

CPSBC Bylaws Consultation – Group One

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

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

Board			
Bylaws under the HPOA	Bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none"> The board will have 12 members appointed by the Ministry of Health, with an equal representation of members of the public and licensees¹. The board will have a chair and a vice-chair. A board chair and a board vice-chair hold office for one year and are eligible for reappointment. The board is required to seek advice from appointed professional standard advisors when consulting on proposed bylaws related to eligibility, ethics, and practice standards. The board is required to consult with licensees for a defined period 	<ul style="list-style-type: none"> The board is comprised of 16 board members: 10 elected registrants, and 6 members of the public who are appointed by the Ministry of Health. The board has a president and vice-president. At its first meeting in April of each year, the board must elect a president, vice-president and treasurer. The board must meet at least two times each calendar. Under the HPA (not CPSBC bylaws), notice of the proposed bylaw, amendment or repeal must be given by the board to the minister and each respective college at least 3 	<p>Under the new bylaws related to the board:</p> <ul style="list-style-type: none"> Under the HPOA, college boards must have between 8 to 12 members and have equal representation of licensees and members of the public. As a result, CPSBC has reduced their board from 16 to 12 members, with an equal number of licensees and the public. All board members are now appointed by the Ministry of Health rather than elected by physicians. The president and vice-president have been renamed 	<ul style="list-style-type: none"> Concern with the new requirements under the HPOA that reduce the physician influence on the board, as there is now equal representation between members of the public and licensees. Lack of clarity regarding the appointment of advisory working groups, and subsequent professional standard advisors, including the eligibility criteria for these positions. Lack of ability for licensees to influence board operations via elections, including to provide input on the recommended

¹ As per the HPOA, registrants are now referred to as licensees.

<p>on changes to bylaws that affect them.</p> <ul style="list-style-type: none"> • The board establishes the recommended criteria for appointment and rescindment of board members to the superintendent². • At its first board meeting following June 30 of each year, board members must elect a board chair and board vice-chair. • The board must meet at least four times each calendar year. • The board establishes and is required to adhere to conflict of interest (COI) policies. It cannot presume any COI for board member based on personal characteristics (i.e., race, ancestry, place of origin, etc.). • The board shall not presume any COI for Indigenous board members relating to any matter with an Indigenous component. • Includes new directives related to consultation with Indigenous Peoples. • When making bylaws, the board must undertake a 60-day 	<p>months before the proposed bylaw is amended or repealed and filed with the minister.</p>	<p>to board chair and board vice-chair.</p> <ul style="list-style-type: none"> • Increase in the frequency of board meetings from a minimum of two/year to four/year. • Inclusion of new provisions related to conflict of interest and how it relates to the recognized grounds for discrimination under the BC Human Rights Code. • New directives related to collaboration with Indigenous governing bodies and other entities representing Indigenous Peoples. • New section on “bylaw-making powers” that outlines a consultation period of 60 days unless the board directs a different period. 	<p>criteria for appointment and rescindment of board members to the superintendent.</p> <ul style="list-style-type: none"> • HPOA does not discuss consultation timeframes; however, the College has included a new provision outlining bylaw consultation timelines. Concern related to the ability of the board to direct a different (potentially shorter) consultation period when changing college bylaws.
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² The Superintendent’s office is the body created through the HPOA to oversee the regulatory colleges. The superintendent is appointed by government. Among other responsibilities, this office makes recommendations to government on appointment of college board members. More information can be found [here](#).

consultation period unless the board directs a different period.			
Committees			
Bylaws under the HPOA	Bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none"> • Committees are either statutory, additional regulatory, or board support committees. • Statutory committees are required under the HPOA. Board members cannot sit as statutory committee members. • The statutory committees include: (1) License Committee; (2) Permit Committee; and (3) Investigation Committee. • Additional regulatory committees are not required under the HPOA but are established as the board sees fit. Board members cannot sit as additional regulatory committee members. • The additional regulatory committees include: (1) Blood-borne Communicable Diseases Committee; (2) Practice Enhancement Program Committee; (3) Prescription Renewal Program Committee; (4) Patients Safety Incidents Review Committee; (5) Diagnostic Accreditation Program Committee, and the (6) Non-Hospital Medical and Surgical 	<ul style="list-style-type: none"> • The Executive Committee may perform all duties and exercise all powers of the board. • Board members can sit on statutory committees. • The Finance and Audit committee consists of at least 5 persons appointed by the board, which must include at least three elected board members and two appointed board members, and the treasurer. • The Registration Committee consists of at least six persons appointed by the board, at least one-third of whom must be public representatives. The committee must include at least four registrants, two of whom must be elected board members. • The Inquiry Committee must consist of at least nine persons appointed by the board, at least one-third of whom must be public representatives. This committee must include the 	<p>Under the new bylaws related to committees:</p> <ul style="list-style-type: none"> • The Executive Committee has been removed. • Reduction in the minimum number of committee members. • The creation of new Statutory Committees as required under the HPOA. • The Patient Relations, Professional Standards and Ethics Committee have been removed. It is unclear if the mandate of the new Patient Safety Incidents Review Committee will assume their responsibilities related to sexual misconduct complaints. • The Quality Assurance Committee was previously comprised of three panels. These panels are now standalone additional regulatory committees (Prescription Renewal, Patient Safety Incidents, Practice Enhancement, and Non- 	<ul style="list-style-type: none"> • Lack of opportunities for licensees to provide input on the committee appointment process and eligibility requirements. • Lack of transparency related to the appointment of members of the public. Eligibility criteria should be communicated to licensees. • Lack of information on the function of some of the new statutory committees in the new bylaws.

<p>Facilities Accreditation Program Committee.</p> <ul style="list-style-type: none"> • Board support committees are not required under the HPOA but are established as the board sees fit. Board members may sit as board committee members. • The board support committees include: (1) Finance and Audit Committee; (2) Nominations Committee; (3) Governance Committee, and (4) Human Resources Committee. • All committees are appointed by the board. • Committees must consist of at least six persons. Public representatives must constitute at least one-third of the total number of persons on the committee. • The registrar can appoint advisory working groups comprised of non-board members for purposes the registrar considers necessary or appropriate • All committees will have a chair and a vice-chair. 	<p>president and vice president and two appointed board members.</p> <ul style="list-style-type: none"> • The Discipline Committee consist of at least 15 appointed persons, at least one-third of whom must be public representatives. • The Patient Relations, Professional Standards, and Ethics Committee must consist of at least three appointed persons, and at least one public representative. • The Quality Assurance Committee must consist of at least 12 appointed persons, at least one-third of whom must be public representatives and must include at least two elected board members and one appointed board member. • The Blood-Borne Communicable Diseases Committee (BBCDC) must consist of at least 4 registrants, and must include a hepatologist, an infectious disease specialist, an internist/microbiologist, and a member with expertise in the management of HIV/AIDS. The 	<p>Hospital Medical and Surgical Facilities Accreditation).</p> <ul style="list-style-type: none"> • Removal of the Registration, Inquiry, and Discipline Committees. • The Blood-Borne Communicable Disease, Diagnostic Accreditation, and Non-Hospital Medical and Surgical Facilities Accreditation Program Committees are pre-existing tables. • The Finance and Audit Committee was previously a statutory committee under the HPA. It is now a board support committee under the HPOA. The other board support committees remain the same (Nominations, Governance, and Human Resources). • The Statutory Committees under the HPA are now considered Additional Regulatory Committees under the HPOA (BBCDC, Prescription Renewal, Patient Safety Incidents, Practice Enhancement, and Non-Hospital Medical and Surgical Facilities Accreditation, Diagnostic Accreditation). 	
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	BBCDC must report to the quality assurance committee.		
Records and Information			
Bylaws under the HPOA	Bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none"> The registrar must maintain the CPSBC registry in electronic format. 	<ul style="list-style-type: none"> The registrar may authorize a deputy registrar to perform any duties or services of the registrar. 	<ul style="list-style-type: none"> The draft bylaws under the Group One of the HPOA do not mention a deputy registrar. 	<ul style="list-style-type: none"> Bylaws created to reflect requirements under the HPOA. Concerns are not related to bylaws, but rather overarching disclosure requirements in the HPOA.
Permits for Health Profession Corporations (HPC)			
Bylaws under the HPOA	Bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none"> An applicant may be issued a permit to operate as a health profession corporation (HPC)³. A Permit Committee may review, renew, or revoke applications for HPCs. Annual application and permit fees are set out in Schedules. An applicant for an HPC permit must provide policies to the permit committee that promote anti-racism, reconciliation, Indigenous cultural safety, and advance equity, diversity and inclusion. Added language that all eligible licensees who own voting or non-voting shares in the HPC must be practicing licensees. 	<ul style="list-style-type: none"> A corporation may be issued a permit to operate as a medical corporation. Permits are managed by the registrar. All directors and senior officers of medical corporation and holding company must be registrants. 	<p>Under the new bylaws related to permits:</p> <ul style="list-style-type: none"> Seeming expansion of requirements for shareholders in HPC – voting and non-voting – to be practicing licensees, including shareholders of a holding company with non-voting shares in the HPC. New provisions related to consequences of failing to maintain professional liability protection or insurance. 	<ul style="list-style-type: none"> Need further clarity regarding the expectations of licensees in development of policies that promote anti-racism, reconciliation, Indigenous cultural safety, and advance equity, diversity and inclusion. No licensee influence in shaping the roles and responsibilities of the Permit Committee. More clarity on the intended practical implications of new language around requirement of shareholders to be licensees. More clarity on the intended practical implications of

³ Professional medical corporations are now referred to as health profession corporations.

<ul style="list-style-type: none"> • Added language that those with voting shares in a holding company with non-voting shares in an HPC must be licensees. • The registrar must notify each HPC of the process for annual permit renewal and the consequences of failing to renew no later than February 1 of each year. • If a HPC fails to renew its permit by March 1, it must pay a late renewal fee no later than May 1 if it seeks to continue operating as HPC. • Includes prohibitions on COI in business activities of HPC. • New provisions related to consequences of failing to maintain professional liability protection or insurance. 			<p>consequences of HPC failing to maintain liability insurance.</p>
Professional Responsibilities			
Bylaws under the HPOA	Bylaws under the HPA	Summary of Changes	Key Concerns
<ul style="list-style-type: none"> • Includes a new section that references practice standards, CMA code of ethics and professionalism, and uncodified standards⁴. • The registrar must maintain a record of all published versions of 	<ul style="list-style-type: none"> • Definitions include: “standards of professional ethics,” which are the ethical principles established by the board under section 19 of the HPA. • CMA Code of Ethics and Professionalism is “ethical framework to which all 	<p>Under the new bylaws related to the professional responsibilities:</p> <ul style="list-style-type: none"> • The registrar must maintain a record of all published versions of ethics and practice standards established under the HPOA 	<ul style="list-style-type: none"> • Ongoing concern with College considering CMA Code of Ethics and Professionalism to be binding when CMA implies that aspects of the Code are aspirational in the preamble.

⁴ All ethics and practice standards have become bylaws.

<p>ethics and practice standards established under the <i>HPOA</i>.</p> <ul style="list-style-type: none"> • All licensees must comply with the CMA's <i>Code of Ethics and Professionalism</i>. • Relevant standards include "uncodified standards generally accepted within a licensee's profession and not superseded by any ethics standard or practice standard." 	<p>physicians and surgeons are bound in the province. All registrants are expected to practise according to its principles."</p>	<ul style="list-style-type: none"> • Explicitly states that licensees are required to comply with CMA's <i>Code of Ethics and Professionalism</i>. • Includes language on uncodified but generally accepted standards. 	
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