? • "HMP may request a licensee to provide information about their condition" and "opinions from the licensee's healthcare provider or an independent clinician may be sought" can manifest as demands almost impossible to fulfil e.g. you must provide a psychiatric assessment despite not having a Psychiatrist. • Lack of safeguards around the confidentiality and protection of medical history and other personal licensee information shared with the college that is not relevant to the current medical condition especially when a 3rd party evaluation is made. Irrelevant history (e.g., past mental health diagnoses, resolved substance use, old medical conditions) may create bias or assumptions about the physician's current competence, even if there is no current impairment leading to disproportionate intervention. Being labeled, scrutinized, or monitored based on irrelevant details can cause stress, anxiety, or secondary mental health effects — potentially worsening the physician's well-being. • The requirement to disclose health conditions may conflict with human rights legislation that protects individuals from discrimination based on disability. There is no clear guidance on how accommodations are balanced against public safety in this context. • Licensees may feel pressured to disclose conditions prematurely or unnecessarily, fearing potential professional consequences. • The bylaws are not clear about how the new HMP integrates or replaces the existing Health Monitoring Department. Licensees familiar with previous guidelines may face confusion or uncertainty about the transition.
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<ul style="list-style-type: none"><ul style="list-style-type: none">○ use the means least intrusive to the privacy of a licensee when seeking medical evaluations and determining health monitoring requirements, and○ request only information which is relevant to its role in facilitating the licensee's capacity to practise the designated health profession• The HMP determines the type of medical information to request based on factors such as the severity and stage of the licensee's condition, its impact on patients, and the associated public risk. Considerations include the complexity or ambiguity of the diagnosis, disagreements among care providers or between the provider and licensee, the need for extensive collateral information to confirm a diagnosis, and the complexity of recommendations for safe practice requiring specialized expertise. Additionally, opinions from the licensee's healthcare provider or an independent clinician may be sought to understand the health condition, assess public risk, and provide recommendations for safe continued practice.• The HMP may request a licensee to consent to the status of "temporarily inactive" where it determines that the licensee does not have capacity to practise the designated health profession with health monitoring in place.• Where a licensee who has consented to be transferred to the status of temporarily inactive seeks to return to practice, the HMP may request a medical evaluation for the purposes of determining whether the licensee has capacity to return to practice with or without health monitoring in place which may include recommendations for:<ul style="list-style-type: none">○ treatment to restore capacity,○ ongoing monitoring to ensure continued capacity, and○ any accommodations required by the licensee to return to practice.• Where the HMP determines that a licensee may practice the designated health profession safely with health monitoring in place, it may request the licensee to enter a health monitoring agreement.• The HMP will maintain the confidentiality of health information of licensees, including:	<ul style="list-style-type: none">• A care provider should indicate it in their report if the registrant has not seen them or if they have unsuccessfully attempted to schedule an appointment with the registrant. The health monitoring department will follow up with the monitored registrant directly.• The duration of health monitoring depends on the registrant's diagnosis. It typically lasts two to five years and involves the recommendations of the registrant's care provider(s).• Duration may be longer or indefinite with a progressive, chronic, or recurrent condition. In the case of substance use disorders, health monitoring usually lasts a minimum of five years. In the event of a relapse, it can last for the remainder of the monitored registrant's professional career.		
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<ul style="list-style-type: none">○ keep files containing licensee health information segregated from other CPSBC files.○ Th files will only be accessible by CPSBC employees working in the program.○ When making a referral to the registrar, the Health Monitoring Program may disclose information outlining the nature of the licensee’s health condition and its impact on the licensee’s capacity to practise, and the risk that it may pose to the public.● A licensee who does not consent to any of the above requests may be referred to the registrar.			
Bylaws under the HPOA	Existing bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none">● A board must make bylaws respecting licence applications and the issuance, variation, expiry, renewal, revocation and reinstatement of licences.● In keeping with Division 3 of the HPOA, the draft bylaws establish a Licence Committee to oversee licensure.● An applicant must provide information confirming mandatory vaccination status.● The registrar may direct or request an applicant to provide additional information and records to the Licence Committee. This could include conducting an equivalency determination⁴ or clinical competency assessment of the applicant’s credentials, knowledge, skills, ability, and judgment.● In keeping with the HPOA, the bylaws establish a process for equivalency determinations to determine if an applicant’s extrajurisdictional credentials are substantially equivalent to the eligibility standards and if additional steps must be taken to confirm eligibility.● The registrar may audit licensees to ensure completion with continuing competency requirements. Licensees can face consequences if they are found to have inaccurately or falsely certified compliance.● Licensees may be audited to verify practice hours.	<ul style="list-style-type: none">● Under “general registration and licensure requirements,” an applicant must complete and deliver to the registrar a completed application for the class of registration for which the application is made.● Applicants for all classes of registration, except for emergency registration must:<ul style="list-style-type: none">○ provide satisfactory evidence of identification, experience, good professional conduct and good character to the registration committee.○ provide a letter, dated within 60 days from the date of the application, from the competent regulatory or licensing authority i) certifying that the applicant is entitlement to practise medicine or another health profession; ii) and certifying that there is no investigation, review, or other proceeding underway which could impact the applicant’s entitlement to practise medicine or another health profession○ comply with specific requirements if the applicant has practised less than 24 weeks in the past three years.○ demonstrate proficiency in English○ provide documentary proof that the applicant meets all requirements of the registration class applied for;○ comply with all the requirements of the <i>Criminal Records Review Act</i>○ provide proof of compliance as to professional liability coverage or protection, once registered,	<p>Under the new bylaws:</p> <ul style="list-style-type: none">● Registrants are now referred to as “licensees.”● The Registration Committee is now referred to as the Licence Committee.● There are new definitions that establish or describe: an “associate physician program⁸,” a “licensing assessment⁹,” “not practising in BC¹⁰,” and “temporarily inactive” status.¹¹● There is a new definition that outlines “practice ready assessment,”¹² a concept that is mentioned in the current bylaws but was not previously defined.● The definition for “faculty of medicine” has been revised to include the new SFU School of Medicine.● The general eligibility standards outline the requirements for applicants who are authorized to practice in BC, in another Canadian jurisdiction, and by an extrajurisdictional regulator.● As per the HPOA, an applicant must provide information confirming mandatory vaccination status.● The draft bylaws outline the process for equivalency determination, which includes the use of practice advisors to assist in conducting the examination for applicant’s with extrajurisdictional training.● The Licence Committee must undertake a periodic review of the measures imposed on extrajurisdictional applicants. The Licence Committee may retain experts and engage in consultation with health partners in conducting its review.● The CPSBC must prepare a licensing assessment, approved by the Licence Committee. Eligibility	<ul style="list-style-type: none">● Licensees may be subject to additional licensing assessments to assess their medical, knowledge, skills, and professionalism, and to ensure competency, which could create additional burdens on physicians.● The draft bylaws do not outline the consequences for physicians who fail to confirm mandatory vaccine status, as well as which vaccines are mandatory. Further information is needed on the scope of this bylaw and the consequences for non-compliance.● The Licence Committee may retain experts and engage in consultation with health partners in conducting its review. This language is not inclusive or explicit to if licensees can participate as experts in licensure review. It is unclear who “health partners” are in reference to and whether they would be physicians with expertise in the subject area.● Under the current bylaws, a licensee must possess and maintain professional liability or protection through either or both: membership in the CMPA or professional liability insurance that provides coverages of at \$10 million. The reference to CMPA membership has since been removed and it is unclear if CMPA membership remains an avenue for obtaining liability protection/insurance.● Again, professional liability protection or insurance against liability in BC for negligence must be obtained in an amount of not less than \$10 million per claim or per occurrence. As the draft bylaw reads, it is unclear if this amount is attached to both professional liability protection through the CMPA and alternative liability insurance. The existing bylaws gives physicians the option of CMPA protection or a policy of \$10 million in coverage for professional liability insurance.

⁴ As defined in the HPOA: an “**equivalency determination**” means a determination of whether an applicant has knowledge, skills, ability and judgment that are substantially equivalent to that required under the applicable eligibility standards.

⁸ “**Associate physician program**” means a program accredited by CPSBC in which an associate physician licensee is permitted to practise.

⁹ “**licensing assessment**” means an assessment of a physician’s medical knowledge, procedural skills, clinical decision-making skills, communication and professionalism to ensure the physician is competent to be in the full class of licensure.

¹⁰ “**not practising in British Columbia**” includes a licensee who is not actively practising in British Columbia or who has relocated to another jurisdiction for more than two months and maintains their license with CPSBC.

¹¹ “**temporarily inactive**” refers to a licensure status in which the licensee is not actively practising in British Columbia for health reasons or a parental leave.

¹² This concept is mentioned in the existing bylaws; however, it was not included in the definitions.

<ul style="list-style-type: none">• Under the HPOA, a licensee must hold liability insurance or professional liability protection, or both, As per the draft CPSBC bylaws, a medical practitioner licensee and physician assistant licensee must obtain at all times professional liability protection or professional liability insurance against liability in British Columbia for negligence in the provision of services that constitute the practice of their designated health profession in an amount of not less than \$10 million per claim or per occurrence in a form satisfactory to CPSBC.• A licensee may apply for reconsideration of any decision by the registrar.• In keeping with the <i>Criminal Record: Review Act</i>, applicants and licensee’s have a duty to report criminal charges and/or disciplinary proceedings to the registrar.• Division 8 of the draft bylaws– “variance of licence or transfer to another class” describe what a licensee must do to change the limits or conditions of a licence or transfer to a different class.• Division 9 of the draft bylaws – outline the “annual renewal for licences” process.• Division 10 – provides guidance to licensees on how to seek reinstatement of their license, particularly “reinstatement following disciplinary action,” and “reinstatement following revocation by a capacity officer.”⁵• Division 11 of the draft bylaws “Registrar authorized to act and limits or conditions” - creates powers that enable the registrar or Licence Committee to impose limits of conditions on a licence subject to the terms of a disciplinary order⁶ or for any reason.• Division 12 of the draft bylaws -“adverse application decisions”⁷ - outlines what must occur when the registrar or Licence Committee makes an adverse application decision. This includes providing notice to the licensee and opportunities to have their licence reinstated.	<ul style="list-style-type: none"><ul style="list-style-type: none">○ and pay the applicable fees.• To be granted annual renewal of licensure. A registrant, other than a retired, life registrant must:<ul style="list-style-type: none">○ satisfactorily complete and provide to the registrar an application for annual renewal of licensure○ pay the annual licensure fee specified in schedule “A”,○ pay any other outstanding fine, fee, penalty fee, debt, levy, or costs owed to the College,○ provide proof of compliance with any continuing competency requirements, unless an exemption has been granted comply with professional liability coverage or protection,○ provide proof of compliance with requirements for certificate of professional conduct and provide any further information the board may require.• The registrar must send the annual renewal of licensure form to each registrant, except retired – life class, by January 15. If a registrant suspended from practice has still not complied with the requirements before December 31, the registrar must cancel the registration.• A medical practitioner registrant must enrol in and comply with the continuing professional development requirements and any additional requirements for re-validation of licensure as determined by the Board and provide proof of enrolment.• A registrant who fails to comply with the continuing competency requirements must: a) pay the College a penalty fee; b) provide the registrar a list and supporting documentary evidence of continuing professional development activities; c) at the registrar’s discretion, undergo a review and assessment of skill, knowledge, and competency at the registrant’s expense.• If additional steps must be taken to verify completion of continuing competency requirements, the registrant will be subject to an administrative fee. In exceptional circumstances, the registrar may wave the administrative fee.	<p>standards for a class or profession can be conducted or administered by external organizations.</p> <ul style="list-style-type: none">• There are consequences for licensees who fail to complete and report the continuing competency requirements before the last day of February.• If a licensee’s licence is suspended and the licensee fails to comply with the requirements before May 1, their licence will expire effective May 1.• A licensee, except a licensee in an educational or retired – life class, applying for renewal of a licence must provide to CPSBC c) an updated criminal record check authorization in the form required under the <i>Criminal Records Review Act</i> if the licensee’s previous criminal record check authorization was provided more than five years ago, and e) documents confirming compliance with the practice hours requirements.• Licensees who fail to comply with the continuing competency requirements may have their licenses suspended unless the outstanding requirements are completed within 60 days of receipt of notice by the registrar.• Several classes of licensees are exempt from continuing competency requirements.¹³• The registrar may audit licensees to ensure compliance with continuing competency requirements.• Licensees may be audited to verify practice hours.• The list of licence classes that are exempt from the continuing competency requirements are listed.• Mention of the CMPA has been removed under the bylaw on “professional liability protection or insurance.”• The registrar may consult dictionaries of the BC Medical Quality Initiative when considering changes in focus of scope requests.• Licensees can apply for reconsideration of any decision made by the registrar.• The draft bylaws now outline the “consequences of failing to maintain professional liability protection or insurance.” This includes: (a) immediately cease practice, (b) notify the registrar in writing not more than seven days after ceasing to be protected or insured, and (c) not more than seven days after ceasing to be protected or insured:	<ul style="list-style-type: none">• To be granted a full – specialty licence, an applicant must satisfy additional requirements. This includes completed accredited postgraduate training in Canada, satisfactory to the Licence Committee, obtained the LMCC, AND obtained certification with the RCPSC. The need to satisfy all these conditions may inhibit some subspecialties from licensure under this class.• The registrar may request records of practice hours and audit licensees to validate their reported practice hours, which could increase physician burdens.• Based on the HPOA definition, it is unclear whether the role of a capacity officer will be occupied by a physician. This could lead to further erosion of self-regulation if this person is not a physician but is able to make key decisions and recommendations to licensees.• The Licence Committee can impose limits or conditions on a licence for any reason.• New draft bylaws provide the registrar and Licence Committee the ability to investigate matters related to a licensee’s application. In response, a hearing may be conducted whole or in part. However, does not discuss the rights of the licensee.• Further information on what classifies a misrepresentation or omission is needed to understand how it impacts licensees.
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⁵ As per the HPOA, a **"capacity officer"** means a person retained or employed under section 363 [*officers*] to exercise the powers and perform the duties of a capacity officer. Capacity officers can require licensees to undertake specified education and training and impose limits or conditions on a license. The capacity officer can be the registrar.

⁶ As per the HPOA, a **"disciplinary order"** means the following: (a) an order that (i) is or may be made against a respondent for the purpose of disposing of an administrative matter, regulatory complaint or citation, and (ii) is described in section 268 [*restorative processes*], 269 [*orders not affecting practice authority*], 270 [*orders affecting practice authority*] or 271 [*monetary penalties and refunds*]; (b) an order made against a respondent by a discipline panel in the course of a discipline hearing.

⁷ As per the HPOA, an **"adverse application decision"**, with respect to an application, means a decision to do one of the following: (a) refuse to issue, vary, renew or reinstate a licence or health profession corporation permit; (b) impose or vary limits or conditions on a license or health profession corporation permit, other than as requested under the application; (c) issue a provisional licence, unless a provisional licence is requested under the application;

¹³ Licensees in the following classes are exempt from the continuing competency requirements: (a) retired – life; (b) administrative under section 6-37(1)(c) or (d); (c) associate physician; (d) surgical assistant; (e) assessment – family; (f) assessment – specialty; (g) emergency – family; (h) emergency – specialty; (i) educational – medical student (j) educational – postgraduate (resident); (k) educational – postgraduate (resident elective); (l) educational – postgraduate (fellow); (m) educational – postgraduate (trainee); (n) clinical observership; and, (o) visitor.

<ul style="list-style-type: none"> • Division 13 of the draft bylaws outlines the process related to the "Expiration and revocation of licence." • Division 14 of the draft bylaws "Decisions by Licence Committee," which allows the registrar and Licence Committee to investigate matters relevant to an application before making a decision. • Division 15 of the draft bylaws outlines the process related to "Misrepresentation and omission." In keeping with Division 2 under the HPOA related to "false or misleading information;" if the registrar determines that, following a decision to issue, vary, renew, or reinstate a licence, the licensee made a misrepresentation or omission material to the licensure decision, the registrar may do one or more of the following: <ul style="list-style-type: none"> ○ report their belief and reasons to the Licence Committee, ○ make a regulatory complaint, or ○ exercise other relevant powers under the Act or the Bylaw. 	<ul style="list-style-type: none"> • Registrants may apply to the registrar for a) an exemption from the continuing competency requirements; b) license renewal notwithstanding failure to meet the requirements. • A registrant is deemed current for clinical practice when the registrant has practised within the scope of their certified training and recent experience, excluding research, teaching, administration or medical regulation, for at least 24 weeks in the preceding three years to the satisfaction of the College. • A medical practitioner registrant must possess and maintain professional liability coverage or protection that extends to all areas of their practice, through either a) membership in the CMPA, or b) a policy of professional; liability insurance that provides coverage of at least \$10 million. • There are three classes of associate physicians: acute care, community primary care, and surgical assistant. • "Associate physician – acute care" must have completed a minimum of two years' accredited training as a medical or surgical specialist prior to applying for registration. • "Associate physician – community primary care" must have completed a minimum of one-year accredited training as a general practitioner prior to applying for registration. • "Associate physician – surgical assistant" must have completed a minimum of one-year accredited training as a medical or surgical specialist or as a general practitioner including, four weeks of surgical training excluding obstetrics and gynecology prior to applying for registration. • There is a dedicated class for "US certified" applicants. • Applicants under "full - specialty" are required to meet one of the following requirements, including: obtained RCPSC certification. • Applicants under "provisional – family" could meet their professional requirements for licensure if they had obtained certification with the American Osteopathic Board of Family Physicians. • The bylaws under the HPA, do not speak to issues of reinstatement, imposition of limits and conditions, adverse application decisions, investigations, and misrepresentation and omission in relation to licensure. 	<ul style="list-style-type: none"> ○ provide consent for the immediate revocation of their licence, or ○ provide proof of professional liability protection or professional liability insurance • As per the HPOA and the <i>Criminal Record: Review Act</i>, an applicant or licensee charged with a criminal offence, other than a summary offence, must provide written notice to the registrar. • The "US certified" class is not included in the draft bylaws, as it is currently under review by the College. • There is just one general "associate physician" class, and the "assessment" class has been separated into two class types: "family" and "specialty." • As per the draft bylaws, applicants' under "full - specialty" are required to meet one of the following requirements, including: completed accredited postgraduate training in Canada, satisfactory to the Licence committee, obtained the LMCC, and obtained certification with the RCPSC. Under the existing bylaws, applicants may have obtained RCPSC certification OR be a licentiate of the MCC or US-based medical licensing examinations. • As per the draft bylaws, an associate physician licensure can be granted to a physician who has completed a minimum of one year of training for all sub-specialties. Under the existing bylaws, associate physicians practicing in an acute care setting are required to complete a minimum of two years of training. As a result, less training is now required for those practicing in acute settings. • An administrative licensee is exempt from complying with the continuing competency requirements but must enrol in and comply with the continuing competency or professional development requirements set by CPSBC. • To be granted an educational – medical student licence, an applicant must provide a request for licensure satisfactory to the Licence Committee, from the dean of admissions, faculty of medicine. • A physician assistant licensee who is the subject of an order under section 270 of the Act will be licensed in the conditional – disciplined – physician assistant class and subject to the specific limits and conditions imposed under the order. • Acceptance of provisional applicants can be made by the registrar rather than by the Licence Committee. • The academic class is no longer UBC-specific. • An administrative licensee is subject to exemptions under these bylaws related to complying with the continuing competency requirements but must enrol in and comply with the continuing competency or professional development requirements set by CPSBC. 	
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Quality Assurance			
Bylaws under the HPOA	Existing bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none">• Contains two definitions related to quality assurance.¹⁴ These bylaws respond to Division 8 under the HPOA: Quality Assurance Program.• As per the HPOA, a board must make bylaws respecting the establishment and administration of a QA program, including the qualifications of quality assurance assessors. In the context of the draft bylaws, PEPC and PRPC have discretion regarding the eligibility requirements of assessors.• PEPC and PRPC must establish and maintain a list of qualifications required to conduct assessments. These individuals must also possess minimum requirements, such as good standing in their practicing class, and expertise in clinical practice in the subject matter of the assessment.• Assessors are required to complete a conflict-of-interest check.	<p>The responsibilities of the committee are:</p> <ul style="list-style-type: none">◦ to review standards of practice, to enhance the quality of practice, and to reduce incompetent, impaired or unethical practice by registrants,◦ to administer the quality assurance programs of the College to promote high standards of practice among registrants,◦ to assess the professional performance of registrants,◦ to establish guidelines for the prescription of narcotics, mood altering drugs and other medications, and◦ recommend to the board mandatory continuing professional development requirements and any other requirements for revalidation of licensure. <ul style="list-style-type: none">• The BBCDC must report to the quality assurance committee.• The quality assurance committee may meet in panels.• A quality assurance committee panel must consist of at least three persons appointed by the board and must include at least two registrants and one public representative, and where the matter involves a podiatric surgeon at least one of the registrant members must be a podiatric surgeon. If a panel is composed of more than three persons, at least one third of its members must be public representatives.• The quality assurance committee may assess the professional performance of registrants.	<ul style="list-style-type: none">• The HPOA states that a colleges’ board must make bylaws respecting the establishment and administration of a quality assurance program. These bylaws must also speak to the qualifications of quality assurance assessors and conduct of the assessments.• The HPOA defines the purpose of the Quality Assurance program as to assist individual licensees to help improve professional performance, identify broader professional performance issues, and recommend remedial measures – not for the purposes of an investigation or disciplinary hearing.• This is why two Quality Assurance programs have been established under the draft bylaws: 1) Practice Enhancement Program (PEP) led by the PEP Committee (“PEPC”) and the 2) Prescription Review Program (PRP) led by the PRP Committee (“PRPC”).• The existing bylaws include a Quality Assurance Committee, which is comprised of three panels, including the Physician Practice Enhancement Panel and Prescription Review Panel. The draft bylaws under the HPOA seek to formalize the roles and responsibilities of these initiatives.• Division 3 (Practice Enhancement Program) and Division 4 (Prescription Review Program) of the draft bylaws both outline:<ul style="list-style-type: none">◦ The requirement to form a committee◦ Assessment evaluations and resources◦ Advisory working groups◦ Panels	<ul style="list-style-type: none">• The composition of the advisory working group may include, but is not limited to, CPSBC employees with relevant professional expertise. Unclear if this includes licensees.• Division 3 and Division 4 outline “assessment evaluations and resources.” While the topics are important, physicians have limited time to complete this training. Efforts should be taken to ensure meaningful and appropriate education that does not add additional burdens.• Given these committees are existing panels, it is unclear if formalizing them through bylaws will significantly impact physicians.

¹⁴“QA program:” programs related to practice enhancement and prescription renewal established under these bylaws. “Quality assurance assessment process policy” means the policy established to guide the assessment processes for the Practice Enhancement Program (PEP) and the Prescription Review Program to ensure proper and fair assessments are performed in a manner that causes as minimal disruption as necessary to a licensee’s professional practice.

	<ul style="list-style-type: none">• The registrar must ensure that the professional performance of each registrant is assessed periodically at intervals determined by the quality assurance committee.• Registrants must cooperate fully with the committee and its assessors. <p>An assessment of the professional performance of a registrant may include any of the following:</p> <ul style="list-style-type: none">○ a review of specified or random patient records,○ an on-site peer assessment of the registrant's practice,○ permitting assessors appointed by the committee to assess the premises where the registrant engages in the practice of medicine,○ the collection of information from a registrant's peers, co-workers, or patients for the purposes of obtaining feedback about the registrant's professional performance,○ a review of the patterns of prescribing, referral, and ordering diagnostic tests by the registrants, or○ any other method of quality assurance approved by the board. <p>Related to Prescription Review, the responsibilities of the quality assurance committee are</p> <ul style="list-style-type: none">○ to review and determine the information to be provided by a registrant on a controlled prescription form,○ to review the prescribing of selected drugs requiring the use of a controlled prescription and selected drugs not requiring a controlled prescription and provide guidance to registrants, to identify and review prescribing concerns,○ to assess and resolve all matters coming before it or, where unable to do so, or for any other reason, at any time, to refer the matter to the inquiry committee. <ul style="list-style-type: none">• The committee will meet in camera and the committee's activities, including all correspondence and documentation, will be maintained in confidence.• A registrant who issues a controlled prescription¹⁵ must do so in the form determined by the Committee.	<ul style="list-style-type: none">○ Assessor qualifications○ Grounds for assessment○ Methods of assessment○ Duties of assessors <ul style="list-style-type: none">• Specifically, the PEPC and PRPC must:<ul style="list-style-type: none">○ establish and maintain lists, including profession-specific lists, which set out the evaluations, education/training courses, Indigenous cultural safety course and resources, anti-racism and EDI courses/resources, and any other resources.○ Request subject matter expertise via the appointment of an advisory working group. The composition of the advisory working group may include, but is not limited to, CPSBC employees with relevant professional expertise.• PEPC and PRPC may appoint specific panels to oversee the administration of the programs.• An assessor may conduct a practice enhancement assessment of a licensee on the following grounds:<ul style="list-style-type: none">○ on request of the licensee,○ selected by a non-random selection process designed to ensure every licensee periodically undergoes a practice enhancement assessment,○ on recommendation of the Licence Committee, on recommendation by the registrar, based on an assessment of the risk presented by a class of licensee, or by types of health services provided by a licensee or by a class of licensees established on any other basis, or○ on recommendation by the registrar on any basis other than for purposes of an investigation or disciplinary proceeding.• For the purposes of conducting a practice enhancement assessment of a licensee, an assessor may:<ul style="list-style-type: none">○ contact peers, professional colleagues, and co-workers, to gather information,○ with the consent of a patient or substitute decision-maker, contact the patient and/or their family members, to gather information,○ review specified or random patient records pertaining to the licensee's professional performance,○ review the licensee's history of professional activities (e.g., diagnostic testing, prescribing, etc.)	
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¹⁵ "Controlled prescription" means a prescription written by a registrant for a drug determined by the board to require such a prescription.

		<ul style="list-style-type: none">○ require the licensee to undergo a specific clinical skills assessment process, and○ conduct an on-site peer assessment of the licensee's practice or prescribing practices.○ An assessor must advise the licensee of its powers when conducting a practice enhancement assessment.• An assessor may conduct a prescription review assessment of a licensee: on recommendation of the Licence Committee, on recommendation by the registrar or a non-random selection process, based on an assessment of the risk presented by a class of licensee, or by types of health services provided by a licensee or by a class of licensees established on any other basis, and/or on recommendation by the registrar on any basis other than for purposes of an investigation or disciplinary proceeding.	
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