

Part C – Decision Under Appeal

The decision under appeal is the Ministry of Social Development and Poverty Reduction (the ministry) reconsideration decision of June 17, 2022, which found the appellant is ineligible for assistance with medical transportation costs to City 1 in Alberta for April 18 - May 1, 2022. The ministry found that the transportation was not for any of the reasons set out in the legislation. Specifically, the appellant’s medical appointments were not

- With a general practitioner in the appellant’s local area
- With the nearest available specialist, or
- To the nearest suitable hospital.

Further, choosing to travel to City 1 for the medical appointments does not meet the requirement of being the least expensive option.

Part D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Regulation (EAPWD Regulation), sections 5, 62, and Schedule C section 1 and section 2(1)(f).

Employment and Assistance Act (EAA), Section 22(4).

Interpretation Act, Section 29

The relevant legislation is provided in the Appendix.

Part E – Summary of Facts

The evidence before the minister at reconsideration included the following:

The appellant has the PWD designation and is in receipt of disability assistance. She lives in a rural area (hometown).

On April 14, 2022, the appellant started the service request for assistance with medical transportation costs, with confirmation of the noted appointments, and a breakdown of her expenses for travel and accommodation costs.

- The Request for Medical Transportation Assistance form reports:
 - Travel Details:
 - April 18 – 25, 2022
 - Overnight accommodation and transportation required
 - Mode of transportation vehicle, bus, taxi
 - Accommodations:
 - April 17, 2022 (1 night).
 - April 18 – 25, 2022 at a hotel in City 1
 - Appointment Details:
 - April 19th with an appointment in City 1 with a doctor who is a general practitioner (GP).
 - April 21st MRI of the lumbar spine in a City 1 Hospital, requested by the GP.
 - April 22nd with an Obstetrics/Gynecology Specialist appointment at a Medical Clinic in City 1 (City 1 Specialist Office).
 - Additional appointments not yet confirmed.
 - The appellant had stated that the GP would be ordering ultrasounds and she did not know when she would be returning home.

On May 18, 2022, the appellant submitted a request for reconsideration, requesting an extension, and on June 16, 2022, she submitted additional information, which included the following:

- An 8-page letter with reasons for the request, including a number of statements;
 - The City 2 [also in Alberta] Health board is not allowing BC Patients,
 - The City 1 Health board is allowing BC patients to see specialists,
 - There are no specialists in the local area that can help her,
 - She requires top specialists in City 1 to help her as they are more advanced,
 - There is no GP in the hometown or local town, as stated by the ministry, that can refer her,

- She found a doctor (City 1 GP) in 2019 when there with her mother who was ill and had been seeing him herself,
- Has a lack of trust in doctors in her hometown and is afraid to live there,
- She lives in a rural area (hometown).

- The appellant's history of medical appointments with the City 1 GP, again noting she started seeing him in City 1 while she was there caring for her mother who was ill.

- The hotel receipt for a 10-night stay in City 1 from April 18 - May 1, 2022, for a total of \$999.21.

- Confirmation of medical appointments all within City 1 between April 18 and May 1, 2022:

- Apr 19, 21, 22 – 3 appts with GP
- Apr 20-27 - 4 radiology appointments at a Radiology clinic,
- Apr 21 – Diagnostic Imaging of Lumbar Spine at a Hospital,
- Apr 22 – Gynecology Specialist, at a Medical Clinic
- Apr 26, 28, and 29 – another 3 appts with GP

- An April 28, 2022, letter from the City 1 GP reporting the appellant's health issues and that she is undergoing follow-ups and assessments by specialists.

- A letter dated 14 September 2021, from a City 2 cardiologist, confirming a September 2021 visit and advising the appellant requires an overnight stay due to severe health complications and conditions.

- A request for medical transportation assistance from the appellant, date stamped by the ministry 'received' on 20 May 2022, for a trip to City 1 on 23 May to 1 June 2022,

- Two letters from a retina consultant in City 1. The first is dated 19 April 2022, confirming having seen the appellant on 19 June 2018. The second letter, dated 1 June 2022, confirms having seen the appellant on 31 May 2022, for continuity of care. This letter contains a handwritten note by the appellant, that this was denied this time, yet it had been approved in 2018 and the optometrist in her hometown wants her to follow up with this specialist.

The appellant also provided a number of letters and reports from other doctors including a retinal consultant and an ENT specialist in City 1 for treatments outside of the timeline of 18 Apr – 1 May.

In its reconsideration decision the ministry provided the following information;

- On June 17, 2022, the ministry contacted the local Hospital in the appellant's hometown for some general information about the services they provide. The

hospital reported that they have an emergency department that people can access if they do not have a physician and people can also go to the urgent care clinic in a City 3 which is 1 hour away.

- They report the hometown Hospital is a very small hospital that provides services such, xrays, labs, and ultrasounds; however, it must refer patients to the City 3 Hospital for some of the bigger tests such as for MRI's.

- On June 17, 2022, the ministry called the City 1 GP to inquire if he had explored other options for the specialist and testing to be done closer to the appellant's hometown in BC.

- He reports that he did not explore other options.
- He reports that the appellant had indicated to him that she was in the processing of moving to City 1 which is why he arranged for these appointments to be done in City 1.
- He reports that he could not determine at this time if City 1 was the nearest available specialist or hospital for the appellant to receive the services and testing she received.

Additional Information Submitted after Reconsideration

The appellant wrote in the notice of appeal (NOA) that she has been with Alberta doctors for years, that an Alberta doctor filled out her PWD application, that wait times in BC are significantly longer than in Alberta (e.g. for cancer follow-ups), and that she has a doctor in Alberta and no doctor in BC.

The appellant wished to submit additional documentary evidence. The letters were shown to the panel over the video conference and the following details provided;

- A medical report of a thyroid ultrasound dated 16 February 2022 from a doctor in City 2,
- A medical report of a thyroid ultrasound dated 23 April 2022 ordered by the City 1 GP and conducted in City 1, and
- A letter dated 21 July 2022 addressed 'to whom it may concern' signed by an Obstetrics/Gynecology specialist from City 2. The letter states the appellant has been a patient since 2005 and due to COVID they were unable to see her in City 2 and she attended a doctor (City 1 GP) while she was there when her mother was ill, and as she has a daughter who lives there. The City 1 GP ordered tests and as the appellant could not be seen for follow up in City 2, she continued to see the City 1 GP, and
- A letter dated 22 June 2001 from the BC Cancer Agency to a doctor in the appellant's hometown providing information on the details of a post-hysterectomy radiation

treatment the appellant received in 1996. The panel notes this letter had been provided previously and was contained in the appellant's submission at reconsideration.

The ministry had no objections to the admission of the additional evidence.

In addition to the documents introduced at the video conference hearing, the appellant recounted and expanded upon the information she had submitted at reconsideration. The appellant explained that after she and her mother had misdiagnosed illnesses and surgery, she lost confidence in local doctors who would not take her concerns seriously.

The appellant has been using Alberta doctors for 30 years as she cannot find a local GP in British Columbia and when she found the GP in City 1 for her mother in 2019, she started going to him herself.

Referring to the February 2022 medical report from City 2, the appellant explained that after having a concern with a salivary gland growth under her chin for over eleven months another local area GP refused to follow up after the results of the thyroid ultrasound test, while the City 1 GP took her concerns seriously and referred her to another City 1 specialist after completing a similar thyroid ultrasound, for other tests including a CAT scan. The fact that the later testing indicates lesions is proof that the City 2 doctor was wrong in not referring her to other specialists for follow up testing in February 2022.

The appellant, referring to the third submitted letter, dated July 2022, states that there used to be seven obstetricians/gynecologists in the nearby City 2 however there is now only one. The specialist states in the letter submitted as evidence that he was unable to see the appellant due to Covid and she stated that is why her City 1 GP referred her to a new gynecologist specialist in City 1.

The appellant stressed several times throughout the hearing the concerns she has for her health, of knowing her own body and the need to go to where she could receive care from someone who believes her.

The appellant stated that the ministry had authorised an Alberta doctor to sign her application for PWD status a number of years ago. She wishes to continue to use her doctor and specialists in City 1 for continuity of health care service, and one of her specialists has told her not to switch practitioners now.

The appellant explained that she saw the gynecologist specialist in City 1 in April 2022 as she has more issues due to the previous radiation treatment and could not see the specialist in City 2.

In answer to questions the appellant stated this was the first time she has seen the gynecologist in City 1; however, he has now referred her to a radiation oncologist in City 1.

The appellant stated that a ministry supervisor sent her to City 1 in 2018 for other medical services. She confirmed she currently lives in the same hometown and has not moved to City 1 yet. She states she has not had a doctor in her hometown for 30 years.

In response to a question as to whether she has used the services in nearby towns that the local hospital has stated is the way to receive available medical services, the appellant confirmed she had gone to a local hospital in April 2022 and had been referred for ultrasound tests which were not conducted until August of 2022. The test took 4 months to be done in BC and was supposedly an urgent requirement. The appellant has not followed up with that doctor to discuss the test result.

The appellant confirmed the same test was conducted during her trip to City 1 in April 2022, within a few days of being ordered, and she could not recall if she advised City 1 GP that she was waiting to have that test in her local area.

The appellant confirmed that she started seeing City 1 GP after a social worker in Alberta directed her to him as a possible doctor for her mother who she was caring for at the time.

The appellant confirmed she was intending to move to City 1 at some point however it has been delayed since her mum died as she is the executor and must stay to sell her trailer.

The appellant stated that she has been seeing Alberta doctors for the last 30 years in the local border area. She has seen a locum Alberta doctor for the last few years since her status as PWD or continued person, likely since 2019 or so.

The appellant stated she booked the doctor appointments from her hometown location approximately 2 weeks before her trip to City 1 and paid for the trip costs on her credit card, after submitting a transportation supplement request to the ministry.

The appellant advised that the local Alberta doctor in City 2 near her hometown who reviewed the ultrasound test does not believe in follow-ups, defined by the appellant as a referral to a specialist, even for preventative reasons.

Ministry

The ministry relied upon the reconsideration decision and stated that this decision covers only the period for the trip to City 1 from 18 April 2022 to 1 May 2022, to include the visits to the appellant's City 1 GP, and the gynecologist specialist (City 1 Specialist), and the hospital for tests. The ministry advises that the request for transportation supplement for the period 23 May to 1 June 2022 is the subject of a separate reconsideration decision.

The ministry appreciates that it is very difficult to find a doctor in local areas and that 'local area' is not defined in the legislation. Therefore, the ministry is applying a broad definition of this term and the question becomes where the appellant can go.

The ministry identified several towns in BC and said it is not uncommon for people to go as far as City 2 in Alberta for appointments. However, the ministry stated that there is no evidence to show whether the appellant can or cannot get a doctor appointment closer to home and is not satisfied that City 1 can be considered a local area for finding a GP. The ministry does find that the named gynecologist is a specialist as defined in legislation.

The ministry stated that it had spoken with the appellant's GP in City 1 who stated he had not looked closer to the appellant's hometown for referral to specialists as he had been advised she was moving to City 1. The ministry stated it cannot be satisfied therefore that the appellant had to go to City 1 to see the specialist.

The ministry stated that several of the other appointments, such as diagnostic imaging could have been done in the appellant's hometown or local area. Also, there is a requirement to minimize costs and the ministry is not satisfied that the claimed costs for places to stay, fuel or bus fares would have been the least expensive or most reasonable cost.

In answer to questions from the appellant why the ministry thought it would cost more money to go to City 1 than to local doctors the ministry stated it did not know that the treatment or tests could not be done in other large cities closer to the appellant's hometown, and therefore is not aware of what the costs would be.

The ministry stated that a continued person does not have to seek pre-approval from the ministry before travel if they meet the conditions; some people come beforehand if no monies are available, and some come afterwards. In this case the appellant had put the costs on her credit card, so the ministry accepted that she had no monies available.

The ministry stated that when a person goes on to continued person status, they receive information on what resources are available to them based on their designation, so would have information on what supplements are available.

The ministry stated that each case is looked at on an individual basis, with a focus to provide assistance where possible. The ministry must follow the legislation and sometimes concludes that the nearest available specialist is out-of-province. In this case the ministry does not know if City 1 GP or the gynecologist, City 1 Specialist, were the only doctors available or needed.

The ministry stated it is not clear why the 2018 visit to a different specialist in City 1 was authorised. It may have been because the specialist was deemed to be the only person available or closest to the appellant.

Admissibility of new information

Section 22(4) of the EAA says that a panel may consider evidence that is not part of the record that the panel considers to be reasonably required for a full and fair disclosure of all matters related to the decision under appeal. Once a panel has determined which additional evidence, if any, is admitted under EAA Section 22(4), instead of asking whether the decision under appeal was reasonable at the time it was made, a panel must determine whether the decision under appeal was reasonable based on all admissible evidence.

In this case the appellant provided oral and written testimony providing greater detail on the travel itinerary for the time period of the appeal, and also information for different time periods to support the appellant's argument on her understanding of cross border requirements.

The panel admits the new information under section 22(4) of the Employment and Assistance Act ("EAA") as evidence that is reasonably required for a full and fair disclosure of all matters related to the decision under appeal.

Findings of Fact

The panel finds that City 2 is within the area the ministry has deemed to be generally acceptable for referral and is within the 'local area'.

Part F – Reasons for Panel Decision

The issue on appeal is the reasonableness of the ministry's decision that the appellant is ineligible for assistance with medical transportation costs for the trip to City 1 April 18-May 1, 2022.

In particular, was the ministry reasonable in finding that the appellant's medical appointments were not;

- With a general practitioner in the appellant's local area
- With the nearest available specialist, or
- To the nearest suitable hospital.

Further, was the ministry reasonable in finding that choosing to travel to City 1 for the medical appointments does not meet the requirement of being the least expensive option.

The relevant legislation is provided in Appendix A.

Appellant Position

The appellant argues that she was authorised a trip in 2018 to see a retina consultant specialist in City 1, and that it is not possible to find a general practitioner in British Columbia.

The appellant argues a letter dated 14 September 2021, from a City 2 cardiologist, requiring an overnight stay due to severe health complications and conditions justifies why she needed to stay over an extra night and as the bus does not travel on Saturdays she was unable to return to her hometown on 1 May 2022.

The appellant argues that the local doctor near her hometown does not believe in follow-ups, even for preventative reasons, and as the appellant knows her body and that something was wrong, she needed to find a doctor who believes in her.

The appellant stated that there used to be seven obstetricians/gynecologists in the nearby border town City 2 however there is now only one. The letter from that specialist confirms he was unable to see the appellant due to Covid and she argues that is why her GP in City 1 referred her to a new gynecologist specialist in City 1.

Ministry Position**Appointments with a General Practitioner**

The ministry states that the appellant is a Person with Disabilities, in receipt of disability assistance; as such, is eligible for general health supplements which includes access to the medical transportation supplement.

The ministry argues it is unable to assist with the transportation costs to travel to see City 1 GP because, although as he is registered as a general practitioner with CPSA, he is not in the appellant's local area. Further, the City 1 GP is not recognized as a specialist with CPSA.

In the reconsideration decision the ministry acknowledges that the appellant reports not being able to find a doctor in BC, has concerns over the doctors in her area, and found the City 1 GP while caring for her ill mother, and that this general practitioner has been taking great care of her medical needs. However, the ministry argues it is reasonable that the appellant would be able to meet with a general practitioner in her local area, or at least in the neighboring communities, such as in City 3.

The ministry argues that travelling to City 1 to see this GP and staying several extra days in hotels to see the GP for follow-ups, is not the least expensive option.

Appointments with Specialists

The ministry argues that the City 1 Specialist is registered as a specialist in obstetrics and gynecology with CPSA which would meet the definition of 'specialist' for the purposes of their review; however, the appellant was not referred to the specialist by a local practitioner located in or near her hometown or the local area, rather it was by the GP in City 1. Also, it has not been demonstrated that this City 1 Specialist is the nearest available specialist to the appellant in her hometown.

The ministry argues that the appellant's claim that the specialist is more advanced was not confirmed by any of the medical professionals. As such, it does not support that City 1 was the nearest available specialist for the service provided.

The ministry states that there are many other closer hospitals that may have been available options for many of the services. As the CPSA lists many Obstetrics & Gynecology specialists in City 3, which is half the distance from the appellant's hometown to City 1 it is unclear why the City 1 GP did not refer the appellant to hospitals and specialists closer to her hometown to avoid incurring extra travel costs.

General Hospital Appointments

The ministry argues that the local hospital performs X-Ray's and ultrasounds, and the nearby Regional Hospital can perform the more advanced diagnostic imaging such as MRI's of the lumbar spine. The ministry lists three cities and towns less than half the distance from the appellant's hometown to City 1 that may have been available options for many of these services. As such, the appellant would not be required to travel all the way to City 1 to receive these hospital services, and therefore the travel is not considered to be the least expensive option.

The ministry notes that there is also some confusion over the length of time the appellant was required to be away from home for medical treatment, and what the total transportation costs (bus/taxi/hotel) are for this trip. The appellant appears to have stayed until May 1st when the last appointment in City 1 appears to be April 29th.

The ministry argues it is expected that the appellant makes all reasonable efforts to meet with a GP in her local areas who can refer her to the nearest available specialists and hospitals for any medical appointments and testing that may be required. The ministry recognizes that she is considering a move to City 1; however, the ministry argues it is unable to assist with transportation costs to City 1 if they are not the nearest available specialists and hospitals.

Panel Decision

The relevant legislation is contained in the Employment and Assistance for Persons with Disabilities (EAPWD) Regulation section 62 which states that the minister may provide any health supplement set out in section 2 of Schedule C to or for a person in receipt of disability assistance.

Schedule C, section 2 states that the health supplements must be the least expensive appropriate mode of transportation to or from;

- an office, in the local area, of a medical practitioner,
- the office of the nearest available specialist in a field of medicine or surgery if the person has been referred to a specialist in that field by a local medical practitioner,
- the nearest suitable general hospital,

provided that

- The transportation is to receive a benefit under the *Medicare Protection Act*, and
- There are no resources available to the person's family unit.

Section 29 of the Interpretation Act defines a medical practitioner as a registrant of the College of Physicians and Surgeons of British Columbia entitled to practise medicine and to use the title "medical practitioner".

The panel notes the timeframe covered by the reconsideration decision and will only include the original transportation supplement request that covers the period 18 April to 1 May 2022, in its consideration and decision.

The panel notes the registration of the City 1 GP and City 1 Specialist under the CPSA, as accepted by the ministry policy for border communities, and finds these both meet the legislative definitions for a 'medical practitioner' under section 29 of the Interpretation Act and 'specialist' under section 1 of Schedule C of the EAPWD Regulation, respectively.

The panel recognises the appellant has exercised a great deal of autonomy in decision making and, with great respect, the tenacity with which she advocates on her own behalf, by choosing a GP she believes she can trust. The panel notes the appellant started seeing the City 1 GP when in City 1 with her mother several years ago and booked the recent trip to see the City 1 GP at about the same time as she visited a hospital close to the appellant's home town in April 2022.

The panel notes that the appellant confirms visiting local doctors and specialists within her local area and sought out a medical opinion in early April 2022 at a local hospital, where the appellant was then referred for an ultrasound; that the test was conducted in August of 2022 and that the appellant was not satisfied with the lack of follow up by the doctor. The panel notes such a visit would meet the requirements of section 2 (1) (f) of Schedule C and finds this action demonstrates the appellant's ability to avail herself of local medical services.

The panel also notes the appellant was referred for an ultrasound in February 2022, as well as in April, however she does not recall advising the City 1 GP about this ongoing consultation. The panel finds no evidence to support her contention that she is unable to see a local doctor or receive referrals to specialists when required.

The panel notes no evidence to show the City 1 GP office is within what could be considered the local area of the appellant for the services conducted, being at least twice the distance from the appellant's hometown than three other cities and towns with

hospital and medical services quoted by the ministry. The panel therefore finds the office of the medical practitioner, being in City 1, does not meet the legislative requirements of section 2 (1)(f)(i) of Schedule C of the EAPWD Regulation, that of being in the local area, and therefore the ministry was reasonable in its determination that it is unable to assist with the transportation costs to travel to see the GP in the City 1 location.

Therefore, the panel finds the referral of the appellant to the City 1 Specialist, conducted by the City 1 GP, was not by a local medical practitioner as required under section 2 (f) (ii), and that no evidence has been presented to show the City 1 Specialist office is the nearest available specialist in the field of medicine or surgery required by the appellant. The panel finds that the ministry has provided evidence that cities closer to the appellant can provide medical appointments with a specialist. Therefore, the panel finds the ministry was reasonable in its determination that it is unable to assist with the travel and accommodation costs to travel to City 1 to see a specialist.

The panel finds the City 1 GP has referred the appellant for a number of tests and specialist appointments in City 1 and that he could not determine at this time if City 1 was the nearest available specialist or hospital for the appellant to receive the services and testing she received. The panel also finds the ministry has provided evidence that local hospitals and cities closer to the appellant can provide medical appointments with general practitioners, specialist and perform X-Ray's, ultrasounds, and the more advanced diagnostic imaging such as MRI's of the lumbar spine.

The panel notes no evidence has been presented to show the City 1 diagnostic services are the nearest available suitable general hospital in accordance with section 2 (f) of schedule C of the legislation.

The panel therefore finds the appellant would not be required to travel all the way to City 1 to receive these hospital services, and therefore the ministry was reasonable in its decision that seeing specialists and hospital services in City 1 were not the nearest available options.

The panel notes the appellant's comments regarding her ill-health and need to overnight when out of town, the City 2 cardiologist's letter 2021, and the reported limited bus schedule and finds these adequately demonstrated the need for the appellant to overnight during the out of town visit. The panel finds therefore the ministry was not reasonable in its finding that the cost was not the least expensive option due to the appellant staying several extra days on the trip to see the City 1 GP and associated testing and specialist appointments.

However, the panel notes no evidence to demonstrate that the travel costs to City 1 are the least expensive appropriate mode of transportation, as required in section 2 of schedule C of the legislation, when compared to local towns and cities in British Columbia or closer cities within Alberta that have been shown to possibly be able to provide the needed medical, specialist or diagnostic services. Based on the evidence therefore the panel finds the ministry was reasonable in its determination that the travel to City 1 is not considered to be the least expensive option.

Summary

The panel has noted the appellant has chosen to visit medical practitioners that she feels she can trust with her health concerns, and this includes visiting a general practitioner's office, specialists, and undergoing diagnostic testing, all in City 1. The panel has found that City 1 GP's office is not within the appellant's local area. Further, the City 1 Specialist is not the nearest available, and was not referred by a local medical practitioner, and the City 1 clinics and hospitals that conducted associated diagnostic testing are not the nearest available suitable facilities. Lastly, the travel has not been shown to be the least expensive available option. Therefore, a travel supplement is not available under the relevant legislation.

Conclusion

Based on all available evidence the panel finds that the ministry's reconsideration decision is supported by the evidence and is a reasonable interpretation of the legislation in the circumstances of the appellant.

The ministry's reconsideration decision is confirmed.

The appellant is not successful on appeal.

Appendix A

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES ACT

Disability assistance and supplements

5 Subject to the regulations, the minister may provide disability assistance or a supplement to or for a family unit that is eligible for it.

EMPLOYMENT AND ASSISTANCE FOR PERSONS WITH DISABILITIES REGULATION

General health supplements

62 The minister may provide any health supplement set out in section 2 [*general health supplements*] of Schedule C to or for

(a) a family unit in receipt of disability assistance,

Schedule C

Definitions

1 In this Schedule:

"**specialist**" means a medical practitioner recognized as a specialist in a field of medicine or surgery in accordance with the bylaws made by the board for the College of Physicians and Surgeons of British Columbia under section 19 (1) (k.3) and (k.4) of the *Health Professions Act*.

General health supplements

2 (1) The following are the health supplements that may be paid for by the minister if provided to a family unit that is eligible under section 62 [*general health supplements*] of this regulation:

(f) the least expensive appropriate mode of transportation to or from

(i) an office, in the local area, of a medical practitioner or nurse practitioner,

(ii) the office of the nearest available specialist in a field of medicine or surgery if the person has been referred to a specialist in that field by a local medical practitioner or nurse practitioner,

(iii) the nearest suitable general hospital or rehabilitation hospital, as those facilities are defined in section 1.1 of the Hospital Insurance Act Regulations,
or

(iv)the nearest suitable hospital as defined in paragraph (e) of the definition of "hospital" in section 1 of the *Hospital Insurance Act*,
provided that

(v)the transportation is to enable the person to receive a benefit under the *Medicare Protection Act* or a general hospital service under the *Hospital Insurance Act*, and

(vi)there are no resources available to the person's family unit to cover the cost.

INTERPRETATION ACT

Expressions defined

29 In an enactment:

"**medical practitioner**" means a registrant of the College of Physicians and Surgeons of British Columbia entitled under the [Health Professions Act](#) to practise medicine and to use the title "medical practitioner";

APPEAL NUMBER 2022-0144

Part G – Order

The panel decision is: (Check one) Unanimous By Majority

The Panel Confirms the Ministry Decision Rescinds the Ministry Decision

If the ministry decision is rescinded, is the panel decision referred back to the Minister for a decision as to amount? Yes No

Legislative Authority for the Decision:

Employment and Assistance Act

Section 24(1)(a) or Section 24(1)(b)

Section 24(2)(a) or Section 24(2)(b)

Part H – Signatures

Print Name
Don Stedeford

Signature of Chair

Date (Year/Month/Day)
2022/12/01

Print Name
Linda Pierre

Signature of Member

Date (Year/Month/Day)
2022/12/02

Print Name
Bill Haire

Signature of Member

Date (Year/Month/Day)
2022/12/02