

HPOA: Summary and Analysis of the Draft CPSBC Bylaws Under Group Two

This document provides an overview of Doctors of BC's analysis of the draft CPSBC bylaws under the *Health Professions and Occupations Act* (HPOA) released for consultation under group two and identifies potential areas of concern for members. This includes:

- Updates to the **Blood-Borne Communicable Diseases** Committee (BBCDC)
- Establishment of the **Health Monitoring Program** (HMP)
- Updates to **Licensure**
- Establishment of program committees related to **Quality Assurance** (QA)

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.

Summary of Changes	Areas of Concern
Blood-Borne Communicable Diseases <ul style="list-style-type: none"> • The HPOA does not reference a BBCDC. Changes to these bylaws are based on discussions with the Ministry of Health. • The BBCDC will apply to affected individuals that perform exposure-prone procedures. The BBCDC can now also impose requirements on licensees in addition to providing recommendations. • Affected individuals are expected to promptly report on their condition and provide clinical records at the request of the BBCDC. 	<ul style="list-style-type: none"> • The shift in onus onto licensees for additional documentation requirements could increase physician burdens. • Changes in legal references and vague language regarding terms like "promptly" and "regulatory complaints" create uncertainties about compliance expectations for affected licensees.
Health Monitoring <ul style="list-style-type: none"> • The HPOA does not specifically reference a HMP but establishes requirements related to "fitness to practice." The draft bylaws are based on discussions with the Ministry of Health who believe the HMP serves an important function, separate from licensure and investigations. • The draft bylaws formalize a HMP to encourage voluntary disclosure of health conditions which adversely impact a licensee's capacity to practice, facilitate medical evaluations, and promote safe practice. 	<ul style="list-style-type: none"> • The bylaws lack clarity on privacy safeguards, third-party data use, and criteria for health inquiries, raising significant concerns about physician confidentiality and data protection. • The language may be perceived as punitive, deterring physicians from disclosing health issues or seeking necessary support due to fear of professional repercussions. • Lack of clarity on the integration of the new Health Monitoring Program with the existing Health Monitoring Department.
Licensure <ul style="list-style-type: none"> • The HPOA directs a board to make bylaws with respect to licence applications and the 	<ul style="list-style-type: none"> • Provides enhanced authorities to the Licence Committee, which prompts concerns over the

issuance, variation, expiry, renewal, revocation, and reinstatement of licences.

- Establishes a process for equivalency determinations for extrajurisdictional applicants.
- Outlines consequences for failing to maintain professional liability protection or insurance and completing continuing competency requirements.

potential subsection of licensees to additional assessments.

Quality Assurance

- The HPOA directs a board to make bylaws respecting the establishment and administration of a QA program, which is intended to improve professional performance, identify broader professional performance issues, and recommend remedial measures for individual licensees – not for the purposes of an investigation or disciplinary action.
- The draft bylaws establish two QA programs: Practice Enhance Program and Prescription Review Program.
- The bylaws allow for the creation of advisory working groups to provide appropriate expertise, support assessors¹, and aid in the development of policy.

- Concern over the lack of opportunities to influence QA program requirements. Greater clarity is needed on the composition of advisory working groups and whether licensees can participate.
- More information is needed to understand when physicians may be asked to participate in the Practice Enhancement Program, and whether any additional training could contribute to undue burdens.

¹ According to the draft CPSBC bylaws, each Program is required to establish and maintain a list of qualifications required to conduct assessments of individual licensees, which assessors are responsible for applying.