

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

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 three and identifies potential areas of concern for members. This includes:

- Updates to investigating and adjudicating complaints relating to **Public Protection**
- Updates to **CPSBC Administration, General** matters, and **Interpretation** (definitions)
- Updates to **Accreditation Programs**

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 review and analysis of CPSBC draft bylaws and as new information becomes available.

Summary of Changes	Areas of Concern
Public Protection <ul style="list-style-type: none"> • Complaints will continue to be managed by CPSBC, except where the Investigation Committee requests a citation from the director of discipline. In this instance, complaints will be addressed by the discipline tribunal under the Office of the Superintendent of Health Profession and Occupation Oversight. • There are processes for managing complaints related to administrative matters, and discipline with or without referral to the Investigation Committee. • The board authorizes the registrar to administer a CPSBC compliance program, which may engage in activities to monitor licensees. • The bylaws establish 'capacity officers,' who conduct assessments for capacity evaluations of licensees. • The Investigation Committee may consider a summary protection order where there is a significant risk of harm to the public. This includes placing limits or conditions on a respondent's practice. 	<ul style="list-style-type: none"> • Registrants may be asked to participate in CPSBC's compliance program. This program is not directly referenced in the HPOA and will subject licensees to increased surveillance by the College. • Participation in a new compliance audit process may take physicians' time away from their practice. • Limited opportunities for physicians to be heard prior to an order. • If justified, the registrar can withhold some or all information with respect to a complaint, which can compromise a physicians' ability to effectively respond. • Related to CPSBC's compliance program, the bylaws allow for the monitoring of online platforms, social media, websites and other resources of licensees. Online monitoring has been included at the discretion of the College and is not required under the HPOA.
CPSBC Administration	<ul style="list-style-type: none"> • The registrar and board's fiscal authorities enable them to raise funds on behalf of

<ul style="list-style-type: none"> • Reconciliation with Indigenous Peoples is a guiding principle of the HPOA and is now integrated in CPSBC governance. • The board must make bylaws with respect to conflict of interest. • Existing bylaws have been amended to outline the registrar and board's fiscal authorities and responsibilities. 	<p>CPSBC. However, it is unclear how they intend to raise this money and if it would require increasing physicians' fees.</p>
<p>General</p> <ul style="list-style-type: none"> • The board can make bylaws establishing special fees payable by licensees. • CPSBC may charge fees for reconsideration and review applications. 	<ul style="list-style-type: none"> • Additional special and administrative fees could be imposed on physicians.
<p>Interpretation</p> <ul style="list-style-type: none"> • The draft bylaws provide new definitions that apply across all parts of the Bylaws. • The full list of definitions can be found here: Interpretation. 	<ul style="list-style-type: none"> • The list of definitions is not exhaustive as it does not include all new concepts introduced across the draft bylaw groups to date.
<p>Accreditation Programs</p> <ul style="list-style-type: none"> • A facility must hold a certificate of provisional accreditation in good standing for a period of at least six months before it is eligible to apply for full accreditation. • The operations of a facility will be immediately suspended in the absence of a medical director. • Removes the option for facilities under the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) to operate with limits/conditions on their licensing while pending certification renewal. • The NHMSFAP can disclose information that is in the public interest. • Requirement for facilities to report their intention to enter a contract with a health authority has been removed. • Enhanced oversight related to conducting clinical trials. • Enhanced responsibilities for medical directors and removal of an alternate medical director under the Diagnostic Accreditation Program (DAP). 	<ul style="list-style-type: none"> • The immediate suspension of a facility in the absence of a medical director will have significant impacts on facility operations. Closing the facility could delay appointments and increase wait times. • Removal of facilities' ability to operate with limits/conditions on their certificate may also increase wait times and significantly harm patients. NHMSFAP can either only grant or deny accreditation, which may challenge the ability of some facilities to remain open, operate, and provide services to patients. • Besides what is mentioned in the bylaws, it is unclear to what extent of information can be disclosed in the public interest. This could negatively impact physicians, particularly since doctors will have limited recourse under the HPOA. • Both NHMSFAP and DAP will provide enhanced oversight when facilities conduct clinical trials, which could impact research. • The additional requirements imposed on physicians in medical director roles could lead to increased administrative burdens and burn out.