



College of Physicians and Surgeons of British Columbia

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## BYLAWS

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**HEALTH PROFESSIONS ACT RSBC 1996, c.183  
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## DEFINITIONS

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1-0 In the Bylaws:

- (a) **“Act”** means the *Health Professions Act*;
- (b) **“appointed board member”** means (i) a person appointed to the board under section 17(3)(b) of the Act, or  
(ii) prior to the first election referred to in section 17(2)(a) of the Act, a person appointed under section 17(2)(a) of the Act to represent the public on the first board;
- (c) **“board”** means the board of the College, as defined in section 1 of the Act;
- (d) **“board member”** means an elected board member or an appointed board member;
- (e) **“business address”** means the address provided to the College by a registrant as either the registrant’s primary practice location, or the address for publication purposes;
- (f) **“College”** means the College of Physicians and Surgeons of British Columbia continued under section 15.1(3) of the Act;
- (g) **“deliver”** means, with reference to a notice or other document, to mail to or leave with a person, or to deposit in a person’s mailbox or receptacle at the person’s business address;
- (h) **“elected board member”** means (i) a person  
(A) elected to the board under section 17(3)(a) of the Act, or  
(B) appointed under section 1-5(1), or  
(ii) prior to the first election referred to in section 17(2)(a) of the Act, a person appointed under section 17(2)(a) of the Act to represent the health profession on the first board;
- (i) **“eligibility date”** means, in respect of an election under section 17(3)(b) of the Act,  
(i) January 1 prior to the date of delivery of the notice under section 1-11(2), or  
(ii) such later date as may be determined by the board;
- (j) **“former appointed board member”** means a person who had been appointed to the board under the former enactment, who was not a registrant, and who is no longer an appointed board member;
- (k) **“former elected board member”** means a person who had been elected to the board under the former enactment and is no longer an elected board member;
- (l) **“former enactment”** means the *Medical Practitioners Act*;

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- (m) **“health authority”** means (i) a regional health board designated under the *Health Authorities Act*, and  
(ii) the Provincial Health Services Authority;
- (n) **“in good standing”** means (i) the registration of a registrant is not suspended, and  
(ii) a registrant’s authorization to practise medicine is not otherwise restricted or limited by section 20(2.1) or (3), 25.6, 32.2(4)(b), 32.3(3)(b), 33(2), 35, 36, 37.1, 39 or 39.1 of the Act;
- (o) **“personal information”** means personal information as defined in schedule 1 of the *Freedom of Information and Protection of Privacy Act*;
- (p) **“public representative”** means a person who  
(i) is not a registrant or former registrant, and  
(ii) has no close family or business relationship with a registrant or former registrant, and  
includes an appointed board member;
- (q) **“president”** means the president of the board elected under section 1-5(1);
- (r) **“record”** means a “record” as defined in schedule 1 of the *Freedom of Information and Protection of Privacy Act*;
- (s) **“register”** means the register maintained by the registrar under section 21(2) of the Act;
- (t) **“registrant”** means a registrant of the College, as defined in section 1 of the Act;
- (u) **“registrar”** means the person appointed as the registrar of the College under section 21(1) of the Act;
- (v) **“Regulation”** means the *Medical Practitioners Regulation BC Reg 416/2008*;
- (w) **“respondent”** means a registrant or former registrant who is  
(i) the subject of a complaint or an investigation under the Act, or  
(ii) named in a citation under section 37 of the Act;
- (x) **“special resolution”** means a resolution which requires a two-thirds vote of the persons present and entitled to vote at a meeting;
- (y) **“standards of practice”** means the standards, limits and conditions for the practice of medicine established by the board under section 19(1)(k) of the Act;
- (z) **“standards of professional ethics”** means the standards of professional ethics established by the board under section 19(1)(1) of the Act;
- (aa) **“treasurer”** means the treasurer of the board elected under section 1-5(1);
- (bb) **“vice-president”** means the vice-president of the board elected under section 1-5(1).

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## **PART 1 – ORGANIZATION**

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### **Section A – The College**

#### **Board & Officers**

##### **Composition of Board**

1-1 The board consists of the elected board members and the appointed board members.

##### **Remuneration of Board members**

- 1-2 (1) In accordance with policies established by the board, board members are equally entitled to
- (a) be reimbursed by the College for reasonable expenses necessarily incurred in connection with the business of the College, and
  - (b) receive remuneration.

##### **Board members ceasing to hold office**

- 1-3 (1) An elected board member ceases to hold office if the member
- (a) resigns by written notice delivered to the registrar,
  - (b) ceases to be a registrant eligible for election to the board,
  - (c) ceases to be in good standing, or
  - (d) is absent from three consecutive board meetings unless previously excused by the board.

##### **Vacancies on Board**

- 1-4 (1) If an elected board member ceases to hold office before the end of the member's term, the remaining board members may appoint, as the member's replacement, any eligible registrant in good standing who has a business address in the same district.
- (2) A member appointed under section 1-4(1) holds office during the unexpired portion of the vacated term.
- (3) Despite a vacancy, the remaining board members may perform all duties and exercise all powers of the board under the Act and the Bylaws.



## 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.

## Elections

### Electoral Districts

- 1-6 (1) Board members must be elected from electoral districts, as follows:

District	Description	No. of elected members from district
1	<b>Vancouver Island, South</b> Those portions of the Counties of Victoria and Nanaimo lying south of a true east and west line through the most southerly point on the boundary of the city of Duncan	one elected member
2	<b>Vancouver Island, Central and Northern</b> Those portions of the Counties of Victoria and Nanaimo not included in District No. 1	one elected member
3	<b>Vancouver and surrounding area</b> That part of the County of Vancouver not included in District No. 7	three elected members
4	<b>Fraser</b> The County of Westminster	two elected members
5	<b>Thompson-Okanagan</b> The city of Revelstoke and those portions of the Counties of Yale and Cariboo not included in District No. 7	one elected member
6	<b>Kootenays</b> The County of Kootenay, except that portion in District No. 7	one elected member
7	<b>Northern</b> The County of Prince Rupert and the area that comprises that part of British Columbia lying to the north of the 51 <sup>st</sup> parallel of latitude	one elected member

- (2) For the purposes of an election, every registrant is assigned to the electoral district of the registrant's business address that was specified in the register under section 21(2) of the Act as of the eligibility date.

### **Entitlement to vote**

- 1-7 Only a registrant in good standing in the full, special, academic, osteopathic or retired-life classes of registration is entitled to vote and to nominate candidates for election to the board.

### **Eligibility for election**

- 1-8 (1) Only a registrant in good standing in the full, special, academic, or osteopathic classes of registration, who has a business address in the electoral district for which a vacancy on the board exists, may stand for election to the board.
- (2) At the time of election and during the term, if elected,
- (a) the registrant may not be a director or officer of the Doctors of BC (British Columbia Medical Association), the Canadian Medical Protective Association, the Canadian Medical Association, the Society of General Practitioners of BC, or the Society of Specialist Physicians and Surgeons of BC, and
  - (b) the registrant may not hold a position which would cause the registrant, if elected, to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization.

### **Election of Board**

- 1-9 (1) An election for board members must be held on the first or second Monday in April in every odd numbered year.
- (2) Elected board members hold office for a term of four years beginning July 1 following the election.

### **First elections**

- 1-10 (1) The first election of elected board members must be conducted not more than 24 months after June 1, 2009.
- (2) Despite section 1-9(2), the first term of office of the first elected board members is
- (a) two years for five designated positions, and
  - (b) four years for five designated positions.
- (3) For the purposes of section 1-10(2), the registrar must designate the position before giving notice of election and must inform registrants accordingly in the notice of election given under section 1-11(2).

- (4) Sections 1-3, 1-4 and 1-9(2) do not apply prior to the first election.

### **Election procedure**

- 1-11 (1) The registrar must supervise and administer all board elections and, subject to the Bylaws and to any board policies not consistent with the Bylaws, may establish procedures for that purpose.
- (2) The registrar must give written notice of a board election to every registrant entitled to vote no later than January 15 preceding the date of the election.
- (3) The notice under section 1-11(2) must contain information about the nomination procedure and the election procedure in a form approved by the registrar.
- (4) Any registrant entitled to vote may nominate another registrant as candidate for election to the board, provided both have a business address in the district in which the candidate is nominated.
- (5) Every nomination must be seconded in writing by a registrant entitled to vote who has a business address in the district where the candidate is nominated.
- (6) A registrant must not nominate or second more than one candidate.
- (7) Nominations must be made and seconded in writing in a form approved by the registrar and must be signed by the registrant making and seconding the nomination and endorsed with the acceptance of the candidate.
- (8) All nominations must be in the hands of the registrar no later than February 15 preceding the date of the election.
- (9) If the number of candidates nominated in any electoral district is not greater than the number of vacancies to be filled, the nominated candidates are deemed to have been elected by acclamation and the Bylaws applicable to the holding of an election of such candidate or candidates do not apply.
- (10) The registrar must, no later than March 2 preceding the date of an election, deliver to each registrant entitled to vote
- (a) a ballot in a form approved by the registrar, and
  - (b) a notice of the time and date by which election ballots must be delivered to the College and the procedure to be followed when completing the ballot.
- (11) A vote by a registrant entitled to vote must be
- (a) cast by secure and confidential electronic ballot, and
  - (b) received before the stated deadline as determined by the registrar.

- (12) Upon receipt of a ballot, the registrar must be satisfied that it bears the name and signature of a registrant entitled to vote.
- (13) Any of the candidates for election may be present at the counting of the ballots.
- (14) The candidate for whom the highest number of votes are cast will be elected as a member of the board.
- (15) In the case of a tie vote, the registrar must select the successful candidate by random draw.
- (16) The registrar must resolve any dispute or irregularity with respect to any nomination, ballot or election.
- (17) All ballots must be retained by the registrar for 60 days after the date of the registrar's certificate attesting to the result of the election or until any petition presented in respect thereof under section 17.1 of the Act has been adjudicated

### **Eligibility for re-election**

- 1-12 An elected board member is eligible for re-election if otherwise qualified.

## **Committees**

### **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.
- (3) In the absence of the president, the members of the committee present at any meeting must elect a chairperson to preside over the meeting.
- (4) Three members of the committee form a quorum as long as one member is an appointed board member.

- (5) A resolution approved by at least two-thirds of committee members in writing, including by mail, facsimile or electronic mail, is valid and binding and of the same effect as if such resolution had been duly passed at a regularly convened meeting.
- (6) All acts of the committee, if within the scope of its authority, are effective as acts of the board, unless varied or rescinded by the board.

### **Finance and Audit Committee**

- 1-14
- (1) The finance and audit committee is established consisting of at least five persons appointed by the board.
  - (2) The committee must include at least three elected board members and two appointed board members, and must include the treasurer and, if consisting of more than five persons, at least one-third of its members must be public representatives.
  - (3) The committee must report to the board.
  - (4) The responsibilities of the committee are
    - (a) to advise the board on the needs of the College in regard to financial administration, and on the financial implications of board and other College decisions,
    - (b) to recommend, for the approval of the board, financial policies essential to the financial administration of the College,
    - (c) to advise the board on financial risk management issues related to the administration of the College,
    - (d) to advise and assist the board on issues related to the board's oversight of
      - (i) the integrity and credibility of the College's financial statements and other disclosures,
      - (ii) the adequacy of the College's internal financial controls, and
      - (iii) the College's annual audit, and
    - (e) upon the board's request, to report on any review, investigation, process, policy, or other matter relating to the financial affairs of the College.

### **Registration Committee**

- 1-15
- (1) The registration committee is established consisting of at least six persons appointed by the board, at least one-third of whom must be public representatives.
  - (2) The committee must include at least four registrants, two of whom must be elected board members.

- (3) The committee has discretion to consider whether a person's knowledge, skills and abilities are substantially equivalent to the standards of academic achievement, competencies or other qualifications established in Part 2 of the Bylaws and to grant registration on that basis.
- (4) The duties and powers of the board under section 25.3(2) of the Act are delegated to the registration committee.

### **Inquiry Committee**

- 1-16
- (1) 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.
  - (2) The committee must include the president and vice-president of the board and two appointed board members.
  - (3) The responsibilities of the committee are, in addition to those set out in the Act,
    - (a) to provide information to the public regarding the College's complaint and disciplinary process, and
    - (b) upon the board's request, to report on any review, investigation, process, policy, or other matter relating to the complaint and disciplinary process of the College.

### **Discipline Committee**

- 1-17
- (1) The discipline committee is established consisting of at least 15 persons appointed by the board, at least one-third of whom must be public representatives.
  - (2) The responsibilities of the chairperson of the committee are
    - (a) to appoint a discipline committee panel from among the members of the committee, and
    - (b) to appoint to the discipline committee panel a person from among the members of the discipline committee who has been, for not less than ten years before the appointment, a member in good standing of the Law Society of British Columbia, who will have all the rights and duties of a discipline committee panel member under sections 38 and 39 of the Act.
  - (3) The discipline committee panel will consist of four committee members and must include two registrants and one public representative, and the person appointed under section 1-17(2)(b).
  - (4) The responsibilities of committee members are to serve on the discipline committee panels appointed and to hear and determine matters set for hearing by citation issued under section 37 of the Act.

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**Patient Relations, Professional Standards and Ethics Committee**

- 1-18 (1) The patient relations, professional standards and ethics committee is established consisting of at least three persons appointed by the board, and must include at least one public representative.
- (2) The committee must report to the board.
- (3) The responsibilities of the committee are
- (a) to establish a patient relations program to develop guidelines for the prevention of professional misconduct of a sexual nature,
  - (b) to establish and maintain procedures by which the College deals with complaints of professional misconduct of a sexual nature,
  - (c) to review and report to the board on any professional standard or ethical matter referred to it by the board, and
  - (d) to serve as a resource to the board in matters pertaining to standards of practice and standards of professional ethics in medical practice.
- (4) In section 1-18, “**professional misconduct of a sexual nature**” means
- (a) sexual intercourse or other forms of physical sexual relations between a registrant and a patient,
  - (b) touching, of a sexual nature, of a patient by a registrant,
  - (c) behaviour or remarks of a sexual nature by a registrant towards a patient
- but does not include touching, behaviour and remarks by a registrant to a patient that are of a clinical nature appropriate to the service being provided.

**Quality Assurance Committee**

- 1-19 (1) 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, and must include at least two elected board members and at least one appointed board member.
- (2) The responsibilities of the committee are
- (a) to review standards of practice, to enhance the quality of practice, and to reduce incompetent, impaired or unethical practice by registrants,
  - (b) to administer the quality assurance programs of the College to promote high standards of practice among registrants in accordance with Part 9 of the Bylaws,
  - (c) to assess the professional performance of registrants,

- (d) to establish guidelines for the prescription of narcotics, mood altering drugs and other medications, and
  - (e) to recommend to the board mandatory continuing professional development requirements and any other requirements for revalidation of licensure.
- (3) The committee will meet in camera and the committee's activities, including all correspondence and documentation, will be maintained in confidence, subject to sections 26.2(2) to (6) of the Act.

### **Blood Borne Communicable Diseases Committee**

- 1-20 (1) The blood borne communicable diseases committee is established consisting of at least four registrants and must include a hepatologist, an infectious disease specialist, an internist or microbiologist, and a member skilled in the management of HIV and AIDS.
- (2) The committee must report to the quality assurance committee.
- (3) The responsibilities of the committee are
- (a) to establish guidelines for the practice of an affected registrant,
  - (b) with respect to affected registrants,
    - (i) to consider the specific blood borne communicable disease of an affected registrant and to review the serology of an affected registrant,
    - (ii) if necessary, to interview an affected registrant to discuss the nature and details of his or her specific medical practice,
    - (iii) to formulate and advise an affected registrant of guidelines relevant to his or her practice and of restrictions to the affected registrant's practice which should be implemented to minimize or prevent the risk of transmission of the disease to patients,
    - (iv) to recommend alterations in or restrictions on the focus or scope of an affected registrant's practice, including restrictions on exposure prone procedures, and to provide such recommendations in writing to the affected registrant and to the physician attending or treating the affected registrant,
    - (v) to advise an affected registrant, and the physician attending or treating the affected registrant, on how the affected registrant's health, as it relates to his or her practice, should be managed in order to minimize or prevent risk of transmission to patients,
    - (vi) to formulate and provide to an affected registrant written undertakings for execution which document the committee's recommendations and the



affected registrant's acceptance of and commitment to comply with those recommendations, and

- (vii) upon receipt of information from an affected registrant or the physician attending or treating the affected registrant indicating a change in the affected registrant's health or practice, to review such information and to make and communicate to the affected registrant and the physician attending or treating the affected registrant such alterations to the recommendations and required undertakings as it sees fit.
- (4) An affected registrant and a physician attending or treating the affected registrant must, as soon as the affected registrant is identified, report that fact to the committee.
  - (5) An affected registrant and a physician attending or treating the affected registrant must provide to the committee upon request, and at least annually, any information requested by the committee concerning the affected registrant's serology and health status.
  - (6) An affected registrant must provide written undertakings as required by the committee which will be maintained in confidence, except as provided for in sections 1-20(9), 1-20(10) and 1-20(11).
  - (7) Within 30 days after the date of the committee's recommendations, an affected registrant may file a written request with the registrar for the opportunity to present further evidence or expert testimony, either in writing or in person, to the committee, whose decision, following such review, will be final.
  - (8) The committee will meet in camera and the committee's activities, including all correspondence and documentation concerning an affected registrant's illness, will be maintained in confidence except as provided for in sections 1-20(9), 1-20(10) and 1-20(11).
  - (9) Following a review of an affected registrant, the committee must notify the registrar in 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.
  - (10) The registrar may notify the medical director of any health authority of the specific recommendations provided for in section 1-20(9).
  - (11) If the committee has reasonable grounds to believe that an affected registrant has
    - (a) failed to co-operate with or to provide information to the committee,
    - (b) failed or refused to comply with the committee's recommendations, or
    - (c) breached the committee's recommendations,

the committee must, if it considers the action necessary to protect the public, notify the registrar in writing who must treat the matter as if it were a complaint under section 32 of the Act.

- (12) In section 1-20
- (a) “**affected registrant**” means a registrant who has contracted a blood borne communicable disease and whose clinical status is such that inadvertent or accidental exposure to the registrant’s blood would result in a risk of transmission of the blood borne communicable disease to patients, and
  - (b) “**exposure prone procedures**” means procedures where there is a risk that injury to a registrant may result in the exposure of a patient’s open tissues to a registrant’s blood, including procedures where a registrant’s gloved or ungloved hand may be in contact with sharp instruments, needle tips and sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound, or confined anatomical space where the hands or finger tips may not be completely visible at all times.

## Meetings

### **Board meetings**

- 1-21 (1) The board must meet at least two times in each calendar year.
- (2) The board may meet and conduct business in person, or by video, telephone conference, web casting, or an equivalent mechanism.
- (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.
- (5) In convening a meeting of the board under sections 1-21(3) or 1-21(4), the president must provide reasonable notice of the meeting to all board members, registrants and the public.
- (6) Notice of a board meeting may be provided to registrants and to the public under section 1-21(5) by posting a notice on the College website.
- (7) Despite section 1-21(5), the president may call a meeting of the board without providing notice to registrants or the public if necessary to conduct urgent business.
- (8) The accidental omission to deliver notice of a board meeting to, or the non-receipt of such notice by, any person entitled to receive notice does not invalidate proceedings at that meeting.
- (9) The president, or a board member chosen by the president, shall be the presiding officer for board meetings.

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- (10) Subject to section 1-21(11), meetings of the board must be open to registrants and the public.
- (11) The board may exclude any person who is not a board member from any part of a meeting if it is satisfied that there will be discussion of
- (a) financial, personal or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that board meetings be open to the public,
  - (b) information concerning an application by any individual for registration under section 20 of the Act, which, if disclosed, would be an unreasonable invasion of the applicant's personal privacy,
  - (c) the contents of examinations,
  - (d) information concerning a complaint against, or investigation of, any individual under Part 3 of the Act, which, if disclosed, would be an unreasonable invasion of an individual's personal privacy,
  - (e) information concerning the accreditation of facilities under Part 5,
  - (f) information which, if disclosed, may prejudice the interests of any person involved in
    - (i) a proceeding under the Act, including a disciplinary proceeding under Part 3 of the Act or a review under Part 4.2 of the Act, or
    - (ii) any other criminal, civil or administrative proceeding,
  - (g) personnel matters,
  - (h) property acquisitions,
  - (i) instructions given to, the opinions of, or advice received from legal counsel, or any other matter which is subject to solicitor-client privilege,
  - (j) information which the College would be required or authorized to refuse to disclose to an applicant making a request for records under Part 2 of the *Freedom of Information and Protection of Privacy Act*,
  - (k) communications with the Office of the Ombudsman, and
  - (l) information which the College is otherwise required by law to keep confidential.
- (12) If the board excludes any person from a meeting or part thereof, it must have its reasons for doing so noted in the minutes of the meeting.

- (13) The board may be assisted by a registrant or physician from outside British Columbia when required, at the discretion of the board.
- (14) A majority of the board members constitutes a quorum.
- (15) In the case of a tie vote, the chairperson of the meeting does not have a second vote in addition to the vote to which the chairperson is entitled as a board member, and the proposed resolution must not pass.
- (16) A resolution approved by a majority of all board members in writing, including by mail, facsimile or electronic mail, is valid and binding and of the same effect as if such resolution had been duly passed at a meeting of the board.
- (17) A special resolution approved by two-thirds of all board members in writing, including by mail, facsimile or electronic mail, is valid and binding and of the same effect as if such special resolution had been duly passed at a meeting of the board.
- (18) A report of any resolution or special resolution approved under sections 1-21(16) or 1-21(17) must be verified and made a part of the minutes of the next meeting of the board.
- (19) The registrar must ensure that minutes are taken at each board meeting, retained on file, and, subject to section 1-21(20), posted on the College website.
- (20) The registrar may edit minutes posted on the College website under section 1-21(19) to remove information about any matter referred to in section 1-21(11), provided that the reasons for removing such information are noted in the edited minutes.

### **Committees and committee meetings**

- 1-22 (1) The board must establish the composition of all College committees at its first meeting after the second Monday in April of 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.
- (3) A person appointed to a committee established under the Bylaws may serve a term determined by the board, and is eligible for reappointment.
- (4) The board may appoint to any College committee a person who is not a member of the board or a registrant.
- (5) Any committee may be assisted by a registrant or physician from outside British Columbia when required, at the discretion of the committee.
- (6) The board must designate a committee chairperson and a committee vice-chairperson from among the members of the committee.

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- (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.
  - (8) The vice-chairperson of a committee performs the duties of the chairperson in the absence of the chairperson.
  - (9) A majority of a committee constitutes a quorum.
  - (10) The provisions of sections 1-21(2), 1-21(5) to 1-21(8), 1-21(10) to 1-21(12) and 1-21(14) to 1-21(20) apply to a committee as if it were the board.
  - (11) Each committee must submit an annual report of its activities to the board.
  - (12) A committee member may be removed from the committee by a majority vote of the board.
  - (13) Committee members are equally entitled to be reimbursed by the College for reasonable expenses necessarily incurred in connection with the business of the College and to receive remuneration, in accordance with policies established by the board.

### **Committee panels and panel meetings**

- 1-23
- (1) The discipline committee, the inquiry committee, and the quality assurance committee may meet in panels.
  - (2) A discipline committee panel must be constituted in accordance with section 1-17 and the chairperson of the panel shall be designated by the chairperson of the committee.
  - (3) An inquiry committee panel and a quality assurance committee panel must consist of at least three persons appointed by the board and must include at least one elected board member, one registrant and at least one appointed board member and, if composed of more than three persons, at least one third of its members must be public representatives.
  - (4) Members of a committee panel must be members of the committee.
  - (5) A panel of a committee may exercise any power, duty or function of the committee.
  - (6) A majority of a panel constitutes a quorum.

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**General meetings**

- 1-24 (1) A general meeting of the College must be held in British Columbia in each calendar year, and not more than 18 months after the preceding general meeting, at a time and place the board designates.
- (2) Every general meeting notice or mailing provided to registrants must also be provided to every appointed board member.
- (3) The president, or a board member chosen by the president, shall be the presiding officer for general meetings.
- (4) At a general meeting of the College,
- (a) the president must report on the affairs of the College, and
  - (b) the auditor's report to the end of the preceding fiscal year must be filed.
- (5) The board may, at any time, convene a special general meeting of the College.
- (6) The board must convene a special general meeting of the College upon receipt of a written request signed by at least 10% of registrants who are entitled to vote under section 1-8, that
- (a) is delivered to the registrar, and
  - (b) states the nature of the business proposed to be considered at the meeting.
- (7) A special general meeting convened under section 1-24(6) must be held within 75 days after receipt of the written request.
- (8) The notice of a special general meeting must state the business that will be presented at the meeting and no other business must be considered.
- (9) With respect to all general and special general meetings of the College,
- (a) the board must send written notice of the meeting to the address of each registrant in good standing, not less than 21 days before the meeting, which must include
    - (i) the place, date and time of the meeting,
    - (ii) any resolutions proposed by the board, and
    - (iii) any resolutions proposed under section 1-24(6),
  - (b) as general meetings are open to the public, the registrar must
    - (i) provide reasonable notice of each general meeting to the public, and

- (ii) upon request, provide to members of the public a copy of the notice given under section 1-24(8) in respect of a general meeting,
  - (c) 25 registrants in good standing constitute a quorum,
  - (d) the vice-president will preside over the meeting in the president's absence but if both officers are absent, a chairperson must be elected from among those members of the board present at the meeting,
  - (e) a registrant in good standing present at the meeting and entitled to vote has one vote,
  - (f) voting will be conducted by a show of hands, unless the chairperson considers it necessary to conduct a vote by ballot, and
  - (g) in case of a tie vote, the proposed resolution must not pass.
- (10) The accidental omission to give notice of a meeting to, or the non-receipt of a notice by any person entitled to receive notice does not invalidate proceedings at the meeting.

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## **Section B – College Administration**

### **Registrar**

- 1-25 (1) The registrar, in addition to the performance of duties and exercise of powers set out in the Act, the Regulation, the Bylaws, and any policies established by the board
- (a) is the chief executive officer of the College and holds final responsibility for all administrative and operational matters for the College, and
  - (b) is a non-voting member of every committee of the College.
- (2) The registrar may designate an officer, employee or agent of the College to perform all duties and exercise all powers of the registrar.
- (3) An officer, employee or agent of the College referred to in section 1-25(2) has the same authority as the registrar when acting on behalf of the registrar.
- (4) The registrar is authorized to establish, by bylaw, forms for the purposes of the Bylaws, and to require the use of such forms by registrants.

### **Deputy Registrar**

- 1-26 (1) Deputy registrars appointed by the board
- (a) are authorized to perform all duties and exercise all powers of the registrar, subject to the direction of the registrar, and
  - (b) are authorized to perform all duties and exercise all powers of the registrar, if the registrar is absent or unable to act for any reason.

### **Auditor**

- 1-27 At each general meeting held under section 1-24(1), a member of, or a firm licensed by, the Chartered Professional Accountants of British Columbia, must be appointed as auditor.

### **Legal Counsel**

- 1-28 The registrar, the board or, with the approval of the registrar or the board, a committee or panel, may retain a member of the Law Society of British Columbia for the purpose of advising the College on any matter, and assisting the board, committee, panel, registrar or any officer, employee or agent of the College in exercising or performing any power, duty or function under the Act, the Regulation, or the Bylaws.



**Fiscal year**

- 1-29 (1) The fiscal year of the College commences on March 1 and ends on the last day of February the following year.
- (2) The board must annually approve an operating budget and corresponding fees for each fiscal year.

**Banking**

- 1-30 The board or the registrar (at the board's direction) may establish and maintain such accounts with a chartered bank, trust company or credit union as the board determines necessary from time to time.

**Investments**

- 1-31 The board, or the registrar at the board's discretion, may invest funds of the College in accordance with the board's investment policy, which must be consistent with sections 15.1 and 15.2 of the *Trustee Act*.

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## PART 2 – REGISTRATION

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### Section A - General

2-0 In sections 2-0 to 2-39

- |     |                                       |  |
|-----|---------------------------------------|--|
| (a) | <b>“ACGME”</b>                        | means Accreditation Council for Graduate Medical Education;  |
| (b) | <b>“affected applicant”</b>           | means a registrant who has contracted a blood borne communicable disease and whose clinical status is such that inadvertent or accidental exposure to the registrant’s blood would result in a risk of transmission of the blood borne communicable disease to patients; |
| (c) | <b>“CFPC”</b>                         | means College of Family Physicians of Canada;  |
| (d) | <b>“LMCC”</b>                         | means Licentiate of the Medical Council of Canada;   |
| (e) | <b>“Mainpro”</b>                      | means the program of Continuing Medical Education which the CFPC may require from time to time of its members as a condition of maintaining certification with the CFPC;   |
| (f) | <b>“Maintenance of Certification”</b> | means the program of Continuing Medical Education which the RCPSC may require from time to time of its members as a condition of maintaining fellowship with the RCPSC;  |
| (g) | <b>“MCC”</b>                          | means Medical Council of Canada;   |
| (h) | <b>“medical degree”</b>               | means a degree in medicine from a university or medical school or a school or college of osteopathic medicine, as approved by the board;   |
| (i) | <b>“PER”</b>                          | means Practice Eligibility Route to certification in a specialty as determined by the Royal College of Physicians and Surgeons of Canada;  |
| (j) | <b>“RCPSC”</b>                        | means Royal College of Physicians and Surgeons of Canada;  |
| (k) | <b>“UBC”</b>                          | means University of British Columbia.  |

#### **Address of registrant**

2-1 The address of a registrant is the registrant’s business address as set out in section 1-0.

#### **Notification of change in registration information**

2-2 A registrant must immediately notify the registrar of any change of name, address or any other registration information previously provided to the registrar.

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**General registration and licensure requirements**

- 2-3 (1) An applicant must satisfactorily complete and deliver to the registrar an application for registration in the form established by the registrar under section 1-25 for the purposes of this section.
- (2) An applicant for any class of registration, except for emergency registration, must
- (a) provide satisfactory evidence of identification, experience, good professional conduct and good character to the registration committee,
  - (b) provide a letter, in a form satisfactory to the registration committee, dated within 60 days from the date of the application, from the competent regulatory or licensing authority in each other jurisdiction where the applicant is or was, at any time, registered or licensed for the practice of medicine or another health profession
    - (i) certifying that the applicant's entitlement to practise medicine or another health profession has not been cancelled, suspended, limited, restricted, or subject to conditions in that jurisdiction at any time, or specifying particulars of any such cancellation, suspension, limitation, restriction, or conditions, and
    - (ii) certifying that there is no investigation, review, or other proceeding underway in that jurisdiction which could result in the applicant's entitlement to practise medicine or another health profession being cancelled, suspended, limited, restricted, or subjected to conditions, or specifying particulars of any such investigation, review, or other proceeding,
  - (c) provide satisfactory evidence of currency in clinical practice under section 2-8(3),
  - (d) have the ability to speak, read and write English to the satisfaction of the registration committee,
  - (e) provide documentary proof that the applicant meets all requirements of the registration class applied for,
  - (f) provide a signed criminal record check consent form under the *Criminal Records Review Act*,
  - (g) provide proof of compliance with section 4-12 as to professional liability coverage or protection, and
  - (h) pay the applicable fees set out in schedule "A".
- (3) A registrant must practise medicine within the scope of his or her training and recent experience and must not engage in a medical practice that he or she is not competent to

perform, and failure to comply with this requirement may result in a finding of unprofessional conduct.

### **Annual renewal of licensure**

- 2-4 (1) To be granted annual renewal of licensure, a registrant, other than a retired – life registrant, must
- (a) satisfactorily complete and provide to the registrar an application for annual renewal of licensure in the form established by the registrar under section 1-25(4) for the purposes of this section,
  - (b) pay the annual licensure fee specified in schedule “A”,
  - (c) pay any other outstanding fine, fee, penalty fee, debt, levy, or costs owed to the College,
  - (d) provide proof of compliance with any continuing competency requirements set out in section 2-6,
  - (e) comply with section 4-12 as to professional liability coverage or protection,
  - (f) provide proof of compliance with requirements for certificate of professional conduct set out in section 25.3(1) of the Act, and
  - (g) provide any further information the board may require.
- (2) The registrar must send the annual renewal of licensure form to each registrant, no later than January 15.
- (3) The annual licensure fee is payable on or before February 1.
- (4) If a registrant has not paid his or her annual licensure fee by February 1 in any year, the registrar must send the registrant a further notice.
- (5) Upon payment of the annual licensure fee, the registrar must send a certificate confirming the registrant’s authorization to practise and stating that, subject to the Act and the Bylaws, the certificate is in force until the date shown on the certificate.

### **Suspension for non-compliance**

- 2-5 (1) A registrant who fails to pay the annual licensure fee or who fails to deliver to the College a completed annual renewal of licensure form before March 1 ceases to be in good standing and must pay to the College a penalty fee as set out in schedule “A”.
- (2) A registrant who fails to comply with section 2-5(1) before April 1, will be suspended from practice and must pay an additional penalty fee as determined by the board for each month or part thereof after March 31.

- (3) If a registrant suspended from practice under section 2-5(2) has still not complied with the requirements under sections 2-5(1) and (2) before December 31, the registrar must cancel the registration.

### **Continuing competency requirements**

- 2-6
- (1) A registrant must 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 and compliance by way of
    - (a) a statement that the registrant is enrolled in either Mainpro or Maintenance of Certification, and
    - (b) a certificate from the CFPC or RCPSC, as the case may be, that the registrant has met the requirements of Mainpro or Maintenance of Certification.
  - (2) A registrant who fails to comply with the continuing competency requirements set out in section 2-6(1) must
    - (a) pay to the College a penalty fee as set out in schedule “A”,
    - (b) provide to the registrar a list and proof of attendance at continuing professional development activities for the previous calendar year, and
    - (c) at the registrar’s discretion, undergo a review and assessment of skill, knowledge and competency at the registrant’s expense.
  - (3) The registrar may waive the penalty fee described in section 2-6(2) in exceptional circumstances.

### **Exemption from continuing competency requirements**

- 2-7
- (1) A registrant may apply to the registrar for
    - (a) an exemption from the continuing competency requirements, or
    - (b) renewal of the registrant’s licence, subject to such terms and conditions specified by the registrar, notwithstanding the failure of the registrant to meet the continuing competency requirements.
  - (2) An application for exemption must be received by the registrar on or before February 1.
  - (3) The registrar may require a registrant applying for an exemption from the continuing competency requirements to provide further information and documentation as the registrar may specify, and may refuse to consider the application until such information is provided.

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**Re-entry to or change in practice**

- 2-8 (1) A registrant who has been absent from clinical practice for a period of three years or more must notify the registrar in writing prior to his or her proposed return to practice.
- (2) A registrant
- (a) who has been absent from clinical practice for a consecutive period of three years or more or who has practised less than eight weeks a year in the preceding three years, must, prior to resuming practice,
- (i) notify the registrar in writing,
  - (ii) undergo a review and assessment of skill, knowledge and competency as determined by the registrar, and
  - (iii) provide a written report acceptable to the registrar of successful completion of such review and assessment, and
  - (iv) undergo retraining as specified by the registrar, if any.
- (b) who wishes to change the focus of his or her clinical practice to an area in which the registrant has not practised for a consecutive period of three years or more, or who has practised less than eight weeks a year in that area in the preceding three years, must, prior to applying for registration or changing the focus of his or her clinical practice,
- (i) notify the registrar in writing,
  - (ii) undergo a review and assessment of skill, knowledge and competency as determined by the registrar, and
  - (iii) provide a written report acceptable to the registrar of successful completion of such review and assessment, and
  - (iv) undergo retraining as specified by the registrar, if any, or
- (c) who wishes to change the focus or scope of his or her clinical practice to an area in which the registrant has not previously practised or demonstrated competence to the satisfaction of the College, must, prior to changing the focus or scope of his or her practice,
- (i) notify the registrar in writing,
  - (ii) meet the post-graduate training requirements for registration in the area in which the registrant wishes to practise,
  - (iii) undergo a review and assessment of skill, knowledge and competency as determined by the registrar,

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- (iv) provide a written report acceptable to the registrar of successful completion of such review and assessment, and
    - (v) undergo retraining as specified by the registrar, if any.
  - (3) A registrant may request that the board review any decision made under sections 2-8(2)(a), (b) or (c), by filing a written request for review with the registrar within 30 days of the registrar's original decision.
  - (4) In addition to the applicable conditions and requirements established in Section B of Part 2, an applicant for registration who has previously practised medicine in British Columbia or another jurisdiction and
    - (a) who has been absent from clinical practice for a consecutive period of three years or more, or who has practised less than eight weeks a year in the preceding three years, must
      - (i) undergo a review and assessment of skill, knowledge and competency as determined by the registration committee,
      - (ii) provide a written report acceptable to the registration committee of successful completion of such review and assessment, and
      - (iii) undergo retraining as specified by the registration committee, if any,
    - (b) who wishes to change the focus or scope of his or her clinical practice to an area in which he or she has not practised for a consecutive period of three years or more, or who has practised less than eight weeks a year in that area in the preceding three years, must
      - (i) undergo a review and assessment of skill, knowledge and competency as determined by the registration committee,
      - (ii) provide a written report acceptable to the registration committee of successful completion of such review and assessment, and
      - (iii) undergo retraining as specified by the registration committee, if any, or
    - (c) who wishes to change the focus or scope of his or her clinical practice to an area in which he or she has not previously practised or demonstrated competence to the satisfaction of the College, must
      - (i) meet the post-graduate training requirements for registration in the area in which the registrant wishes to practise,
      - (ii) undergo a review and assessment of skill, knowledge and competency as determined by the registration committee,

- (iii) provide a written report acceptable to the registration committee of successful completion of such review and assessment, and
- (iv) undergo retraining as specified by the registration committee, if any.



## Section B - Classes of registrants

### Registrants

2-9 (1) The following classes of registrants are established:

<b>Class</b>	<b>Bylaw Section</b>
full – general/family	2-10
full – specialty	2-11
special	2-12
osteopathic	2-13
provisional, for the purposes of section 20(4.3) of the Act	2-14 to 2-17
academic	2-18
administrative	2-19
conditional – practice limitations	2-20
conditional – practice setting	2-21
conditional – disciplined	2-22
educational – medical student	2-23
educational – postgraduate	2-24 to 2-27
educational – clinical trainee	2-28
visitor	2-29
emergency	2-30
restricted, for the purposes of section 20(4.2) of the Act	2-31 to 2-38
retired – life	2-39
assessment	2-40 to 2-43

### Full - general/family

2-10 (1) A registrant who was granted full registration for general/family practice immediately before June 1, 2009 will continue to be granted full registration for general/family practice.

(2) For the purposes of section 20(2) of the Act, to be granted full – general/family registration, an applicant must

- (a) have a medical degree,
- (b) be a licentiate of the MCC or have successfully completed medical licensing examinations in the United States of America acceptable to the board,
- (c) have Canadian citizenship or permanent resident status, and
- (d) meet at least one of the following requirements:
  - (i) have obtained CFPC certification;

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- (ii) be a graduate of a Canadian medical school in 1992 or earlier, who has provided evidence of satisfactory completion of one year of internship recognized by the registration committee;
  - (iii) if postgraduate training was completed between 1993 and July 1, 2010, have successfully completed a minimum of two years of accredited postgraduate training, recognized by the registration committee,
    - (A) that was comprised of a basic core of 44 weeks, consisting of eight weeks in each of medicine, surgery, obstetrics/gynecology and pediatrics, and four weeks in each of psychiatry, emergency medicine and general/family practice, and
    - (B) at least one year of which must have been completed in Canada if the applicant is not a graduate of a Canadian medical school;
  - (iv) if registered on the temporary register under the former enactment on May 31, 2009 and registered in the provisional class effective June 1, 2009, or approved for such registration before June 1, 2009, have completed five years of general/family practice in British Columbia, and successfully completed an assessment of competency satisfactory to the registration committee.
- (3) An affected applicant may be granted full – general/family registration if, in addition to the requirements in section 2-10(2), the affected applicant
- (a) has completed a modified postgraduate program in general/family medicine of two years’ duration recognized by the registration committee where the educational objectives of the program have been met, as determined and confirmed by the Program Director, and which contained exposure to specific disciplines equivalent in duration to the core requirements of section 2-10(2)(d), and
  - (b) has provided an undertaking to comply with the guidelines and recommendations of the blood borne communicable diseases committee, and agreed to comply with any restrictions on his or her practice as required by that committee.
- (4) Notwithstanding the requirements in section 2-10(2), an applicant may be granted full – general/family registration if the applicant holds a current full unrestricted licence or certificate to practise medicine, without limits or conditions, from a medical regulatory authority in a Canadian province or territory.

**Full - specialty**

- 2-11 (1) A registrant who was granted full registration for specialty practice immediately before June 1, 2009 will continue to be granted full registration for specialty practice.
- (2) For the purposes of section 20(2) of the Act, to be granted full – specialty registration, an applicant must
- (a) have a medical degree,
  - (b) be a licentiate of the MCC or have successfully completed medical licensing examinations in the United States of America which are acceptable to the board,
  - (c) have Canadian citizenship or permanent resident status, and
  - (d) have either
    - (i) obtained RCPSC certification, or
    - (ii) successfully completed all of the following:
      - (A) an ACGME approved residency training program in his or her specialty in the United States of America equal in duration and content to the Specialty Training Requirements of the RCPSC;
      - (B) the examinations of the American Board of Medical Specialties in his or her specialty;
      - (C) two years of practice in British Columbia under supervision;
      - (D) an assessment of competency satisfactory to the registration committee, if PER is unavailable in the applicant’s specialty.
- (3) An affected applicant may be granted full – specialty registration if, in addition to the requirements in section 2-11(2), the applicant
- (a) has completed a modified program that has been approved by the Program Director, the appropriate speciality committee and the credentials committee of the RCPSC,
  - (b) has obtained RCPSC certification, and
  - (c) has provided an undertaking to comply with the guidelines and recommendations of the blood borne communicable diseases committee, and agreed to comply with any restrictions on his or her practice as required by that committee.
- (4) Notwithstanding the requirements in section 2-11(2), an applicant may be granted full – specialty registration if the applicant holds a current full unrestricted licence or certificate

to practise medicine, without limits or conditions, from a medical regulatory authority in a Canadian province or territory.

### **Special**

- 2-12 A registrant whose name was entered on the special register immediately before June 1, 2009 will be registered in the special class, subject to the specific limits and conditions that applied to his or her registration under the former enactment.

### **Osteopathic**

- 2-13 (1) Osteopathic practice registration may be granted to a registrant who practises in the field of musculoskeletal medicine, dealing primarily in the musculoskeletal system and associated conditions inclusive of the use of manual therapy, but who must not practise obstetrics or surgery.
- (2) A registrant whose name was entered on the medical register for the practice of osteopathic medicine immediately before June 1, 2009 will be registered in the osteopathic class, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (3) For the purposes of section 20(2) of the Act, to be granted osteopathic registration, an applicant must
- (a) be a graduate of a school or college of osteopathic medicine accredited by the American Osteopathic Association, acceptable to the registration committee,
  - (b) have successfully completed
    - (i) postgraduate training and certification in a program accredited by the American Osteopathic Association, acceptable to the registration committee, and
    - (ii) the three-part Comprehensive Osteopathic Medical Licensing Examinations administered by the United States National Board of Osteopathic Medical Examiners, and
  - (c) be legally entitled to live and work in Canada.
- (4) An affected applicant may be granted osteopathic registration if, in addition to the requirements in section 2-13(3), the affected applicant
- (a) has successfully completed a modified postgraduate training program as set out in section 2-13(3)(b)(i) recognized by the registration committee where the educational objectives of the program have been met, as determined and confirmed by Program Director, and

- (b) has provided an undertaking to comply with the guidelines and recommendations of the blood borne communicable diseases committee, and agreed to comply with any restrictions on his or her practice as required by that committee.

### **Provisional**

- 2-14 (1) A registrant who was granted temporary registration for practice purposes subject to the completion of Canadian qualifications immediately before June 1, 2009 will be granted provisional registration for practice.
- (2) An application for provisional registration must be preceded by a request to grant registration from the Ministry of Health or its designate, or the Faculty of Medicine, UBC, that
- (a) identifies the applicant's sponsor, if the request is from the Ministry of Health or its designate,
  - (b) describes how the applicant will engage in the practice of medicine, and
  - (c) is satisfactory to the registration committee.
- (3) An applicant for provisional registration must
- (a) have successfully completed a preliminary assessment of his or her eligibility for registration,
  - (b) have either
    - (i) successfully completed the MCC Evaluating Examination, unless specifically exempted by the MCC, or
    - (ii) have been granted a deferral from the requirements of section 2-14(3)(b)(i) by resolution of the College prior to June 1, 2009, and
  - (c) be legally entitled to live and work in Canada.
- (4) Prior to registration under section 2-15 or 2-16, the sponsor must identify, to the satisfaction of the registration committee, a supervisor who is
- (a) a registrant in one of the full classes of registration, and
  - (b) practising in the same discipline of medicine as the applicant.
- (5) The registration committee may exempt a supervisor from the requirements of section 2-14(4)(a) or (b) in exceptional circumstances.
- (6) An applicant granted provisional registration is subject to the conditions set out in section 2-17, in addition to any limits or conditions the registration committee imposes under section 20(4.3) of the Act.

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- (7) Subject to the limits and conditions of his or her registration, a provisional registrant is subject to the obligations and entitled to the rights of a registrant in one of the full classes of registration, except the right to vote and hold office.
  - (8) A registrant granted provisional registration must
    - (a) if a general/family practitioner, become a licentiate of the MCC within three years of commencing practice in British Columbia, and
    - (b) if a specialist, become a licentiate of the MCC within five years of commencing practice in British Columbia, subject to section 2-21.
  - (9) The time periods referred to in section 2-14(8)(a) and (b) may be extended by the registration committee in exceptional circumstances.
  - (10) A general/family practitioner granted provisional registration must, within five years of commencing practice in British Columbia, obtain certification with the CFPC, failing which registration is cancelled unless extended by the registration committee in exceptional circumstances.
  - (11) A specialist granted provisional registration must,
    - (a) within one year of commencing practice in British Columbia, submit an application and appropriate documentation of his or her postgraduate training for an assessment of his or her eligibility to sit the examinations of the RCPSC or access PER,
    - (b) within one year of commencing practice in British Columbia, confirm the route chosen to RCPSC certification through the provision of an undertaking, in a form satisfactory to the registration committee, and
    - (c) within the period designated by the RCPSC, obtain the RCPSC certification in his or her specialty, failing which registration is cancelled unless extended by the registration committee in exceptional circumstances.
  - (12) In section 2-14, exceptional circumstances includes the unavailability of PER in a particular specialty, in which case the registration committee may extend registration as required to permit the specialist, following two years of practice in British Columbia under supervision, to undergo an assessment of competency satisfactory to the registration committee.

#### **Provisional - general/family**

- 2-15 (1) For the purposes of section 20(2) of the Act, to be granted provisional registration for general/family practice, an applicant must
- (a) have a medical degree,

- (b) meet one of the following requirements:
    - (i) have completed a general/family medicine program in Canada after July 1, 2010, but has not passed the CFPC examinations, provide a recommendation from the applicant's Program Director and Chairperson of the Department of Family Medicine, attesting to competence and successful completion of all program requirements, acceptable to the registration committee,
    - (ii) have successfully completed a minimum of two years of accredited postgraduate training in a foreign jurisdiction recognized by the CFPC for the award of certification without examination, with a basic core of 44 weeks, consisting of eight weeks in each of medicine, surgery, obstetrics/gynecology, and paediatrics, and four weeks in each of psychiatry, emergency medicine, and general/family practice,
    - (iii) have undergone an assessment of competency acceptable to the registration committee in a Canadian province or territory, and
  - (c) be legally entitled to live and work in Canada.
- (2) An affected applicant may be granted provisional registration for general/family practice if, in addition to the requirements in section 2-15(1), the affected applicant has fulfilled the requirements of section 2-10(3).

### **Provisional - specialty**

- 2-16 (1) For the purposes of section 20(2) of the Act, to be granted provisional registration for specialty practice, an applicant must
- (a) have a medical degree,
  - (b) meet one of the following requirements:
    - (i) have obtained RCPSC certification;
    - (ii) if the applicant trained in an RCPSC specialty program in Canada but has not passed the RCPSC examinations, provide a recommendation from the applicant's Program Director and Chairperson of the Department, attesting to competence, acceptable to the registration committee;
    - (iii) have completed postgraduate training and obtained certification in the applicant's specialty from an international accrediting body where such training meets the criteria for postgraduate specialty education as set by the RCPSC regarding standards, content and duration which, in the opinion of the registration committee, should provide access to RCPSC certification through its specialty examinations or PER; and,
  - (c) be legally entitled to live and work in Canada.

- (2) An affected applicant may be granted provisional registration for specialty practice if, in addition to the requirements of section 2-16(1), the affected applicant
  - (a) has completed a modified program which has been overseen by a speciality committee of the training authority where the program and oversight are acceptable to the registration committee, and
  - (b) has fulfilled the requirements of section 2-11(3).

### **Cancellation of provisional registration**

- 2-17 (1) Provisional registration is cancelled if
- (a) the registrant ceases to engage in the practice of medicine as described in the request made under section 2-14(2),
  - (b) the Ministry of Health or its designate, or the Faculty of Medicine, UBC, as the case may be, withdraws the request made under section 2-14(2), or
  - (c) the registrant's supervision is withdrawn because of competency concerns.
- (2) If supervision is withdrawn for reasons other than competency concerns, and an alternate supervisor is not identified within seven days, registration is cancelled.

### **Academic**

- 2-18 (1) Academic registration may be granted to physicians appointed to the academic staff of the Faculty of Medicine, UBC, at the rank of assistant, associate or full professor,
- (a) for a full time tenure track position,
  - (b) for a research position where the clinical component is not greater than 40%, or
  - (c) for partner institution appointments as defined and approved by the Dean of the Faculty of Medicine, UBC, where the clinical service component is not greater than 40%.
- (2) A registrant whose name was entered on the temporary register for academic purposes immediately before June 1, 2009 will be registered in the academic class, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (3) For the purposes of section 20(2) of the Act, to be granted academic registration, an applicant must
- (a) have a medical degree,
  - (b) either



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- (i) have certification by the RCPSC or the CFPC, or
  - (ii) meet at least one of the following requirements:
    - (A) have completed postgraduate training which has led to recognition as a specialist by an international accrediting body acceptable to the RCPSC and the registration committee;
    - (B) have been recognized as a specialist in the jurisdiction where the applicant practised immediately prior to applying for registration;
    - (C) have satisfactory postgraduate training in family medicine consistent with the applicant's defined responsibilities and acceptable to the registration committee,
  - (c) submit a request for registration from the Dean of the Faculty of Medicine and the relevant Department Head, UBC, and
  - (d) be legally entitled to live and work in Canada.
  - (4) Academic registration is limited to the practice of medicine in the medical school, department or hospital that the academic appointment relates to and is immediately cancelled upon the appointment ceasing.
  - (5) An academic registrant is, subject to the limits and conditions of his or her registration, subject to the obligations and entitled to the rights of a registrant in one of the full classes of registration, except the right to vote and hold office.

### **Administrative**

- 2-19 (1) Administrative registration may be granted
  - (a) for a medical appointment to the public service or the Ministry of Health of British Columbia, upon written request from the Ministry of Health or a health authority,
  - (b) for a medical appointment to the Mental Health Review Board under the *Mental Health Act* upon written request from the Chair of the Mental Health Review Board or the Ministry of Health, or
  - (c) for administrative purposes to the Faculty of Medicine, UBC, upon written request from the Dean of the Faculty of Medicine, UBC.
- (2) A registrant whose name was entered on the temporary register for administrative purposes immediately before June 1, 2009 will be registered in the administrative class, subject to the specific limits and conditions that applied to his or her registration under the former enactment.

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- (3) For the purposes of section 20(2) of the Act, to be granted administrative registration, an applicant must
    - (a) have a medical degree,
    - (b) have completed postgraduate training consistent with the applicant's defined responsibilities and acceptable to the registration committee, and
    - (c) be legally entitled to live and work in Canada.
  - (4) An administrative registrant must not provide direct patient care.
  - (5) Registration is immediately cancelled upon the medical appointment ceasing.
  - (6) Subject to the limits and conditions of his or her registration, an administrative registrant is subject to the obligations and entitled to the rights of a registrant in one of the full classes of registration, except the right to vote and hold office.

#### **Conditional – practice limitations**

- 2-20
- (1) A registrant who was registered on the temporary register with practice limitations on his or her registration immediately before June 1, 2009 will be registered in the conditional – practice limitations class, subject to the specific terms and conditions that applied to his or her registration under the former enactment.
  - (2) A registrant with practice limitations is, subject to the limits and conditions of his or her registration, entitled to the rights and subject to the obligations of a registrant in one of the full classes of registration, except the right to vote and hold office or to be elected to the board.

#### **Conditional – practice setting**

- 2-21
- (1) A registrant in the provisional class for specialty practice who has obtained RCPSC certification but has not completed the requirements to become a licentiate of the MCC, may be registered in the conditional – practice setting class, with a practice setting determined by the registration committee.
  - (2) A registrant in the conditional – practice setting class is subject to the limits and conditions of his or her registration, and is entitled to the rights and subject to the obligations of a registrant in one of the full classes of registration, except the right to vote and hold office or to be elected to the board.

#### **Conditional – disciplined**

- 2-22
- (1) A registrant who
    - (a) was registered on the temporary register under sections 51(5)(b), 60(3) or 63(10) of the former enactment immediately before June 1, 2009, or

- (b) is the subject of an order or agreement under sections 25.2(3), (5) or (6)(b), 25.6(2)(c) or (4)(e), 32.2(4)(b)(ii), 32.3(3)(b)(ii), 33(2), 35, 37.1 or 39 of the Act,

will be registered in the conditional - disciplined class and will be subject to the specific limits or conditions imposed under the order or agreement described in section 2-22(1)(a) or (b).

- (2) A disciplined registrant is, subject to the limits and conditions of his or her registration, entitled to the rights and subject to the obligations of a registrant in one of the full classes of registration, except the right to vote and hold office or to be elected to the board.

### **Educational – medical student**

- 2-23 (1) A medical student whose name was entered on the temporary register for an educational purpose immediately before June 1, 2009 will be registered in the educational - medical student class, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (2) For the purposes of section 20(2) of the Act, to be granted educational - medical student registration, an applicant must
  - (a) either be
    - (i) a medical student enrolled in the Faculty of Medicine, UBC, whose registration may be renewed annually if requested by the Dean of Admissions, or
    - (ii) an out-of-province medical student performing an elective, and
  - (b) be legally entitled to live and work in Canada.
- (3) A medical student must limit his or her practice of medicine to the provision of services in connection with fulfilling the conditions or requirements of the medical degree program in which he or she is enrolled.

### **Educational – postgraduate (resident)**

- 2-24 (1) A postgraduate resident whose name was entered on the temporary register for an educational purpose immediately before June 1, 2009 will be registered in the educational – postgraduate class as a postgraduate resident, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (2) For the purposes of section 20(2) of the Act, to be granted registration in the educational – postgraduate class as a postgraduate resident, an applicant must
  - (a) have a medical degree,
  - (b) be enrolled in postgraduate training in the Faculty of Medicine, UBC,

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- (c) provide a request for registration to the registrar from the Associate Dean of Postgraduate Medical Education, Faculty of Medicine, UBC, and
  - (d) be legally entitled to live and work in Canada.
- (3) A postgraduate resident must limit his or her practice of medicine to the provision of services in connection with fulfilling the conditions or requirements of the postgraduate training program in which he or she is enrolled.
- (4) Despite subsection (3), the registrar may authorize a postgraduate resident to provide services on an in-patient ward of a clinical academic centre that is affiliated with the Faculty of Medicine, UBC, if the postgraduate resident
- (a) is enrolled in a postgraduate training program in the Faculty of Medicine, UBC, that will lead to RCPSC certification,
  - (b) has successfully completed a minimum of two years of postgraduate training,
  - (c) has obtained LMCC certification,
  - (d) has provided to the registrar a request for authorization under this subsection from the health authority that will employ or retain the postgraduate resident, describing, to satisfaction of the registrar,
    - (i) the clinical area in which the postgraduate resident will be practising, and
    - (ii) the supervision and review arrangements that will be in place respecting the postgraduate resident's practice,
  - (e) has provided to the registrar a request for authorization under this subsection from the director of the training program described in paragraph (a), confirming, to the satisfaction of the registrar,
    - (i) the postgraduate resident's standing in the training program,
    - (ii) that the postgraduate registrant has sufficient competency in the clinical area in which he or she will be practising, and
    - (iii) that there is sufficient correlation between the subject matter of the training program and the services to be provided by the postgraduate resident for the health authority,
  - (f) has professional liability coverage or protection that
    - (i) complies with section 4-12, or
    - (ii) is provided through the Health Care Protection Program administered and delivered by the Risk Management Branch of the Ministry of Finance in conjunction with the Ministry of Health, and

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- (g) pays the applicable fees set out in schedule “A”.
- (5) An authorization granted under subsection (4) expires on June 30 in each year, unless cancelled under subsection (6) on an earlier date.
  - (6) An authorization under subsection (4) is cancelled if
    - (a) the postgraduate resident ceases to be enrolled in the training program described in subsection (4)(a),
    - (b) the health authority withdraws the request described in subsection (4)(d), by written notice to the registrar,
    - (c) the program director withdraws the request described in subsection (4)(e), by written notice to the registrar,
    - (d) the postgraduate resident ceases to have professional liability coverage or protection as required by subsection (4)(f),
    - (e) cancellation is requested, or consented to, in writing by the postgraduate resident, or
    - (f) the postgraduate resident ceases to be a registrant.
  - (7) A postgraduate registrant may request that the quality assurance committee review a decision of the registrar denying an authorization under subsection (4), by filing a written request for review with the registrar within 30 days after the date of the registrar’s decision.
  - (8) A postgraduate resident may use the title “resident – clinical associate” while providing services as authorized under subsection (4).

**Educational – postgraduate (resident elective)**

- 2-25 (1) A resident undertaking a postgraduate resident elective whose name was entered on the temporary register for an educational purpose immediately before June 1, 2009 will be registered in the educational – postgraduate class as taking a postgraduate resident elective, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (2) For the purposes of section 20(2) of the Act, to be granted registration in the educational – postgraduate class as a postgraduate resident taking an elective, an applicant must
  - (a) have a medical degree,
  - (b) be a physician in training in an accredited program outside of British Columbia,

- (c) provide a request for appointment to a department of the Faculty of Medicine, UBC, for education in the applicant's specialty discipline or sub-discipline to the registrar from the applicant's Program Director and the Associate Dean of Postgraduate Medical Education of UBC, and
  - (d) be legally entitled to live and work in Canada.
- (3) A postgraduate resident taking an elective must limit his or her practice of medicine to the provision of services in connection with fulfilling the conditions or requirements of the postgraduate training program in which he or she is enrolled.

### **Educational – postgraduate (fellow)**

- 2-26 (1) A postgraduate fellow is a post-medical degree trainee who is pursuing further clinical or research training in his or her specialty and who has successfully completed all of the requirements that would allow him or her to practise as a specialist in his or her home jurisdiction.
- (2) A postgraduate fellow whose name was entered on the temporary register for an educational purpose immediately before June 1, 2009 will be registered in the educational – postgraduate class as a postgraduate fellow, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (3) For the purposes of section 20(2) of the Act, to be granted registration in the educational – postgraduate class as a postgraduate fellow, an applicant must
- (a) have a medical degree,
  - (b) submit with the application a request signed by the applicant, the department head or division head, and the Associate Dean of Postgraduate Medical Education, UBC,
  - (c) have either
    - (i) completed the educational requirements for certification as a specialist as determined by the RCPSC, or
    - (ii) be recognised as a medical or surgical specialist in the jurisdiction of practice immediately prior to applying for registration, and
  - (d) be legally entitled to live and work in Canada.
- (3.1) A postgraduate fellow must limit his or her practice of medicine to the provision of services in connection with fulfilling the conditions or requirements of the postgraduate training program in which he or she is enrolled.
- (4) Registration as a postgraduate fellow may be granted for a period up to two years for the purpose of providing the applicant with an opportunity to acquire further postgraduate training in the applicant's specialty or sub-specialty.

- (5) Any extension of registration as a postgraduate fellow beyond the two year period will be granted only in exceptional or extenuating circumstances upon receipt of a written request from the Associate Dean of Postgraduate Medical Education, UBC, and such extension must be approved by the registration committee and will be limited to a one year period.

#### **Educational – postgraduate (trainee)**

- 2-27 (1) A postgraduate trainee whose name was entered on the temporary register for an educational purpose immediately before June 1, 2009 will be registered in the educational – postgraduate class as a postgraduate trainee, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (2) For the purposes of section 20(2) of the Act, to be granted registration in the educational – postgraduate class as a postgraduate trainee, an applicant who does not meet the requirements for registration as a postgraduate fellow must have
- (a) acceptable postgraduate training that warrants admission to a postgraduate program at UBC, if requested by the Associate Dean of Postgraduate Medical Education, UBC, and
  - (b) be legally entitled to live and work in Canada.
- (3) A postgraduate trainee must limit his or her practice of medicine to the provision of services in connection with fulfilling the conditions or requirements of the postgraduate training program in which he or she is enrolled.

#### **Educational – clinical trainee**

- 2-28 (1) Educational – clinical trainee registration may be granted to afford an educational experience, for a limited duration not exceeding three years, in an appropriate setting approved by the registration committee and for the purpose of allowing the trainee to upgrade, enhance or maintain clinical skills and competence and to become familiar with the clinical and ethical requirements of the Canadian medical system.
- (2) A clinical trainee whose name was entered on the temporary register for an educational purpose immediately before June 1, 2009 will be registered in the educational – clinical trainee class, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (3) For the purposes of section 20(2) of the Act, to be granted educational - clinical trainee registration, an applicant must
- (a) have a medical degree,
  - (b) have satisfactorily completed the MCC Evaluating Examination,
  - (c) submit with the application a written request from a registrant in one of the full classes of registration in good standing who

- (i) agrees to supervise and be responsible for all clinical contact the applicant may have with patients and to ensure the applicant's compliance with the standards of professional ethics and standards of practice, and
- (ii) details the duration, parameters, responsibilities, benefits and goals of such registration and the nature and extent of the intended supervision of the applicant,
- (d) if a portion of the educational activity is to take place in a hospital, submit with the application a letter from the chief of staff of the hospital supporting the registration, and
- (e) have Canadian citizenship or permanent resident status.

### **Visitor**

- 2-29 (1) Visitor registration may be granted to an applicant who wishes to provide or acquire a short term learning experience relevant to the applicant's specialty and area of practice, not to exceed six months, involving clinical contact with patients or to provide limited medical care in specific circumstances, and will be subject to the limits and conditions specified by the registration committee.
- (2) A visiting registrant whose name was entered on the temporary register immediately before June 1, 2009 will be registered in the visitor class, subject to the specific limits and conditions that applied to his or her registration under the former enactment.
- (3) For the purposes of section 20(2) of the Act, to be granted visitor registration, an applicant must
- (a) have a medical degree,
  - (b) have certification,
    - (i) if a general/family physician, from the CFPC or satisfactory postgraduate training in general/family medicine consistent with the applicant's defined responsibilities and acceptable to the registration committee, or
    - (ii) if a specialist, from the RCPSC or recognition as a medical or surgical specialist in the jurisdiction of practice immediately prior to applying for registration,
  - (c) satisfy the registration committee that the applicant is legally entitled to visit or reside in Canada for the purpose of his or her educational experience,
  - (d) submit with the application a request to grant the registration from a registrant in one of the full classes of registration or an organization acceptable to the registrar,



- (e) specify the dates and locations where the applicant will be carrying out his or her educational experience, and
  - (f) provide the name of a registrant acceptable to the registration committee who, where appropriate, will be responsible for supervising the applicant.
- (4) Subject to the limits and conditions of his or her registration, a visiting registrant is subject to the obligations and entitled to the rights of a registrant in one of the full classes of registration, except the right to vote and hold office.

### **Emergency**

- 2-30 (1) Emergency registration may be granted
- (a) if the registrar, registration committee or the board determines there is immediate need for medical services due to an actual or potential threat of serious harm to public safety, health, or welfare, or
  - (b) at the request of the Federal Minister of Health or the Provincial Health Officer.
- (2) For the purposes of section 20(2) of the Act, to be granted emergency registration, an applicant must, unless waived by the registrar,
- (a) be registered and practising medicine, as defined in the Regulation, in another Canadian province or territory, in the United States of America, or in another jurisdiction acceptable to the College,
  - (b) present a certificate of professional conduct from the licensing body of the jurisdiction in which he or she currently practises, confirming good standing in that jurisdiction, and
  - (c) provide proof of identification.
- (3) Emergency registration will be immediately cancelled on the date determined by the registration committee or the board.
- (4) An emergency registrant does not have the right to vote or to hold office.

### **Restricted**

2-31	PENDING
2-32	PENDING
2-33	PENDING
2-34	PENDING
2-35	PENDING
2-36	PENDING
2-37	PENDING
2-38	PENDING

**Retired - life**

- 2-39 (1) A registrant whose name was entered on the retired (life) register immediately before June 1, 2009 will be registered in the retired - life class, subject to the specific limits and conditions that applied to his or her registration under the former enactment, and may only prescribe medications for up to three years after June 1, 2009 unless the registrant complies with section 2-8.
- (2) A retired - life registrant may reactivate his or her registration to practise medicine within three years from the date of registration in the retired-life class, upon payment of the fee specified in Schedule “A”.
- (3) A retired - life registrant who wishes to reactivate his or her registration to practise medicine more than three years from the date of registration in the retired - life class must comply with section 2-8 and pay the fee specified in Schedule “A”.
- (4) No individual other than an individual granted registration under section 2-39(1) will be granted retired - life registration after June 1, 2009.
- (5) To be granted annual renewal of licensure, a retired – life registrant must satisfactorily complete and provide to the registrar an application for annual renewal of licensure in the form established by the registrar under section 1-25(4) for the purposes of this section.
- (6) The registrar must send the annual renewal of retired – life registration form to each retired – life registrant, no later than January 15.
- (7) A retired – life registrant must provide a completed application for annual renewal of licensure to the registrar on or before February 1.
- (8) If a retired – life registrant does not comply with section 2-39(5) and (7), the registrar must cancel the registration.

**Assessment**

- 2-40 (1) An application for assessment registration must be preceded by a request to grant assessment registration from the Ministry of Health or its designate, or the Faculty of Medicine, UBC, that
- (a) identifies the applicant’s sponsor, if the request is from the Ministry of Health or its designate,
  - (b) describes how the applicant will engage in the practice of medicine, and
  - (c) is satisfactory to the registration committee.
- (2) An applicant for assessment registration must
- (a) have successfully completed a preliminary assessment of his or her eligibility for assessment registration,

- (b) have successfully completed the MCC Evaluating Examination, unless specifically exempted by the MCC, and
  - (c) be legally entitled to live and work in Canada.
- (3) An applicant granted assessment registration must limit his or her practice of medicine to the provision of services in connection with undergoing the practice ready assessment specified by the registration committee, and is subject to the conditions set out in section 2-43.
- (4) An applicant granted assessment registration is subject to the obligations of a registrant in one of the full classes of registration, except the right to vote and hold office or to be elected to the board.

#### **Assessment – general/family**

- 2-41 (1) For the purposes of section 20(2) of the Act, to be granted assessment registration for general/family practice, an applicant must
- (a) have a medical degree,
  - (b) have successfully completed a minimum of two years of postgraduate training in a foreign jurisdiction that includes training in medicine, surgery, obstetrics/gynecology, pediatrics, psychiatry, emergency medicine and family practice leading to registration or recognition as a general/family physician in that jurisdiction, and
  - (c) be legally entitled to live and work in Canada.

#### **Assessment – specialty**

- 2-42 (1) For the purposes of section 20(2) of the Act, to be granted assessment registration for specialty practice, an applicant must
- (a) have a medical degree,
  - (b) have successfully completed at least four years of postgraduate training in the applicant's specialty in a foreign jurisdiction leading to registration or recognition as a specialist physician in that jurisdiction, and
  - (c) be legally entitled to live and work in Canada.

#### **Cancellation of assessment registration**

- 2-43 (1) Assessment registration is cancelled
- (a) at the end of the assessment period specified for the registrant by the registration committee,

- (b) if the Ministry of Health or its designate, or the Faculty of Medicine, UBC, as the case may be, withdraws the request made under section 2-40(1), or
- (c) if the registrant's assessment is terminated because of competency concerns.

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## PART 3 – RECORDS

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### Section A – College Records

#### Seal

- 3-1 (1) A seal for the College must be approved by the board.
- (2) The seal of the College must be affixed by those persons designated by the board to certificates of registration and licensure and such other documents as the board may direct.

#### Freedom of Information and Protection of Privacy Act

- 3-2 (1) The registrar is the “head” of the College for the purposes of the *Freedom of Information and Protection of Privacy Act* of British Columbia.
- (2) The registrar may authorize a deputy registrar, a person employed by the College or a person who has contracted to perform services for the College, to perform any duty or exercise any function of the registrar as “head” under the *Freedom of Information and Protection of Privacy Act*.
- (3) The board must ensure that the registrar fulfils his or her duties under the *Freedom of Information and Protection of Privacy Act*.
- (4) The registrar must report annually to the board regarding the steps he or she has taken to fulfil his or her duties under the *Freedom of Information and Protection of Privacy Act*.

#### Protection of personal information

- 3-3 (1) The board must take reasonable measures to ensure that the collection, use and disclosure of personal information by the College is in accordance with the *Freedom of Information and Protection of Privacy Act*.
- (2) The board must take reasonable measures to ensure that, where personal information is sent to any person or service organization for processing, storage or destruction, a contract is made with that person or organization which includes, without limitation, an undertaking by that person or organization that confidentiality will be maintained.

#### Fees for information requests

- 3-4 Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a College record under section 5 of that Act must pay the applicable fees set out in the “Schedule of Maximum Fees” established in the *Freedom of Information and Protection of Privacy Regulation*, BC Reg. 155/2012.

## **Section B – Registrant Records**

### **Requirements for medical practice records**

- 3-5 (1) A registrant must
- (a) keep records in English,
  - (b) keep a clinical record on each patient containing
    - (i) the patient's name, gender, personal health number, date of birth, address and dates of attendance,
    - (ii) sufficient information to clearly explain why the patient came to see the registrant and what the registrant learned from both the medical history and the physical examination,
    - (iii) a clear record of what investigations the registrant ordered,
    - (iv) a clear record of either the provisional diagnosis or diagnosis made, and
    - (v) a clear record of the specifics of any treatment, recommendation, medication and follow-up plan,
  - (c) keep a paper or electronic record with respect to each patient containing the date of the service rendered, type of service and charge made,
  - (d) for each day, keep a day book, daily diary, appointment sheets or equivalent containing the names of patients seen or treated, or in respect of whom professional services are rendered,
  - (e) keep a record, separate from the patient's medical record, of all narcotics and controlled drugs purchased or obtained for the registrant's practice and a record of all such narcotics and controlled drugs administered or furnished to a patient in or out of the registrant's office, containing
    - (i) the name, strength, dose and quantity of the drug purchased or obtained,
    - (ii) the name, strength, dose and quantity of the drug administered or furnished,
    - (iii) the name and address of the person to whom the drug was administered or furnished, and, if applicable, the name and address of the person who took delivery of the drug, and
    - (iv) the date on which the drug was obtained and the date on which the drug was administered, furnished or otherwise disposed of, and

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- (f) keep all records either,
    - (i) typed or legibly written in ink and filed in suitable systematic permanent form such as books, binders, files, cards or folders, or
    - (ii) in electronic form, compliant with the policies and guidelines of the board with respect to the creation, maintenance, security, disposition and recovery of electronic medical records.
  - (2) The information kept in the records must be capable of being reproduced promptly in written form and the material so reproduced, either by itself or in conjunction with other records, must constitute an orderly and legible permanent record that would provide, without delay, the information required under sections 3-5(1)(b), (c) and (d), and the record keeping system must audit or record any subsequent changes made.
  - (3) A registrant attending a patient in hospital must promptly complete the medical records for which the registrant or other health care facility is responsible.
  - (4) A registrant must make all records and all other relevant practice records, documents and writings, available at reasonable hours for inspection by the board, any committee of the board, or any person or body acting on behalf of or under the direction of the College, the board or any committee of the College, and must permit any such body or person to make copies or remove records temporarily for the purpose of making copies.
  - (5) A registrant must keep all records in accordance with all Federal and British Columbia statutes applicable to the practice of medicine including, without limitation,
    - (a) the *Personal Information Protection Act* of British Columbia,
    - (b) the *Freedom of Information and Protection of Privacy Act* of British Columbia,
    - (c) the *Personal Information Protection and Electronic Documents Act* of Canada,
    - (d) the *Privacy Act*,
    - (e) the *Access to Information Act* of Canada, and
    - (f) the *E-Health (Personal Health Information Access and Protection of Privacy) Act* of British Columbia.

### **Storage and retention of medical practice records**

- 3-6
- (1) A registrant must ensure the safe and secure storage of all records.
  - (2) Records are required to be retained for a minimum period of sixteen years from either the date of last entry or from the age of majority, whichever is later, except as otherwise required by law.

**Transfer, destruction or disposition of medical practice records**

- 3-7 (1) A registrant must dispose of records only by
- (a) transferring the record to another registrant or, with the consent of the patient, to another health care agency or health care practitioner, or to a person or organization retained by the registrant to act on his or her behalf,
  - (b) effectively destroying a physical record by shredding or incinerating in a controlled environment, or
  - (c) erasing information recorded or stored by electronic means in a manner that ensures all traces of the original data are destroyed and that the information cannot be reconstructed.

**Registrant ceasing to practise**

- 3-8 (1) A registrant who ceases to practise for any reason must dispose of all records described in section 3-5 in accordance with section 3-7 and provide the College with a written summary of the steps the registrant has taken to dispose of the information or promptly inform the College of the location of the records.
- (2) A registrant must make appropriate arrangements to ensure that, in the event the registrant dies or becomes unable to practise for any reason and is unable to dispose of the personal information, the information will be safely and securely stored or transferred to another registrant.



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## **PART 4 – PROTECTION OF THE PUBLIC**

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### **Section A – Complaint Handling and Discipline**

#### **Complaint handling**

- 4-1 The board, under section 32(3) of the Act, authorizes the registrar to deal with complaints as specified in section 32(3) of the Act.

#### **Investigation by inquiry committee**

- 4-2 (1) The inquiry committee must carry out an investigation of a matter referred to it under section 33 of the Act by directing the registrar to investigate the matter.
- (2) When the inquiry committee directs the registrar to investigate a matter under section 4-2(1), the registrar, or any other person designated to investigate a matter on the registrar's behalf, may
- (a) as soon as practicable, require the respondent to reply to written requests for information relevant to the matter under investigation, and to submit any practice records relevant to the matter under investigation,
  - (b) request a written report or any other information from any registrant or other person that the registrar considers may be of assistance in reviewing the matter under investigation,
  - (c) meet with the complainant, the respondent and any other person the registrar may consider necessary, to discuss the matter under investigation, or
  - (d) attempt to resolve the complaint or other matter under investigation through alternative dispute resolution in accordance with section 4-3.
- (3) The committee may require the respondent to attend for interview by the committee or the registrar.

#### **Disposition by inquiry committee**

- 4-3 (1) If the complainant and respondent agree, the inquiry committee may, under section 33(6)(b) of the Act, attempt to resolve a complaint or other matter under investigation through alternative dispute resolution.
- (2) If an agreement is not reached through alternative dispute resolution, or the terms of an agreement are not approved by the inquiry committee with respect to a complaint or other matter which the inquiry committee attempts to resolve through alternative dispute resolution under section 4-3(1), the inquiry committee may take any other action under section 33(6) of the Act.

- (3) Alternative dispute resolution may include, but is not limited to, negotiation and mediation.
- (4) Alternative dispute resolution will be conducted in accordance with any policies and procedures established by the inquiry committee.
- (5) The terms of any agreement reached between the College and the respondent through alternative dispute resolution are subject to the approval of the inquiry committee.

### **Undertakings and consents**

- 4-4 (1) The record of an undertaking or consent given under section 36 of the Act, or a consent order under section 37.1 of the Act, must
- (a) include any consent to a reprimand or to any other action made by the respondent under section 36 or 37.1 of the Act,
  - (b) include any undertaking made by the respondent under section 36 or 37.1 of the Act,
  - (c) specify the length of time that an undertaking specified in section 4-4(1)(b) is binding on the respondent,
  - (d) specify the procedure that the respondent may follow to be released from an undertaking specified in section 4-4(1)(b), and
  - (e) specify what notification and disclosure of the limits or conditions of the undertaking or consent may be given to others, including the members of the public, consistent with section 39.3 of the Act.

### **Citation for disciplinary hearing**

- 4-5 (1) The registrar may join one or more complaints and one or more respondents in a citation under section 37 of the Act.
- (2) After a citation has been issued, but before a hearing is convened in respect of that citation, the registrar may amend the citation.
  - (3) At any time before the conclusion of a hearing in respect of a citation, a discipline committee panel may amend the citation.
  - (4) If the registrar or a discipline committee panel amends a citation, the registrar or the panel, as the case may be, must notify the respondent of the amendment as soon as possible.
  - (5) Once a citation has been issued, only the inquiry committee can withdraw it.

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**Hearings by discipline committee panel**

- 4-6 (1) A discipline committee panel of four persons appointed under section 1-17(2) must hear and determine a matter under sections 38 and 39(1) of the Act.
- (2) No person may sit on a discipline committee panel
- (a) while he or she is a member of the inquiry committee, or
  - (b) that hears a matter in which he or she was involved as a member of the inquiry committee.
- (3) Information about the date, time and subject matter of the hearing must be provided to any person upon request.
- (4) A discipline committee panel must provide notice by registered mail or by personal service, in a form approved by the registrar, to a person who is required to attend a hearing under section 38(6) of the Act.
- (5) A discipline committee panel may make an order that the public, in whole or in part, be excluded from the hearing or any part of it if the discipline committee panel is satisfied that such an order is appropriate in the circumstances, and, in determining whether such an order should be made, the discipline committee panel may, without limitation, consider
- (a) whether avoiding public disclosure of personal, confidential, financial or other information outweighs adhering to the principle that hearings be open to the public,
  - (b) whether a person involved in a criminal proceeding may be prejudiced,
  - (c) whether the safety of a person may be jeopardized, and
  - (d) whether matters involving public security may be disclosed.
- (6) A discipline committee panel may make such orders it considers necessary to prevent the public disclosure of matters disclosed at a hearing, including orders prohibiting publication or broadcasting of those matters.
- (7) A discipline committee panel may make an order excluding the public from the part of a hearing dealing with an application for an order under section 4-6(5).
- (8) A discipline committee panel may make any order necessary to prevent the public disclosure of matters disclosed in submissions or evidence relating to any order described in section 4-6(7), including an order prohibiting the publication or broadcasting of those matters.
- (9) Where a discipline committee panel makes an order under section 4-6(5) that the public be excluded from the hearing, the discipline committee may allow

- (a) the parties, the complainant, and their legal representatives, and
  - (b) such persons as the discipline committee panel considers appropriate,
- to attend the hearing.
- (10) A discipline committee panel may, for a witness other than the respondent, whose testimony is of a confidential, personal or sexual nature, make an order that no person publish the identity of the witness or any information that could disclose the identity of the witness, or order that any such witness be identified only by pseudonym, provided that the true name, address and occupation of the witness is given to the parties present or represented at the hearing.
  - (11) A discipline committee panel may make any orders it considers necessary to ensure that the proper respect is afforded to the hearing process by members of the public attending the hearing, and to reasonably limit the number of seats in the hearing room.
  - (12) The registrar may issue a public notice of a discipline committee panel hearing in a manner that the registrar considers appropriate.
  - (13) A discipline committee panel may permit another person or persons, for the purpose of providing support to a complainant, to be in attendance at the hearing during the time the complainant is present, provided such person undertakes to respect the confidentiality of the proceedings if an order excluding the public is made under section 4-6(5).
  - (14) The report of a discipline committee panel must be signed by each concurring member and a member not concurring may make a minority report.
  - (15) Reports under section 4-6(14) must be delivered to the registrar forthwith after execution.
  - (16) Where a discipline committee panel by a unanimous or majority report makes a finding under sections 39(1)(a) to (e) of the Act, the discipline committee panel must consider the issue of punishment and costs under sections 39(2) to (8) of the Act after the respondent is given at least 14 days' notice of the time and place of the hearing.
  - (17) The provisions of section 4-6(5) to (15) apply to the discipline committee panel when acting under section 4-6(16).
  - (18) Following the conclusion of proceedings under section 4-6(16), the registrar must retain custody of all exhibits until the right of appeal under section 40 of the Act has expired.

### **Registrant under suspension**

- 4-7 (1) During any period of suspension from practice, a registrant must
  - (a) not engage in the practice of medicine in British Columbia,
  - (b) not hold himself or herself out as being a registrant entitled to practise,

- (c) not hold office in the College,
  - (d) not make appointments for a patient or prospective patient,
  - (e) not contact or communicate with a patient or prospective patient, except
    - (i) to inform a patient or prospective patient of the fact and duration of the suspension,
    - (ii) to inform a patient or prospective patient that another registrant will continue to operate in his or her place, or
    - (iii) to refer a patient or prospective patient to another registrant in good standing,
  - (f) remove his or her name and any sign relating to his or her practice of medicine from the medical premises and the building in which the medical premises are located unless exempted by the registrar,
  - (g) prominently display a notice of suspension, in a form and in an area approved by the registrar, and
  - (h) surrender any certificate of registration and licence to practise medicine issued by the College.
- (2) Any communication under section 4-7(1)(e) may be made in writing, or by employing office staff, answering service or other communication device specifically for this purpose and must be approved in advance by the registrar.
- (3) A registrant suspended from practice is not entitled to a refund of the annual fee for the portion of the suspension or of any special assessment that the registrant has paid.
- (4) A suspended registrant will not contravene section 4-7(1) if he or she summarizes previous patient attendances and provides a professional opinion for medical/legal reports or court testimony based on patient contact that occurred while the registrant was not suspended.
- (5) A suspended registrant may, during the period of suspension, allow another registrant to use his or her medical premises, provided that
- (a) the suspended registrant receives no income or other financial benefit from the arrangement unless
    - (i) from rental of the premises if owned by the suspended registrant, and
    - (ii) the registrar approves of the specific arrangement,

- (b) evidence of the suspended registrant's authorization to practise medicine is removed from the medical premises, and
- (c) a notice of suspension, in a form approved by the registrar, is prominently displayed in the reception area of the medical premises.

**Fines**

- 4-8 (1) The maximum amount of a fine that may be ordered by the discipline committee panel under section 39 of the Act is \$100,000.00.
- (2) The fine is a debt due to the College by the registrant.
- (3) If a fine is not paid within the time for payment set by a discipline committee panel, the registrant may be suspended from practice until the fine is paid.

**Costs**

- 4-9 (1) The tariff of costs set out in schedule "B" to partially indemnify the College for investigations under section 33 of the Act is hereby established under section 19(1)(v.1) of the Act.
- (2) The tariff of costs set out in schedule "B" to partially indemnify parties for their expenses incurred in preparation for and conduct of hearings under section 38 of the Act is hereby established under section 19(1)(w.1) of the Act.

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## **Section B – General**

### **Professional liability coverage or protection**

- 4-10 (1) A registrant must possess and maintain professional liability coverage or protection that extends to all areas of his or her practice, through either or both
- (a) membership in the Canadian Medical Protective Association, or
  - (b) a policy of professional liability insurance issued by a company licensed to carry on business in British Columbia that provides coverage of at least \$10,000,000.00.
- (2) When applying for registration or a renewal of registration, an applicant must sign a declaration that he or she is or will be in compliance with section 4-10(1) prior to commencing practice.
- (3) Sections 4-10(1) and (2) do not apply to
- (a) a registrant who provides written evidence, satisfactory to the College, that he or she is not providing any medical service in British Columbia to any person,
  - (b) a registrant who provides written evidence from his or her employer satisfactory to the College that
    - (i) the registrant is providing medical service only to other employees of the employer, and not to any members of the public, and
    - (ii) any professional liability claim made against the registrant will be covered by the employer or the employer's insurer, or
  - (c) a medical student or other registrant in a training capacity under the auspices of a university or teaching hospital which has provided written evidence that such university or teaching hospital or their insurers will cover any professional liability claim made against the medical student or registrant.

### **Registrant's responsibility to the College**

- 4-11 (1) Every registrant must
- (a) without limitation, co-operate fully with the College, the board or any committee of the College, or any person or body acting on behalf of or under the direction of the College, the board or any committee,
  - (b) reply promptly to any communication from the College, the board or any of the committees appointed by the board,

- (c) attend or appear before the registrar, a member of the registrar staff, the board or any of the committees appointed by the board when requested, summoned or notified to do so, and
  - (d) provide such information as determined by the board for annual renewal of licensure.
- (2) A registrant who fails to comply with section 4-11(1) may be found guilty of unprofessional conduct.



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## **PART 5 – COLLEGE ACCREDITATION PROGRAMS**

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### **Section A - Non-Hospital Medical and Surgical Facilities Accreditation Program** **(NHMSFAP)**

#### **Committee**

- 5-1
- (1) The committee is established consisting of at least six persons appointed by the board, and at least one third must be public representatives.
  - (2) The committee must include one elected board member who will serve as the chairperson.
  - (3) The committee may appoint advisory persons or groups to assist it.
  - (4) The committee must report to the board.
  - (5) The responsibilities of the committee are
    - (a) to determine if a facility should be accredited and the level of accreditation,
    - (b) to establish accreditation standards, policies, rules, procedures and guidelines for the NHMSFAP to ensure the delivery of high-quality and safe services in the facility,
    - (c) to administer the NHMSFAP and ensure facility compliance with the accreditation standards, policies, rules, procedures and guidelines and with the Bylaws,
    - (d) to determine if the accreditation of a facility should be revoked, suspended, or changed and to impose limits and conditions on accreditation,
    - (e) to impose such administrative penalties, fines and costs as is appropriate for the breach of or failure to comply with the Bylaws or standards,
    - (f) to receive patient safety incident reports from facilities and where necessary make recommendations or give direction to facilities,
    - (g) to charge fees for the proper and orderly administration of the NHMSFAP as established by the board,
    - (h) to assess and resolve all matters coming before it, or, where necessary, to refer to the board or its committees with any recommendations it sees fit, and
    - (i) to keep records of the receipts and expenditures in a manner approved by the board.

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## Accreditation of facilities

### General

- 5-2
- (1) Every facility must be accredited and maintain accreditation by the committee before it can provide medical, surgical, dental or anesthesia procedures.
  - (2) A facility may only provide those medical, surgical, dental and anesthesia procedures which are permitted by its accreditation.
  - (3) In order to be granted accreditation, a facility must meet the requirements established by the Bylaws and standards.
  - (4) When accreditation of the facility has been granted, a certificate of accreditation will be issued by the committee stating the level of accreditation and the period for which it is valid.
  - (5) The committee may, subject to the provisions of the Act and the *Freedom of Information and Protection of Privacy Act*, make public any information it considers appropriate with respect to any application for accreditation or reaccreditation including but not limited to, the name and address of each facility, name of the medical director and owners, a list of all privileged medical staff, the date of the current accreditation report and status with the reasons for any conditions imposed, any responses to the accreditation report, any previous accreditation reports or investigative reports, and any previous decisions or reports of the committee in respect of the facility or any other facility owned by any of the owners of the facility applying for accreditation or reaccreditation.
  - (6) Accreditation of a facility is limited to a specific address.

### New facilities

- 5-3
- (1) The medical director and owner of a new facility must apply in writing to the committee for accreditation of the facility and if there is more than one owner of the facility, the application must indicate the names of the owners and their respective interests.
  - (2) The committee or persons appointed by the committee must carry out an on-site assessment of the facility after receipt of an application for accreditation of a new facility at a time agreed to by the applicant and the committee.
  - (3) The committee, after completion of the on-site assessment, may
    - (a) grant the facility a provisional accreditation, or
    - (b) deny accreditation.
  - (4) The committee, after the completion of the further on-site assessment referred to in section 5-3(3)(a), may
    - (a) grant the facility full accreditation for a period not to exceed five years with or without a requirement for a further on-site assessment during the term of accreditation, or

- (b) grant the facility an accreditation subject to a report and may include such limits or conditions on the accreditation as the committee deems appropriate for a period to be determined by the committee, to allow the facility to comply with any outstanding requirements for full accreditation, or
  - (c) deny accreditation.
- (5) A new facility that has been granted accreditation subject to a report will be granted full accreditation under section 5-3(4)(a) if, within the period specified in the report, the committee is satisfied that the facility has successfully remediated all deficiencies, and complied with all limits and conditions imposed by the committee.
- (6) The committee must give written notice with reasons of its decision on the application to the medical director of the facility.

### **Reaccreditation of a facility**

- 5-4 (1) The College will deliver a reaccreditation package to the medical director of a facility prior to the expiry of the period set out in the certificate of accreditation granted to the facility.
- (2) The medical director, after receipt of the reaccreditation package, must ensure that the facility is, during normal business hours, open for an on-site assessment to be carried out by the committee or by persons appointed by the committee in order for reaccreditation to be granted.
- (3) The committee may extend the term of the certificate of accreditation granted to a facility pending the committee's decision on the reaccreditation application.
- (4) The committee, after the completion of the on-site assessment, may
- (a) grant the facility full accreditation for a period not to exceed five years with or without a requirement for a further on-site assessment during the term of accreditation,
  - (b) grant the facility accreditation subject to a report and may include such limits or conditions on the accreditation as the committee deems appropriate for a period to be determined by the committee to allow the facility to comply with any outstanding requirements for full accreditation, or
  - (c) deny accreditation.
- (5) A facility which has been granted accreditation pursuant to section 5-4(4)(b) will be granted full accreditation under section 5-4(4)(a), if, within the time period specified by the committee, the committee is satisfied that the facility has successfully remediated all deficiencies and complied with all limits and conditions imposed by the committee.
- (6) The committee must give written notice with reasons of its decision on the application to the medical director of the facility.

**Review of accreditation decision**

- 5-5 (1) A medical director may request that the committee review any decision denying accreditation to the facility or changing the terms of accreditation, by filing a written request for review with the registrar within 30 days after the date of the committee's decision but the decision of the committee will remain in force pending the outcome of the review by the committee.
- (2) A medical director may request a review on the record by the board of a final decision of the committee, by filing a written request for review with the registrar within 30 days after the date of the committee's final decision but the decision of the committee will remain in force pending the outcome of the review by the board.

**Revocation, suspension or change to the level of accreditation**

- 5-6 (1) The committee may revoke, suspend or change the terms of accreditation at any time during the period specified on the certificate of accreditation if, in the opinion of the committee, revocation, suspension or change is warranted by
- (a) a failure of the facility to comply with the Bylaws and/or, the standards,
  - (b) one or more unacceptable patient outcomes at a facility, or
  - (c) a risk to patient care or safety.
- (2) If the committee intends to act under section 5-6(1), the committee must inform the medical director by notice in writing
- (a) of its intention to revoke, suspend or change the terms of accreditation,
  - (b) of the circumstances giving rise to the committee's intended action, and
  - (c) that the medical director may, within 30 days after receipt of the notice, make written submissions to the committee or request a hearing by the committee, and
  - (d) that the committee may proceed to render a decision if there is no request to submit written submissions, no written submissions are received within 30 days of receipt of the notice, and/or a hearing is not requested.
- (3) Notwithstanding section 5-6(2), if in the opinion of the registrar immediate action is necessary to protect the public, the registrar may
- (a) impose limits or conditions on the procedures performed at the facility, or
  - (b) suspend the accreditation of the facility.
- (4) The decision of the registrar under section 5-6(3) must be in writing and delivered to the medical director of the facility.
- (5) If the registrar determines that the action taken under section 5-6(3) is no longer necessary to protect the public, the registrar may cancel the limits, conditions, or

suspension imposed upon the facility and must notify the medical director of the facility in writing of the cancellation as soon as possible.

- (6) The medical director of a facility may file a written request for a review of a decision under section 5-6(4) by the committee within 30 days of the date of the decision but the decision of the registrar will remain in force pending the outcome of the review of the committee unless the registrar determines that action is no longer required under section 5-6(5).
- (7) The committee may, upon review, affirm, vary or set aside the registrar's decision.
- (8) The medical director of a facility may file a written request for a review of a decision under section 5-6(1) or 5-6(7) by the board within 30 days of the date of the decision but the decision will remain in force pending the outcome of the review by the board.
- (9) The review of a committee's decision under section 5-6(8) will be on the record.

### **Medical director**

- 5-7
- (1) Every facility must appoint a medical director who is a registrant and whose credentials meet the standards and qualifications set by the Bylaws and standards.
  - (2) The committee may establish standards and qualifications for the appointment of a medical director and may establish standards, policies, procedures, rules, and guidelines respecting the duties and responsibilities of a medical director.
  - (3) The medical director is responsible for the procedures performed, and the delivery of medical and surgical care provided in the facility and all matters pertaining to such medical and surgical care.
  - (4) The medical director must
    - (a) ensure compliance with the accreditation standards, policies, rules, procedures and guidelines for the NHMSFAP, and the Bylaws,
    - (b) ensure that all procedures are performed only as permitted by the committee and the Bylaws and in accordance with the requirements of the standards of professional ethics and standards of practice of the College,
    - (c) ensure that other regulated health professionals practising in the facility meet appropriate standards and practise only within the scope of their practice and demonstrated competence,
    - (d) have access to all records and documents relating to the operation of the facility and the procedures performed there, and
    - (e) co-operate with the committee or any person appointed by the committee in any accreditation process, inspection or investigation.
  - (5) The medical director is responsible for the selection, appointment and reappointment of all medical staff and must meet, at least annually, with each member of the medical staff

and review the privileges granted to each member and document such review in a form approved by the registrar.

- (6) The medical director is responsible for the investigation and review of all complaints respecting the facility. The medical director must refer in writing to the College all complaints regarding a member of its medical staff.
- (7) If, in the opinion of the committee, the medical director of a facility has failed to properly and reasonably exercise their duties and responsibilities, the committee may act under section 5-6(1) to revoke, suspend or change the terms of accreditation of the facility until a new medical director is appointed.
- (8) The obligations and responsibilities of the medical director of a facility continue to apply to a registrant who is appointed as medical director notwithstanding that the registrant may also be a member of the medical staff of the facility and may perform medical, surgical or anesthesia procedures at the facility.

### **New programs, additional procedures and contracts with third parties**

- 5-8 (1) The medical director consistent with policy approved by the committee must notify the committee in writing if the facility intends to
- (a) enter into a contract with a health authority or other third party regarding any medical, surgical or anesthesia procedures or programs,
  - (b) enter into any agreement which would increase the number of procedures performed at the facility, or
  - (c) add a new program.
- (2) The facility must not enter into any contract with a health authority or other third party regarding any medical, surgical or anesthesia procedures or programs, or enter into any agreements which would increase the number of procedures to be performed at the facility or add a new program until the committee has notified the medical director that the committee is satisfied that the accreditation standards, policies, rules, procedures and guidelines for the NHMSFAP can continue to be met.

### **Reporting responsibilities**

- 5-9 (1) The medical director must, in a manner determined by the committee,
- (a) report to the committee all patient safety incidents of a nature determined by the committee for reporting,
  - (b) report to the committee any death which has occurred during or within 28 days of a procedure in the facility,
  - (c) maintain records of all patient safety incidents, the details of investigations, outcomes and recommendations, and provide a copy of the records to the committee upon request, and
  - (d) provide to the committee annually, and upon request, a written report setting out

all procedures performed at the facility in the preceding year or a specific period of time.

- (2) If the facility has been subject to flood, fire, hazardous material incident, suffered significant structural damage or been subject to any other incident as determined by the committee through standards, policies, procedures, rules or guidelines as requiring immediate notification of the committee, the medical director shall immediately provide written notification to the committee and the facility must immediately cease operations until
  - (a) it has been inspected by the committee or persons designated by the committee, and
  - (b) it has been approved by the committee to resume operations.
- (3) If major renovations are planned for an existing facility or the facility commences new construction on the facility, the medical director shall provide written notification to the committee at least 90 days in advance of the commencement of any renovations or construction and the committee may review the existing accreditation to determine if such renovations or new construction requires a new application for accreditation and if so, such an application will be treated by the committee as if it is an application for a new facility.

### **Changes to facility**

- 5-10 (1) The medical director must
- (a) notify the committee in writing prior to any change in the ownership of the facility in a form approved by the committee,
  - (b) notify the committee in writing of any decision to close the facility, no later than 30 days prior to such closure, and inform the committee in writing of the location where the files of the facility will be stored and of agreements for access to such files, and
  - (c) notify the registrar in writing within 48 hours if the facility rescinds a registrant's privileges or requests that a registrant cease providing services at the facility.
- (2) Subject to section 5-10(3), any change of ownership of the facility
- (a) terminates the existing certificate of accreditation for such facility,
  - (b) requires the facility to apply for a new certificate of accreditation, and
  - (c) such application, if submitted to the committee, will be treated as an application for a new facility.
- (3) Upon receiving a written request by the current owner of a facility, the committee, in its sole discretion, may advise whether a proposed change, decision or rescission would result in a change of ownership and may exempt a facility from the application of section 5-10(2).

**Medical staff application**

- 5-11 (1) Only a registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon in good standing may be appointed to the medical staff of a facility.
- (2) A registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon may apply to the medical director for a medical staff appointment to a facility for a period of up to one year stating the procedures she or he wishes to perform and such applications are to be made annually and on a form approved by the registrar.
- (3) The registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon in their application to the medical director must include their qualifications and evidence of current experience in practice relevant to the procedure being requested.
- (4) The committee may establish standards, rules, policies and guidelines respecting the skills and training necessary for the appointment of medical staff.
- (5) Annual applications for reappointment must be made to the medical director, in a form approved by the registrar, and state any changes in the applicant's hospital appointment or privileges and any material changes in clinical activities from the last application.

**Registrants practising in facility**

- 5-12 (1) A registrant may not practise in a non-hospital facility in British Columbia unless that facility is accredited under section 5-2.
- (2) Despite section 5-12(1), a registrant may provide anesthesiology services in facilities approved by the College of Dental Surgeons of British Columbia or by the College of Podiatric Surgeons of British Columbia if they are qualified to do so and have been certified by the RCPSC to practise anesthesiology or have active hospital privileges and provide anesthesiology services in a hospital.

**Resignation, revocation, suspension or restriction of hospital privileges**

- 5-13 If a registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon appointed to the medical staff of a facility resigns from a hospital or facility or if privileges are revoked, suspended or otherwise limited or restricted by the hospital or facility, the registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon must immediately inform the medical director.

**Medical students, residents and fellows**

- 5-14 A medical student, resident, or fellow may receive training at the facility where the preceptor of the medical student, resident, or fellow has been granted a medical staff appointment by the medical director provided that the preceptor supervises the medical care given and the medical director of the facility has consented to the attendance of the medical student, resident or fellow.

**Temporary (educational) privileges**

- 5-15 (1) The committee may establish a temporary (educational) privileges category to provide registrants with an opportunity to maintain or enhance their clinical skills.



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- (2) The committee may establish standards, policies, rules, procedures and guidelines for a temporary (educational) privileges category including, but not limited to,
    - (a) standards and qualifications for registrants who will provide training to other registrants,
    - (b) standards and qualifications for registrants who will receive additional training,
    - (c) standards for facilities that will provide temporary (educational) privileges.

### **Requirement for continuity of care**

- 5-16 (1) All medical staff practicing in a facility must ensure continuity of care for their patients including those patients who require admission to a hospital following a procedure performed at the facility.
- (2) A registrant who is a member of the medical staff of a facility and holds active or admitting privileges at a hospital local to the facility, and whose patient requires hospital admission due to complications arising from a procedure performed at the facility, is expected to admit and manage the patient as appropriate to the patient's condition.
- (3) A registrant who is a member of the medical staff of a facility but does not hold active or admitting privileges at a hospital local to the facility must have a registrant designate of the same specialty as the registrant who holds active privileges at a hospital local to the facility and who agrees to take the responsibility for the management of any patient requiring hospital admission due to complications arising from a procedure performed at the facility appropriate to the patient's condition.
- (4) The committee may waive the requirement of section 5-16(3) for dentists, oral maxillofacial surgeons and podiatric surgeons.

### **Procedures at facilities**

- 5-17 (1) The committee will determine the list of medical, surgical, dental and anesthesia procedures that may be performed at a facility.
- (2) Clinical trials may be conducted at a facility if
  - (a) the investigative procedure is conducted under a properly constituted clinical trial with ethical oversight,
  - (b) there is no opportunity for the clinical trial to be conducted in an accredited hospital, and
  - (c) the committee has approved the procedure to be performed in the facility under the clinical trial.

### **Performance of procedures**

- 5-18 (1) The registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon may only perform those procedures which are permitted within the facility and for which the registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon is privileged to perform at the

facility in accordance with the standards, rules, policies and guidelines respecting qualifications necessary for the appointment of registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon established by the committee.

- (2) In an emergency situation that arises during the performance of an approved procedure, a registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon may perform a procedure at the facility other than a procedure for which the registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon is expressly privileged to perform at the facility and the medical director must report the matter to the committee within 24 hours of the procedure being performed.
- (3) If a registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon appointed to the medical staff of the facility under section 5-11 resigns from the facility or has their privileges revoked, suspended or otherwise limited or restricted by a hospital or facility, the procedures that the registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon was privileged to perform at the facility may not be performed by another registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon who is a member of the staff unless that registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon is also privileged at the facility to perform them.
- (4) A registrant, dentist, oral maxillofacial surgeon, or podiatric surgeon must co-operate with any inspection, investigation or accreditation process, including, without limitation, permitting any person authorized by the committee to attend at surgical or medical procedures being performed by the registrant at the facility.

#### **Inspection during accreditation term**

- 5-19
- (1) Inspections of facilities may be conducted at any time during the accreditation term at the discretion of the committee.
  - (2) The facility must be available and open for inspection by the committee or its nominee during normal business hours.

#### **Investigation of complaints**

- 5-20
- (1) When the committee receives a complaint about a facility or has a concern about a facility, including a concern that may arise as a result of a patient safety incident, it may request the medical director to investigate the complaint or concern and to report back in writing to the committee.
  - (2) When the committee receives a complaint about a registrant, it will forward the complaint to the registrar.
  - (3) When the committee receives a complaint about a dentist, oral maxillofacial surgeon or podiatric surgeon, or other regulated health professional it will forward the complaint to the appropriate College.
  - (4) If the committee is not satisfied with the report of the medical director the committee may investigate the complaint or concern and may appoint a person, whether or not a registrant of the College, to carry out such an investigation.
  - (5) Notwithstanding section 5-20(1) the committee may, in its discretion, investigate a

complaint or concern regarding a facility including a concern that may arise as a result of a patient safety incident report and may appoint a person, whether or not a registrant of the College, to carry out such investigations.

- (6) Any person appointed to carry out an investigation under section 5-20(4) or 5-20(5) must be granted access to the facility by the medical director during normal business hours and may investigate, inquire into, inspect, observe, or examine
- (a) the premises, the equipment and the materials used by the facility or a registrant practicing at the facility,
  - (b) the records of the facility or the records of any registrant and copy the records, or
  - (c) the practice of medicine performed at the facility, including, without limitation, the performance of medical, surgical, dental and anesthesia procedures.

### **Fees, administrative penalties, and costs**

- 5-21 (1) An applicant for accreditation of the facility or reaccreditation of the facility and any facilities accredited must pay such fees, as the committee may fix from time to time and which are approved by the board.
- (2) Administrative penalties for contraventions of the Bylaws and/or standards are set out in Schedule “C”.
- (3) All fees, administrative penalties, and/or costs must be paid within 30 days after the date of imposition.
- (4) Failure to pay fees, administrative penalties, and/or costs may result in revocation of accreditation of the facility.
- (5) The facility may submit a written request for review of the imposition of an administrative penalty and costs by the committee within 30 days of the date of the imposition.

### **Access to information**

- 5-22 (1) The College may, subject to the provisions of the Act and the *Freedom of Information and Protection of Privacy Act*, in respect of any facility share any information about the facility or any other facility owned by any of the owners, or about the owner or owners of the facility, or about the medical director or members or former members of the medical staff, including any accreditation reports or investigative reports, if the College considers the disclosure to be in the public interest.
- (2) The College, in respect of any facility, may in its sole discretion share any information which the College considers to be relevant about the facility or any other facility owned by any of the owners of the facility, or about the owners of the facility or about the medical director or members or former members of the medical staff of the facility with
- (a) the facility owners,
  - (b) health authorities, colleges and other regulators of self-governing professions in

and outside of British Columbia, and/or

- (c) Ministry of Health.

## Definitions

5-23 (1) In sections 5-1 to 5-22:

- (a) **“anesthesiologist”** means a registrant who is certified by the RCPSC in anesthesiology,
- (b) **“certificate of accreditation”** means a certificate issued under this part,
- (c) **“change of ownership”** means
  - (i) any transaction(s) whereby the facility ownership rights of more than 30% of the facility owner(s) are transferred to another person or persons including an existing owner,
  - (ii) any transaction(s) that results in the acquisition by any person, or group of persons, of beneficial ownership of thirty percent (30%) or more of
    - (A) the ownership interest(s) of the owner(s) of the facility,
    - (B) the ownership of a general partner in a partnership that is the owner of the facility, or
    - (C) any legal entity(ies) that directly or indirectly owns or controls the ownership interest(s) of the owner(s) of the facility,
  - (iii) any transaction(s) whereby a person or a group of persons directly or indirectly acquires control of voting securities carrying 50% or more of the votes for the election of directors of any entity(ies) that directly or indirectly has beneficial ownership of more than 30% of the facility,
  - (iv) any transaction(s) pursuant to which 30% or more of the value of those assets of the facility, including but not limited to real estate, equipment, supplies and inventory, that are directly or indirectly used in connection with the medical, surgical, dental or anesthesia procedures performed at the facility are directly or indirectly transferred to another person or persons,
  - (v) any other transaction(s) materially affecting the ownership of a facility, including but not limited to the relocation of the facility, that the committee, in its sole discretion, determines warrants the termination of the existing certificate of accreditation for such facility.
- (d) **“committee”** means the non-hospital medical and surgical facilities accreditation program committee,
- (e) **“dentist”** means a registrant of the College of Dental Surgeons of British Columbia who is authorized to practice dentistry,

- (f) “**equity interest**” means, in respect of an entity, an ownership interest in an entity, including but not limited to a corporation, partnership, trust, or organization,
- (g) “**facility**” means a premise in which medical, surgical, dental or anesthesia procedures are performed and require accreditation by the College,
- (h) “**facility property**” means, together
  - (i) a facility and any part or portion thereof, and
  - (ii) the land, including but not limited to a leasehold or strata interest, upon which the facility referred to in section 5-23(1)(g) is located and any part or portion thereof,

but does not include land that is legally owned by a person who is not directly or indirectly associated with or related to any legal or beneficial owners of the facility,

- (i) “**health authority**” has the meaning as per the *Health Authorities Act*, RSBC 1996, c.180,
- (j) “**hospital**” has the meaning defined in the *Hospital Act*, RSBC 1996, c.200,
- (k) “**investigative procedure**” has the meaning described in section 5-17(2),
- (l) “**medical director**” means a registrant who has been appointed in accordance with section 5-7(1) or their alternate,
- (m) “**medical staff**” means a registrant of the College, a dentist or podiatric surgeon,
- (n) “**office based general dental procedures**” are defined in policy by the committee,
- (o) “**oral maxillofacial surgeon**” means a registrant of the College of Dental Surgeons of British Columbia who is certified as a specialist in oral maxillofacial surgery by the College of Dental Surgeons of British Columbia,
- (p) “**owner**” includes a beneficial or legal owner,
- (q) “**patient safety incidents**” means an event or circumstance which could have resulted, or did result in unnecessary harm to a patient and includes
  - (i) a patient safety incident that resulted in harm to a patient (a harmful incident),
  - (ii) a patient safety incident that did not reach the patient (a near miss), and
  - (iii) a patient safety incident that reached the patient but no discernable harm resulted (no harm incident),
- (r) “**podiatric surgeon**” means a registrant of the College of Podiatric Surgeons of British Columbia who is authorized to practise podiatry,

- (s) “**procedure**” means the medical, surgical, dental or anesthesia procedure carried out in the facility,
- (t) “**provisional accreditation**” means accreditation that is only provided for a new facility up to one year to be determined by the committee with the requirement that the facility be subject to a further on site assessment prior to full accreditation,
- (u) “**registrant**” means a registrant of the College, and
- (v) “**transaction(s)**” includes any series of related transactions and any series of unrelated transactions where the unrelated transactions occur within any 12 month period and includes but is not limited to any transaction that occurs by way of reorganization, recapitalization, consolidation, amalgamation, arrangement, merger, transfer, acquisition or otherwise.

### **Transition provisions**

- 5-24 (1) An accreditation of a facility granted before the date of coming into force of the amended Part 5 Section A – Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) of the Bylaws continues to be valid until the accreditation expires or is revoked, suspended or changed by the committee.

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## **Section B - Diagnostic Accreditation Program**

### **Committee**

- 5-25 (1) The committee is established consisting of at least six persons appointed by the board, a majority of whom must be registrants, and must include at least one board member.
- (2) The committee must also include
- (a) a pathologist and a medical imaging specialist, one of whom will serve as the chairperson of the committee and one of whom will serve as the vice-chairperson,
  - (b) a registrant who does not practise in a diagnostic facility, and
  - (c) a person recommended by the Health Authorities of the Province.
- (3) The committee may appoint advisory persons or groups to assist it.
- (4) The committee must report to the board.
- (5) The registrar or a delegate of the registrar and a representative from the Ministry of Health Services may attend all committee meetings as non-voting members.
- (6) The responsibilities of the committee are
- (a) to determine if a diagnostic facility should be accredited to provide a diagnostic service,
  - (b) 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,
  - (c) to evaluate a diagnostic service's level of actual performance in achieving the performance standards,
  - (d) to establish and monitor external proficiency testing programs,
  - (e) to promote high standards in diagnostic medicine, and
  - (f) to keep records of receipts and expenditures in a manner approved by the board.

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**Accreditation of diagnostic facilities**

- 5-26 (1) Every diagnostic facility must be accredited by the committee before it can render a diagnostic service.
- (2) The provisions of section 5-26(1) do not apply to a registrant who performs procedures set out in the list of procedures which do not require accreditation as approved by the committee and the board, providing that the registrant only performs the procedures in the course of treating his or her own patients or in the course of treating a patient who has been referred to him or her by another physician.
- (3) To be granted accreditation, a diagnostic facility must meet the requirements as defined by the accreditation standards.
- (4) The medical director must apply to the committee in writing, in a form approved by the registrar, for initial assessment of the diagnostic facility or new diagnostic service within an existing or new accredited facility.
- (5) On-site inspection of the diagnostic facility or diagnostic service must be performed by one or more representatives of the committee as soon as reasonably practicable after the receipt of all information requested by the committee and, in conducting the on-site survey, the representative(s) of the committee must ensure that there is compliance with the performance standards referred to in section 5-25(6)(b).
- (6) After the on-site inspection referred to in section 5-26(5), a diagnostic facility may be
- (a) granted provisional accreditation for a period as determined by the committee, or
  - (b) denied accreditation.
- (7) A diagnostic facility granted provisional accreditation must, prior to the expiration of such accreditation
- (a) provide such information as requested which must be acceptable to the committee,
  - (b) demonstrate that the diagnostic facility has performed a sufficient number of procedures to permit a full on-site accreditation inspection, and
  - (c) complete a full on-site accreditation inspection after which the committee will grant one of the accreditation options available under section 5-26(8).
- (8) A diagnostic facility, having undergone a full accreditation survey, may be
- (a) granted full accreditation for a period of three years or for such time as determined by the committee,



- (b) granted conditional accreditation with report, for a period determined by the committee, to allow the diagnostic facility to comply with any outstanding mandatory requirements for full accreditation, or
  - (c) denied accreditation.
- (9) A diagnostic facility granted conditional accreditation with report must, within the period specified by the committee, provide evidence of remediation of all deficiencies and successful compliance with all outstanding mandatory requirements, acceptable to the committee.
- (10) In order to maintain accreditation, a diagnostic facility must comply with the committee's requirements for satisfactory quality control of its procedures.
- (11) A diagnostic facility or service having been granted accreditation must fully participate in ongoing assessment activities.

### **Limitations on accreditation**

5-27 Accreditation of a diagnostic facility is limited to a specific address or addresses but where a diagnostic facility operates from more than one address, the application for accreditation must include information about each address and the inter-relationship thereof.

### **Review of accreditation decision**

- 5-28 (1) A medical director may request that the committee review any decision denying accreditation to a facility or changing the terms of accreditation, by filing a written request for review with the registrar within 30 days after the date of the committee's decision.
- (2) A medical director may request a review on the record by the board of a final decision of the committee, by filing a written request with the registrar within 30 days after the date of the committee's final decision, but the decision of the committee will continue to be effective pending the review by the board.

### **Revocation of accreditation**

- 5-29 (1) The committee may revoke or change the terms of accreditation at any time during the period specified in the certificate of accreditation if, in the opinion of the committee, revocation or change is warranted by a failure to comply with the Bylaws or where there is a risk to patient care or safety.
- (2) If the committee acts under section 5-29(1), the committee must inform the medical director by notice in writing
- (a) of its intention to revoke or change the terms of accreditation,
  - (b) of the circumstances giving rise to the committee's intended action,

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- (c) that the medical director may, within 30 days after the notice, make written submissions to the committee or request a hearing by the committee, and
  - (d) that if the medical director does not make written submissions or request a hearing by the committee, the committee may render a decision based on the information available to it.
- (3) A decision under section 5-29(1) is not effective until the medical director, or alternate receives the notice under section 5-29(2).
- (4) Despite section 5-29(2), the committee, if it considers immediate action necessary to protect the public, may
- (a) impose limits or conditions on the diagnostic procedures performed by a diagnostic facility, or
  - (b) suspend the accreditation of a diagnostic facility.

**Medical director**

- 5-30 (1) Every diagnostic facility must appoint a medical director and an alternate who are registrants and whose credentials are acceptable to the committee.
- (2) The medical director, or alternate acting in the absence of the medical director, must
- (a) be responsible for, and have control over, the standards, delivery and all matters pertaining to procedures and medical care in the diagnostic facility,
  - (b) ensure that diagnostic procedures are performed only as permitted by the terms of accreditation, the Bylaws and in accordance with the requirements of the standards of professional ethics and standards of practice of the College,
  - (c) have access to all records and documents relating to the operation of the diagnostic facility and the procedures performed therein,
  - (d) promptly notify the committee of any change in the ownership or directorship of the diagnostic facility or any significant change in service or operation, and
  - (e) ensure compliance with the Bylaws.

**Registrants practising in diagnostic facility**

- 5-31 A registrant may not utilize or practise in a diagnostic facility in British Columbia unless such facility is accredited under section 5-26.

### Procedures at diagnostic facilities

- 5-32 (1) The procedures that may be performed at a diagnostic facility must be in compliance with the procedures permitted under the terms of the accreditation.
- (2) The diagnostic facility, its professional and technical personnel, and its equipment, space and safety procedures must at all times meet the standards determined from time to time by the committee.

### Inspection during accreditation term

- 5-33 The diagnostic facility must at all reasonable times be open for inspection by the committee or its nominee.

### Fees

- 5-34 (1) To meet the costs of administering this section applicants for accreditation of a diagnostic facility and those diagnostic facilities accredited must pay such annual dues and assessment fees as the committee may from time to time fix and which are approved by the board.
- (2) Such annual dues and assessment fees are due and payable within 30 days after the date of the invoice.
- (3) Failure to pay the fees will result in automatic revocation of accreditation of the diagnostic facility without recourse to any right of review.

### Definitions

- 5-35 (1) In sections 5-25 to 5-34
- (a) “**anatomic pathology and cytogenetic facility**” means a place where human surgical tissue biopsies and specimens, and cytologic specimens are examined and autopsies are performed for diagnostic purposes and where human tissue or body fluid samples are processed for diagnostic chromosomal examination,
- (b) “**clinical pathology laboratory**” means a place where diagnostic testing is performed on human samples including but not limited to the disciplines of chemistry, radioimmunoassays, hematology\blood banking, immunology, microbiology, virology, or genetic testing,
- (c) “**committee**” means the diagnostic accreditation program committee,
- (d) “**diagnostic facility**” means a place, whether privately owned or affiliated with or administered by a hospital or other health facility, which is principally equipped to perform a procedure normally performed in a
- (i) clinical pathology laboratory,
- (ii) medical imaging facility,

- (iii) pulmonary function facility,
  - (v) nuclear medicine facility,
  - (vi) neuro-electrodiagnostic facility,
  - (vii) anatomic pathology and cytogenetic facility,
  - (viii) polysomnography facility,
- (e) **“diagnostic accreditation program”** means the activities carried out under the direction of the committee to ensure that the purposes of the committee, as set out in section 5-25(6), are met,
- (f) **“diagnostic service”** means a service that provides information for the diagnosis, prevention, or treatment of a human condition,
- (g) **“medical director”** means a registrant appointed in accordance with section 5-30(1),
- (h) **“medical imaging facility”** means a place where imaging techniques are utilized for diagnostic purposes including but not limited to x rays, ultrasound, computed axial tomography, magnetic resonance imaging, or positron emission tomography,
- (i) **“neuro-electrodiagnostic facility”** means a place where the recording of ongoing neural or neuromuscular activity is performed using standardized methods of electrode placement,
- (j) **“nuclear medicine facility”** means a place where patients are imaged utilizing radionuclides, or where certain health conditions of patients are treated through the use of radionuclides or where radioimmunoassays are performed,
- (k) **“physician”** means a registrant,
- (l) **“polysomnography facility”** means a place where patients are assessed using electroencephalogram, electrocardiogram, respiratory and other physiological monitoring for sleep disturbances or overnight assessment of sleep, and
- (m) **“pulmonary function facility”** means a place where techniques to assess lung function including but not limited to spirometry, flow volume curves, methacholine or histamine challenge tests, detailed measurements of sub-division of lung volume, measurements of carbon dioxide transfer, exercise studies, or lung mechanics, are performed.

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## **PART 6 – PROFESSIONAL MEDICAL CORPORATIONS**

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### **Authority of Registrar**

6-1 The registrar is authorized to act for the board under section 43 of the Act.

### **Eligibility for medical corporation permit**

- 6-2 (1) A corporation may be issued a permit to operate as a medical corporation if, in addition to satisfying the other requirements and conditions under Part 4 of the Act, every registrant of the College referred to under section 43 of the Act is
- (a) registered in the full, special, osteopathic, provisional, academic, administrative, conditional or restricted class of registration and is a practising registrant, or,
  - (b) at the discretion of the registrar, a retired-life registrant.

### **Application for medical corporation permit**

- 6-3 (1) The corporation may be issued a permit to operate as a medical corporation if, having satisfied the requirements under section 6-2, the corporation delivers to the registrar,
- (a) a completed medical corporation permit application in a form approved by the registrar,
  - (b) an acknowledgement, in a form approved by the registrar, executed by each registrant who is a voting shareholder of the corporation or of a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the corporation, confirming that the registrant has read section 14.1 of the Act, and that the registrant understands that
    - (i) the registrant's liability for professional negligence will not be affected by the fact that the registrant practises medicine through or on behalf of the corporation,
    - (ii) the application of the Act, the Regulation, and the Bylaws to the registrant will not be affected, modified or diminished as a result of the registrant's relationship with the corporation, and
    - (iii) neither the issuance of a medical corporation permit by the College nor the registrant's practising medicine through or on behalf of the corporation will in any way relieve or absolve the registrant from observing the standards of professional ethics and standards of practice,
  - (c) a certificate of solicitor in a form approved by the registrar,
  - (d) the applicable permit application fee and annual permit renewal fee,

- (e) any other outstanding fine, fee, debt, levy, costs or penalty owed to the College,
  - (f) a true copy of the certificate of incorporation, filed transition application, certificate of amalgamation, or certificate of continuation, as the case may be, any certificate of change of name, and any certificate of restoration, issued to or filed by the corporation under the *Business Corporations Act*,
  - (g) a true copy of the Notice of Articles issued to the corporation under the *Business Corporations Act*, and
  - (h) for the corporation and any holding company
    - (i) the names of each shareholder,
    - (ii) the number and class of shares held by each shareholder,
    - (iii) the status of each shareholder as registrant, spouse, child or relative of the registrant, holding company or trustee of each shareholder, and
    - (iv) the names of each director and officer.
- (2) A permit issued to a corporation under section 43 of the Act is valid until
- (a) the last day of the following February,
  - (b) the registrar receives from the corporation a written request for cancellation of the permit,
  - (c) the corporation changes its name,
  - (d) the permit is revoked under section 44 of the Act, or
  - (e) the corporation is dissolved or otherwise ceases to be a company in good standing under the *Business Corporations Act*.

### **Medical corporation names**

- 6-4 (1) The name of a medical corporation
- (a) must contain
    - (i) the surname and any combination of the given names or initials of every registrant who is a voting shareholder of the corporation, except a voting shareholder who will not be providing any medical services through or on behalf of the corporation,
    - (ii) the title “Doctor” or “Dr.” or the initials of the registrant’s medical degree, which must be combined with the name of each voting shareholder referred to in section 6-4(1)(a)(i), and

- (iii) the words or abbreviations “Professional Corporation”, “Corporation”, “Corp.”, “Incorporated”, “Inc.”, “Unlimited Liability Company” or “ULC”.
- (b) in addition to the words required under section 6-4(1)(a), may contain only the following additional words:
  - (i) if a voting shareholder of the corporation is a physician registered for specialty practice, the name of the applicable specialty, or a title approved by the registrar that may be used in the applicable specialty, which must be combined with the name of the shareholder; or
  - (ii) the words “Medical”, “Medical Services”, “Surgical”, “Surgical Services” or the word “Services” combined with the applicable specialty referred to in section 6-4(1)(b)(i),
- (c) despite sections 6-4(1)(a) and 6-4(1)(b), may be in such other form as the registrar may approve if there are more than two registrants who are voting shareholders of the corporation providing medical services through or on behalf of the corporation.

### **Directors and senior officers**

6-5 All directors and senior officers, as defined under section 1(1) of the *Business Corporations Act*, of the medical corporation and holding company must be registrants of the College.

### **Renewal of medical corporation permit**

- 6-6 (1) A medical corporation which intends to continue to provide medical services to the public must, before its permit expires, apply for a renewal of the permit by delivering to the registrar
- (a) a completed permit renewal application, in a form approved by the registrar, and
  - (b) a permit renewal fee in the amount set out in schedule “A”.
- (2) Subject to section 6-3(2), a renewal permit is valid until the last day of the following February.
- (3) A medical corporation applying for or granted a renewal of a permit under section 6-6(1) must promptly inform the board in writing of any change to the information provided to complete its permit application.
- (4) A medical corporation which fails to pay the annual permit fee or fails to deliver to the College a completed permit renewal application form before March 1, must, in addition to meeting the requirements of section 6-6(1), pay a penalty as set out in schedule “A”.

**Disposition of shares**

- 6-7 (1) The legal or beneficial interest in a voting or non-voting share of a medical corporation or holding corporation must not be transferred, pledged or assigned to any person who is not entitled to hold that legal or beneficial interest in accordance with the requirements of section 43 of the Act and section 6-2(1).
- (2) If the legal or beneficial interest in any voting share of a medical corporation or a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the corporation, is transferred or issued to a registrant or holding company who is entitled to hold that legal or beneficial interest under section 43 of the Act and section 6-2(1), and who is not already a voting shareholder, the medical corporation must, prior to the transfer or issuance,
- (a) notify the registrar of the transfer or issuance,
  - (b) deliver to the registrar a completed medical corporation permit application to join the corporation, in a form approved by the registrar,
  - (c) deliver to the registrar an acknowledgment in compliance with section 6-3(1)(b) executed by
    - (i) the transferee or shareholder to be issued such shares, if the transferee or new shareholder is a registrant, and
    - (ii) each registrant who is a voting shareholder of the transferee or of another holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the transferee, if the transferee is a holding company, unless an acknowledgment executed by that registrant has previously been delivered to the registrar,
  - (d) deliver to the registrar a certificate of solicitor in a form approved by the registrar, and
  - (e) deliver to the registrar the revised information required under section 6-3(1)(h).
- (3) If, as a result of a transfer or issuance of shares, the name of the medical corporation ceases to comply with section 6-4(1), the medical corporation must
- (a) apply under sections 6-4(1) and 6-8(1) for approval of a new name for the medical corporation that complies with section 6-4(1), and
  - (b) after a new name is approved under section 6-8(1), cause its name to be changed under the *Business Corporations Act* to the approved new name.



**Notification of changes**

- 6-8 (1) A medical corporation intending to change its name, amalgamate, apply for restoration or reinstatement must
- (a) ensure the new name complies with section 6-4(1), and
  - (b) deliver to the registrar a completed medical corporation permit application in accordance with section 6-3(1).
- (2) A medical corporation ceasing to comply with section 6-2 and no longer providing medical services to the public
- (a) must notify the registrar in writing and surrender its medical corporation permit, and
  - (b) at the discretion of the registrar, may be required to change its name, deleting the terms referenced in section 6-4(1)(a)(ii) and 6-4(1)(b), and deliver to the registrar a certificate of change of name from the Registrar of Companies.
- (3) A medical corporation intending to reorganize or change the information provided in section 6-3(1) must
- (a) deliver to the registrar notice of the proposed changes in the form of a certificate of solicitor approved by the registrar, and
  - (b) deliver to the registrar the revised information required under section 6-3(1)(g) and (h).

**Business activities by medical corporations**

- 6-9 In addition to section 45 of the Act, a medical corporation or a holding company must not engage or invest in any business that is inimical to the proper and ethical practice of medicine or which creates a conflict of interest for the company or corporation or its employees.

**Promotional activities by medical corporations**

- 6-10 A medical corporation must comply with the requirements of Part 7 as if it were a registrant, to the extent those requirements may be applicable to a corporation.

**Permit revocation hearings**

- 6-11 (1) The powers and duties of the board under section 44 of the Act are delegated to the discipline committee.
- (2) A permit revocation hearing may be consolidated with a hearing conducted under section 38 of the Act if there are common matters in issue in both hearings, and the discipline committee considers consolidation to be appropriate in the circumstances.

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- (3) The discipline committee may conduct an oral hearing or a hearing by written submission to determine if a permit should be revoked.
  - (4) The discipline committee may conduct a hearing on the receipt of a written complaint or by its own motion.
  - (5) The registrar must provide notice of a permit revocation hearing, by personal service or registered mail to the medical corporation at its registered office and to the business address of any registrant who holds shares in the corporation, not less than 60 days before the date of the hearing.
  - (6) The notice of permit revocation hearing must
    - (a) name the medical corporation as respondent,
    - (b) describe the matter that is to be the subject of the hearing, including the particulars of any evidence in support of that subject matter,
    - (c) if the hearing will be conducted by written submissions, notify the respondent that he or she is entitled to submit a written submission within 30 days of after receiving the notice, and
    - (d) if the hearing is to be an oral hearing,
      - (i) specify the date, time and place of the hearing, and
      - (ii) notify the respondent that the discipline committee is entitled to proceed with the hearing in the absence of a representative of the medical corporation.
  - (7) The respondent and the College may appear as parties and with legal counsel at an oral permit revocation hearing of the discipline committee.
  - (8) If the respondent does not attend an oral permit revocation hearing of the discipline committee, the discipline committee may
    - (a) proceed with the hearing in the respondent's absence on proof of receipt of the notice of permit revocation hearing by the respondent, and
    - (b) without further notice to the respondent, take any action that it is authorized to take under the Act.
  - (9) After a permit revocation hearing, the discipline committee must notify the respondent in writing of its decision under section 44(1) or (2) of the Act.

## Definitions

- 6-12 (1) In sections 6-1 to 6-11
- (a) “**holding company**”, in respect of a medical corporation, has the same meaning as in section 40.1 of the Act, and
  - (b) “**corporation**”, in respect of a medical corporation, has the same meaning as in section 43(1)(a) of the Act.

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## **PART 7 – COMMUNICATION WITH THE PUBLIC**

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### **Use of names**

- 7-1 (1) Without first obtaining the written consent of the registrar,
- (a) a registrant must not carry on the practice of medicine except in his or her own proper name, and
  - (b) a registrant must not use or permit his or her name to be used in connection with a commercial enterprise relating to the practice of medicine.

### **General communication**

- 7-2 (1) A registrant must not, when publishing or communicating any information about his or her practice or qualifications, whether orally, in print, or through electronic media
- (a) exaggerate or make statements that are false, inaccurate, misleading or reasonably capable of being misinterpreted,
  - (b) make statements that are offensive, flamboyant, not in good taste or contrary to the interest of the public or the honour and dignity of the profession,
  - (c) imply that he or she can obtain results from treatment not achievable by other registrants or create an unjustified expectation about his or her treatment,
  - (d) compare or contrast the quality of his or her services with those provided by another registrant or denigrate the services of another registrant,
  - (e) contravene the standards of professional ethics or standards of practice, or
  - (f) otherwise conduct himself or herself unprofessionally.

### **Public statements**

- 7-3 (1) A registrant who makes public statements on medical matters must conform to the relevant provisions of the standards of professional ethics and standards of practice.
- (2) Unless authorized, a registrant must not speak or purport to speak on behalf of any medically-related body or organization.
- (3) A registrant speaking as an individual must make it clear that the views expressed are his or her own and do not necessarily represent those held by his or her colleagues or any association.

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**Promotional activities**

- 7-4 (1) A registrant may advertise his or her professional services in a directory listing or through a professional advertisement, providing
- (a) the content is factual, and
  - (b) the content assists patients in making informed choices about their health and well-being.
- (2) Advertising must not
- (a) contain false or misleading statements, or
  - (b) include any statements about professional or facility superiority.
- (3) A registrant must not identify himself or herself as a specialist unless he or she has certification from the RCPSC or equivalent accrediting body approved by the board and must not use the term “surgeon” in advertising for cosmetic procedures unless he or she is a specialist in a relevant surgical discipline.
- (4) No one other than a registrant who is a certificant or fellow of the RCPSC or who has completed postgraduate training in his or her specialty satisfactory to the registration committee, may indicate on his or her letterhead or office door or otherwise represent himself or herself as holding such specialist qualifications.
- (5) A registrant may refer to having a special interest in an area of medicine but when doing so must
- (a) state whether he or she is a general practitioner or a specialist,
  - (b) if the registrant is a specialist, state his or her RCPSC certification or equivalent as approved by the board, and
  - (c) provide information to assist patients’ understanding of his or her qualifications so that patients may make informed choices about their health or well-being.
- (6) Any communication, advertisement or publicity distributed on behalf of a registrant, partnership, group or professional association must include the name of at least one registrant who is responsible for the content.
- (7) A registrant who produces, writes, edits or pays for a professional advertisement is considered responsible and accountable for the content.
- (8) Signs placed or erected at or about a registrant’s office location must comply with sections 7-4(1) to (7) and, without limitation,

- (a) office location may be indicated by a sign of a nature and size to allow identification by a member of the public, but must not constitute soliciting or importuning,
- (b) such information may include
  - (i) the name of the registrant practising at a location,
  - (ii) a name with respect to which consent has been granted under section 7-1,
  - (iii) the special interest in an area or practice limitation of a registrant (subject also to section 7-4(5)),
  - (iv) office hours,
  - (v) whether an appointment is necessary, and
  - (vi) languages spoken by the registrant, and
- (c) factual information which might assist a member of the public to select a registrant may be placed at or about the entrance.

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## PART 8 – GENERAL

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### Prescriptions

- 8-1 A registrant is prohibited from placing on any prescription he or she issues the name of a pharmacist, a pharmacy or association for the sale of drugs or medicine.

### Notices

- 8-2 Unless otherwise specified, any notice or document that may be given or required to be given under the Act, the Regulation or the Bylaws may be issued by
- (a) mail,
  - (b) electronic mail,
  - (c) facsimile,
  - (d) posting on the College website, or
  - (e) any other means that may be available for transmission, provided it is as reliable as any set out in (a) to (d) above.

### Use of Electronic Documentation

- 8-3
- (1) A requirement for a signature may be satisfied by an electronic signature that reliably identifies the signatory, unless otherwise specified.
  - (2) A requirement for a “written” notice or submission may include an electronic notice or submission, unless otherwise specified.
  - (3) Information from the College may be provided
    - (a) in paper format,
    - (b) on the College website,
    - (c) by way of an electronic interface hosted by the College or an agent of the College, or
    - (d) by way of electronic mail.

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## PART 9 – QUALITY ASSURANCE

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### Assessment of professional performance

- 9-1 (1) The quality assurance committee or an assessor appointed by that committee under section 26.1 of the Act may assess the professional performance of the registrant in accordance with criteria established by the board.
- (2) The registrar must ensure that the professional performance of each registrant is assessed under subsection (1) periodically, at intervals determined by the quality assurance committee.
- (3) A registrant selected for an assessment under this section must co-operate fully with the committee and its assessors, if any.
- (4) An assessment of the professional performance of a registrant may include any of the following:
- (a) a review of specified or random patient records,
  - (b) an on-site peer assessment of the registrant's practice,
  - (c) permitting assessors appointed by the committee to assess the premises where the registrant engages in the practice of medicine,
  - (d) 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,
  - (e) a review of the patterns of prescribing, referral, and ordering diagnostic tests by the registrants, or
  - (f) any other method of quality assurance approved by the board for the purposes of this Part.

### Prescription Review

- 9-2 (1) The responsibilities of the quality assurance committee are
- (a) to review and determine the information to be provided by a registrant on a controlled prescription form,
  - (b) 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,
  - (c) to identify and review prescribing concerns,



- (d) 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.
- (2) 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 in sections 26.2(2) to (6) of the Act.
- (3) A registrant who issues a controlled prescription must do so in the form determined by the committee under section 9-2(1)(a).
- (4) In section 9-2
  - (a) **“controlled prescription”** means a prescription written by a registrant for a drug determined by the board to require such a prescription.

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## SCHEDULE “A”

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### Fees for the fiscal year March 1, 2018 to February 28, 2019

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1. Registration fees:

• Full	\$640.00
• Osteopathic	\$640.00
• Provisional	\$640.00
• Academic	\$640.00
• Administrative	\$640.00
• Conditional – practice setting	\$640.00
• Educational – medical student	\$40.00
• Educational – postgraduate	\$140.00
• Educational – postgraduate (resident – clinical associate)	\$340.00
• Educational – clinical trainee	\$140.00
• Restricted	\$640.00
• Visitor (unless waived)	\$640.00
• Assessment	\$140.00

2. Annual licensure fees:

• Full	\$1685.00
• Special	\$1685.00
• Osteopathic	\$1685.00
• Provisional	\$1685.00
• Academic	\$1685.00
• Administrative	\$1685.00
• Conditional – practice limitation	\$1685.00
• Conditional – practice setting	\$1685.00
• Conditional – disciplined	\$1685.00
• Educational – medical student	NIL
• Educational – postgraduate (resident, resident elective, fellow, postgraduate trainee) and clinical trainee (effective July 1)	\$150.00
• Educational – postgraduate (resident – clinical associate) (effective March 1)	\$842.50
• Retired – life	NIL

## 2. Annual licensure fees (continued):

• Assessment	\$100.00
• Locum	\$1685.00 per year or prorated per month
For applicants registered after March 1 in any year or retired – life registrants returning to practice, the fee year is deemed to have commenced on March 1 in that year and fees will be prorated per month or part thereof. Such fees are payable in full upon registration.	

## 3. If a registrant ceases to be a registrant during a year that a fee was paid, he or she is entitled to a proportionate rebate of annual fees. However,

- (a) rebates will only be paid upon application being made within two months of the cancellation of registration,
- (b) no rebate will be made with respect to the cancellation of registration of a registrant under sections 25.2 or 39 of the Act, and
- (c) no rebate of less than \$100.00 will be paid.

## 4. Penalty fee for failure to pay the annual fee or complete the annual renewal of licensure form:

• before March 1	\$500.00
• for each month or part thereof after March 31	an additional \$100.00 per month or part thereof to a maximum of \$300

## 5. Penalty fee for failure to meet continuing competency requirements:

in all cases	\$750.00
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## 6. Fees for documentation:

• Certificate of professional conduct/standing	\$100.00
• Use of the College seal	\$50.00
• Duplicate receipts	\$25.00
• Duplicate copy	\$50.00
• Preliminary assessment of qualification for licensure	\$600.00
• Returned cheques (NSF, cannot trace, etc.)	\$35.00

## 7. Fees for medical corporations:

Application fees	
• Application for incorporation of a new medical corporation	\$350.00 per registrant
• Application for continuation of a medical corporation incorporated under the laws of another province	\$350.00 per registrant
• Application for consent to reorganize medical corporation	\$350.00 per registrant
• Application to form a medical corporation by way of an amalgamation	\$350.00 per registrant
• Application for name change of a medical corporation with a valid permit	\$350.00 per registrant
• Application to join an existing multi-physician medical corporation	\$350.00 per new applicant registrant
• Application to remove a registrant from an existing multi-physician medical corporation	NIL
• Application for reinstatement of a suspended permit	\$350.00 per registrant
• Application for restoration of a medical corporation following dissolution under the <i>Business Corporations Act</i>	\$350.00 per registrant
Annual fees	
• Annual permit fee	\$125.00 per corporation
• Penalty fee for failure to provide a completed application for annual renewal of permit and the annual permit fee before March 1	\$100.00 per corporation

8. The board may, in addition to those fees set out in this schedule, establish any other fees to be payable to the College.
9. The board may establish special fees to be paid by a registrant and an applicant for registration.
10. A registrant or applicant for registration must pay any fee or special assessment on or before the date established by the College.

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## SCHEDULE “B”

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### COSTS

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#### Investigations Tariff

For the purposes of calculating costs under this tariff, an investigation is deemed to run from the time the registrar receives a complaint in writing under section 32(1) of the Act until the inquiry committee takes action under section 33(6) of the Act.

<b>Expense</b>	<b>Rate of Indemnity</b>
Legal representation for the purposes of the investigation	up to 50% of actual legal fees
Other reasonable and necessary professional services contracted for the purposes of the investigation	100% of actual fees
Other reasonable and necessary disbursements incurred for the purposes of the investigation (including disbursements incurred by legal counsel)	100% of actual disbursements

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#### Disciplinary Hearing Tariff

For the purposes of calculating costs under this tariff, qualifying expenses incurred from the time that the inquiry committee directs the registrar to issue a citation under section 33(6)(6) of the Act until

- (a) the inquiry committee accepts a written proposal for consent under sections 37.1(2) or (5) of the Act,
- (b) the discipline committee dismisses the matter under section 39(1) of the Act, or
- (c) the board issues an order under section 39(2) of the Act,

are deemed to be expenses for the purposes of preparing for and conducting the hearing.

<b>Expense</b>	<b>Rate of Indemnity</b>
Legal representation for the purposes of preparing for and conducting the hearing	up to 50% of actual legal fees
Reasonable and necessary expert witness fees for the purposes of preparing for and conducting the hearing	100% of actual fees
Other reasonable and necessary disbursements incurred for the purposes of preparing for and conducting the hearing (including disbursements incurred by legal counsel)	100% of actual disbursements

**SCHEDULE “C”**  
**NHMSFAP**  
**For the fiscal year March 1, 2018 to February 28, 2019**

**ADMINISTRATIVE PENALTIES AND COSTS**

1. Failure of the medical director to comply with section 5-7(4) including the failure of the medical director to ensure compliance with accreditation standards, policies, rules, procedures and guidelines and the Bylaws.

in all cases	\$500.00
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2. Failure to notify or report to the Committee as required under the Bylaws including the failure to:
  - i. notify the committee that the facility intends to enter into a contract with a health authority or other third party regarding any medical, surgical or anesthesia procedures or programs,
  - ii. notify the committee when adding any medical, surgical or anesthesia procedures or programs,
  - iii. report to the committee all patient safety incidents of a nature determined by the committee to be reported,
  - iv. report to the committee that the facility has been subject to fire, hazardous material incident or has suffered significant structural damage,
  - v. report to the committee that renovations are being made to an existing facility or that the facility has commenced new construction on the facility,
  - vi. notify the committee in writing prior to any change in the ownership of the facility,
  - vii. notify the registrar in writing within 48 hours if the facility rescinds a registrant’s privileges or requests that a registrant cease providing services at the facility,
  - viii. report to the committee the outcome of any investigation and review of complaints respecting the facility,
  - ix. report to the committee any death which has occurred during or within 28 days of a procedure in the facility

in all cases	\$500.00
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## COSTS

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### **Investigations and Inspections**

For the purposes of calculating costs, an investigation or inspection is deemed to run from the time the medical director receives a notice of the investigation or inspection in writing until the investigation or inspection is completed and the NHMSFAP committee takes no further action.

<b>Expense for the purposes of preparing for and conducting an investigation or inspection</b>	<b>Rate of Indemnity</b>
Expert consultant fees or professional services fees that are incurred for the purposes of the investigation or inspection	100% of actual fees
Disbursements incurred for the purposes of the investigation or inspection	100% of actual disbursements