

CPSBC Bylaws Consultation – Group Four

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 Four. 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 as more information becomes available.

The HPOA requires CPSBC to have bylaws in place to authorize regulated practitioners (e.g. physician assistants) as well as unregulated practitioners (e.g. lab technicians) to perform certain restricted activities and aspects of practice that are not otherwise explicitly set out as within scope of practice for that provider. New definitions have been established under Division 1 to reflect these changes.

Delegation	Delegation				
Bylaws under the HPOA	Bylaws under the HPA	Summary of Changes	Key Concerns		
 These bylaws provide delegation authority for several regulated and unregulated health professionals who work in facilities accredited by CPSBC (either the NHMSFAP or DAP). These include: Physician assistants (Division 3) Medical radiation technologists (Divisions 4 & 5) Sonographers (Divisions 6 & 7) Medical laboratory technologists (Division 8) Medical laboratory assistants (Division 9) Respiratory therapists (Division 10) Registered polysomnographic technologists (Division 11) Electromyography technologists (Division 12) Combined X-ray and laboratory technologists (Division 13) Reproductive technology technician (Division 14) 	 Part 10 Describes the requirements of a delegating or supervising physician A delegation is only valid if the physician assistant accepts the delegation. A delegation may be revoked by the delegating physician at any time. A physician who has delegated an activity shall have access to a copy of the document which authorizes the delegation. 	 The draft bylaws include delegation authority for regulated and unregulated practitioners that are not mentioned in the current bylaws. Bylaws are no longer specific to physician assistants. The draft bylaws delegate authority for regulated and unregulated health practitioners that are not mentioned in the current bylaws to comply with the requirements under the HPOA (see column one). 	 Delegation activities have been developed without meaningful physician input. There is concern that activities not captured in the bylaws could prevent physicians from delegating these tasks. There is the potential for unregulated practitioners to not have sufficient liability protection. Given that a licensee remains responsible for any aspect of practice that is delegated, there may be medico-legal risks associated with delegation. 		



 Ophthalmologic laser technician (Division 15) 		
Hair Transplant Technician (Division		
16)		
Division 2 – General requirements for delegation		
Provides licensees the ability to revoke a		
delegation at any time.		
A licensee remains responsible for any aspect of practice or restricted activity that		
aspect of practice or restricted activity that the licensee delegates to another person.		
General – Activities that may be delegated		
A medical director can delegate some		
restricted activities to an unregulated		
health practitioner, as specified in the		
bylaws.		
General – Specific limit and condition for delegation		
Divisions 4-16 each include a provision that states that the unregulated health		
practitioner must be an employee of the		
facility to perform a delegated activity.		
General – Activities that may not be delegated		
Medical directors must not delegate some		
aspects of practice or restricted activities to		
the health practitioner, as specified in the		

The HPOA requires colleges to provide information services to complainants, in addition to funding support workers (qualified individuals to support complainants through the complaints process including interviews and hearings) and funding support services (counselling) for patients who have been harmed by a licensee. Similar obligations are required of regulators in Ontario and Alberta.

bylaws.

The HPOA defines "support services" as counselling services that (a) are intended to support a person to recover from or seek redress for sexual misconduct, sexual abuse or discrimination, and (b) are required under the regulations or authorized under program parameters to be funded.

Support Programs				
Bylaws under the HPOA	Bylaws under the HPA	Summary of Changes	Key Considerations	



¹ "Supplemental program parameter" means the terms, prohibitions, requirements, limits and conditions that apply to a support program.



•	The administrator may exercise the power		
	of a support officer ² to determine program		
	eligibility for information services.		
•	The administrator must determine the		
	scope and duration of information services		
•	Applicants for support services can receive		
	adverse eligibility decisions and their		
	applications for support may be rejected. In		
	these cases, they can seek reconsideration		
	by providing a request for reconsideration		
	within 30 days of receipt.		
•	The board establishes the support worker		
	policy to establish and maintain a list of		
	support workers.		
•	Support workers are entitled to receive		
	reimbursement for reasonable expenses.		
•	Recipients may be eligible for funding for		
	support services. The administrator may		
	require information to authorize funding for		
	support services.		
•	An application for support services and for		
	a support worker may only be made on		
	specific occasions, including after a		
	regulatory complaint is filed with the		
	registrar, and on or before the deadline for		
	filing an application for review with the		
	Health Profession Board expires in relation		
	to a regulatory complaint which is		
	dismissed, or disposed of by other means,		
	or other dates authorized by the program		
	parameters.		
•	Recipients must advise the administrator if		
	they become eligible to have all or part of		

² Under the HPOA, **"support officer"** means a person who (a) is designated in accordance with the program parameters as a support officer for the purposes of one or more support programs, and (b) is not an administrator.



their expenses relating to a support service		
reimbursed by CPSBC.		
•		
 Funding for support services shall not 		
continue for more than 5 years and will		
terminate promptly if the regulatory		
complaint is withdrawn or subject to a		
termination order.		

APPENDIX A: List of activities that may and may not be delegated by health care practitioner

Health Care Practitioner	Restricted activities that may be delegated	Restricted activities that may be delegated under direct supervision	Activities that may not be delegated
Physician assistant	 Putting an instrument or a device, hand or finger: into the external ear canal, up to the eardrum, beyond the point in the nasal passages where they normally narrow, beyond the pharynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, or into an artificial opening into the body, Performing syringing and curetting of the external ear canal, Performing cautery, packing or removal of packing of nasal passages, Performing insertion of urethral catheter, Performing insertion of peripheral venous catheter, Prescribing and administering a drug or vaccine, Prescribing and administering a drug orally, rectally, by subcutaneous or intramuscular injection, by inhalation, or by peripheral intravenous catheter, Administering local/topical anesthetics for the purpose of providing minor skin, soft tissue, and corneal procedures, performing wound preparation, wound cleansing, and suturing of simple wounds, Casting or immobilizing a fracture of a bone, Ordering diagnostic tests, administering diagnostic imaging contrast agents, responding to cardiac arrests according to hospital procedures and policies, 	 Assisting in or performing insertion of nasotracheal or endotracheal airway (i.e. endotracheal intubation) for the purpose of airway management, inserting and maintaining advanced airway devices which do not require laryngoscopy, inserting intra-arterial lines, initiating external jugular vein cannulation, inserting an intraosseous device, administering colloid and noncrystalloid volume expanders performing ultrasound to guide the physician with: insertion of central venous catheters, insertion of arterial lines, insertion of chest tubes, and pericardiocentesis, administering procedural sedation and providing monitoring of the patient, assisting with or performing cardioversion, defibrillation, and external pacing, and 	• N/A



	 Performing initial resuscitation in life-threatening situations according to established protocols (i.e. Basic Cardiac Life Support/Advanced Cardiac Life Support, Neonatal Resuscitation Program, and Pediatric Advanced Life Support), while awaiting arrival of the supervising physician, Inserting and maintaining airways not requiring visualization of larynx, without the use of advanced airway devices, Procuring and preparing arterial blood gas (ABG) sampling including 	performing needle decompression of suspected tension pneumothorax.	
	monitoring ABG levels, analyzing results and reporting findings to the physician, and • Performing gastric intubation and suction.		
Medical radiation technologist in a DAP facility	 Inserting a peripheral venous catheter, Putting an instrument or a device, hand or finger: beyond the labia majora, beyond the anal verge, or into an artificial opening into the body, Administering a drug or a substance orally, rectally, by subcutaneous or intramuscular injection, by inhalation, or by peripheral intravenous catheter, Administering diagnostic imaging contrast agents by any method, Applying radiation for diagnostic imaging purposes including the performance of computed tomography scan, and Applying magnetic resonance for imaging purposes. 	• N/A	 Making of a diagnosis identifying a disease, disorder or condition, and Injecting a substance into the uterus.
Medical radiation technologist in a NHMSFAP facility	Radiation for diagnostic or procedural imaging.	• N/A	 Making of a diagnosis identifying a disease, disorder or condition.
Sonographers in a DAP facility	 Putting an instrument or a device, hand or finger: beyond the labia majora, beyond the anal verge, or into an artificial opening into the body, Applying ultrasound for diagnostic or imaging purposes, Administering sonographic contrast media by peripheral intravenous catheter, Inserting a peripheral venous catheter. 	• N/A	 Making of a diagnosis identifying a disease, disorder or condition, and Injecting a substance into the uterus.
Sonographers in a NHMSFAP facility	Ultrasound for diagnostic or imaging.	• N/A	 Making of a diagnosis identifying a disease, disorder or condition.



Medical laboratory technologists in a DAP facility	 Performing venipuncture, and Administering pilocarpine topically and applying electricity for the purpose of affecting activity of the nervous system. 	• N/A	 Making of a diagnosis identifying a disease, disorder or condition.
Medical laboratory assistant in a DAP facility	 Performing venipuncture, and Administering pilocarpine topically and applying electricity for the purpose of affecting activity of the nervous system. 	• N/A	 Making of a diagnosis identifying a disease, disorder or condition.
Respiratory therapist in a DAP facility	 Obtaining arterial blood gases, and Administering a drug, substance or antigen by inhalation. 	• N/A	 Determining the nature and type of diagnostic testing to be performed, Making of a diagnosis identifying a disease, disorder or condition, and Prescribing a course of therapy.
Registered polysomnographic technologist in a DAP facility	Administering a drug orally based on a patient specific order.	• N/A	 Determining the nature and type of diagnostic testing to be performed, Making of a diagnosis identifying a disease, disorder or condition, and Prescribing a course of therapy.
Electromyography technologists in a DAP facility	Applying energy to a patient for diagnostic purposes.	• N/A	 Making of a diagnosis identifying a disease, disorder or condition.
Combined x-ray and laboratory technologist in a DAP facility	 Performing venipuncture and insertion of a peripheral venous catheter, for the purpose of assessment, putting an instrument or a device, hand or finger: beyond the labia majora, beyond the anal verge, or into an artificial opening into the body, administering a drug or a substance orally, rectally, by subcutaneous or intramuscular injection, by inhalation, or by peripheral intravenous catheter, administering diagnostic imaging contrast agents by any method, applying radiation for diagnostic imaging purposes including the performance of computed tomography scan. 	• N/A	 Making of a diagnosis identifying a disease, disorder or condition, and Injecting a substance into the uterus.



Assisted reproductive technology technician in a NHMSFAP facility	Performing venipuncture.	• N/A	Making of a diagnosis identifying a disease, disorder or condition.
Ophthalmologic laser technician in an accredited NHMSFAP facility	 Administering topical medications on a patient-specific order, and Administering schedule III oral medications on a patient-specific order. 	• N/A	 Making of a diagnosis identifying a disease, disorder or condition, and Administering schedule I, IA or II medications by any method except for topical medications on a patient-specific order.
Hair transplant technician in a NHMSFAP facility	 Performing a procedure under the dermis, and Administering schedule III oral medications on a patient-specific order. 	• N/A	 Making of a diagnosis identifying a disease, disorder or condition, and Administering schedule I, II or II medications by any method.