

**Part C – Decision Under Appeal**

The decision under appeal is the Ministry of Social Development and Poverty Reduction (“Ministry”) reconsideration decision dated October 27, 2023, which determined the Appellant was not eligible for the Persons with Disabilities (“PWD”) designation because she did not meet four of the five criteria necessary for designation. Specifically, the Ministry stated the following criteria were not met:

- Impairment likely to continue for two years or more;
- Severe physical or mental impairment;
- Severe impairment directly and significantly restricts daily living activities; and
- Assistance required with daily living activities as a result of significant restriction.

Further, the Ministry found the Appellant was not one of the prescribed classes of persons eligible for PWD designation on alternative grounds. As there was no information or argument on this point, the panel considers it not to be an issue in this appeal.

**Part D – Relevant Legislation**

*Employment and Assistance for Persons with Disabilities Act* (“Act”), section 2.

Employment and Assistance for Persons with Disabilities Regulation (“Regulation), section 2.

*Employment and Assistance Act*, section 22(4).

*Interpretation Act*, section 29.

Relevant sections of the legislation can be found in the Schedule of Legislation at the end of this decision.

**Part E – Summary of Facts**

An in-person hearing was held on January 30, 2024. The panel and the Appellant attended the hearing in-person. With permission, a representative of the Ministry joined the hearing via telephone.

**Evidence Before the Minister at Reconsideration**

The Appellant is over 18 years of age and has applied for PWD designation. In support of the application, the Appellant submitted a PWD application that included a Medical Report completed by the Appellant's doctor, an Assessor Report completed by a nurse, and a portion of the application form entitled Applicant Information that includes a hand-written self-report from the Appellant.

In addition to the application materials, upon Reconsideration the Ministry also received the following:

- Appellant's Request for Reconsideration, which included further self-report from the Appellant;
- doctor's note dated December 28, 2023 diagnosing the Appellant with fibromyalgia; and
- letter dated December 28, 2023 from an advocate with the Canadian Mental Health Association.

This evidence is summarized below.

Medical Report

As stated above, the Medical Report was completed by the Appellant's doctor. The doctor states that the Appellant has been their patient for 15 years and has been seen 11 or more times in the last year.

*Diagnosis:*

The doctor diagnosis the Appellant with ADHD, depressive disorder with anxiety, and PTSD, with 2005 as the date of onset for all noted diagnosis, and ADHD being formally diagnosed in 2021.

*Health History*

The doctor notes that these conditions have a severe influence on the Appellant's daily living activities in all ways and notes that concentration, ability to work, and look after children and

household are affected. The doctor further notes that the Appellant has difficulty sleeping and coping. With respect to medications, the doctor states that the Appellant has had side effects from multiple medications and has had to discontinue them.

The doctor states that the Appellant's impairment is not likely to continue for more than two years and notes that the Appellant's psychiatrist has stated that they hopefully will see improvements with medication.

### *Functional Skills*

The doctor states that the Appellant can:

- walk unaided for walk unaided 4+ blocks;
- climb 5+ stairs unaided;
- with lifting or remaining seated without limitation; and
- communicate without difficulty.

However, the doctor notes that the Appellant has significant deficits with cognitive and emotional function in the following areas:

- executive (planning, organizing, sequencing, calculations, judgement);
- memory (ability to learn and recall information);
- emotional disturbance (eg. Depression, anxiety);
- motivation (loss of initiative or interest); and
- attention or sustained concentration.

### *Daily Living Activities*

The doctor states that the Appellant is independent in all areas of daily living activities except for management of finances and social functioning. He marks that these activities are continuously restricted. With respect to social functioning, the doctor notes that this restriction is mild to moderate.

### Assessor Report

As stated above the Assessor Report was completed by a nurse. The nurse noted that they had met with the Appellant once and that their first meeting with the Appellant was to complete the report.

### *Mental or Physical Impairment*

The nurse stated that the Appellant is impacted by ADHD, fibromyalgia, and severe depression and anxiety.

*Ability to Communicate and Mobility and Physical Ability*

The nurse noted that the Appellant has satisfactory ability to communicate and is independent with all areas of mobility and physical ability, particularly:

- walking indoors;
- walking outdoors;
- climbing stairs;
- standing (for short periods);
- lifting; and
- carrying and holding.

*Cognitive and Emotional Functioning*

The nurse noted that for cognitive and emotional functioning that all listed areas of function are either moderately or majorly impacted for the Appellant with the exception of psychotic symptoms. The nurse stated that there is moderate impact to functioning in the areas of motivation and motor activity and major impact in the following areas:

- bodily functions;
- consciousness;
- emotion;
- impulse control;
- insight and judgement;
- attention/concentration;
- executive;
- memory;
- language (noted comprehension problems); and
- other neuropsychological problems.

*Daily Living Activities*

The nurse assessed the Appellant as independent in most daily living activities, but noted that the Appellant sometimes needs help regulating diet, is erratic with filling/refilling prescriptions, and uses an assistive device when using public transit and transit schedules/arranging transportation. The nurse also noted that the Appellant requires continuous

support/supervision with all areas of social functioning. When asked to describe how the Appellant's mental impairment impacts relationships with their immediate and extended social networks, the nurse stated that the Appellant has very disrupted functioning and is very isolated.

#### *Assistance Provided for Applicant*

The nurse notes that the Appellant needs help for daily living activities and receives such help from family and community organizations.

#### Self-Report

In the self-report section of the application form, the Appellant notes that she has ADHD, fibromyalgia, severe depression and anxiety as well as PTSD. She states that she has a history of being in relationships with abusive men and other trauma from experiences as a teen.

The Appellant provided a further self-report in her Request for Reconsideration stating that her doctor did not mention her recent diagnosis of fibromyalgia in the Medical Report. She submits that this diagnosis will never go away and is only getting worse and if it is considered she feels she would meet the "severe" and "at least 2 years" criteria for designation by the Ministry. She requested that the Ministry contact her doctor about this diagnosis.

#### Doctor's Note

On December 28, 2023 the Appellant's doctor wrote to the Ministry asking to add a diagnosis of fibromyalgia to the Appellant's persons with disabilities application. Included with the note is the copy of a medical notepad signed by the doctor stating that the Appellant has multiple symptoms of fibromyalgia. This note was provided to the Ministry within the letter in support summarized below.

#### Letter in Support

Also dated December 28, 2023 is a letter from an advocate for the Appellant that addresses the diagnosis of fibromyalgia from the doctor and states that fibromyalgia is a life long condition that will not go away and that the Appellant's fibromyalgia is not presently responding well to treatment. The advocate requests that the Ministry use this information to meet the duration criterion.

The advocate also states that the Assessor Report does not clearly show the restrictions the Appellant faces with performing her daily living activities and notes that the Appellant has significant difficulty with social functioning as well as other activities that require going out in

public such as grocery shopping. The advocate also states that the Appellant does not receive much support from family as she is very isolated from everyone and will need constant support and supervision from someone to establish social relationships outside of her personal household.

### **New Evidence Provided on Appeal**

At the hearing, the Appellant provided further oral evidence of her present medical condition, restrictions on her daily living activities, and details regarding the duration of impairment and the amount of assistance needed. The Appellant also provided the following documentary evidence:

- letter dated January 22, 2024 from a practical nurse working with the local health authority;
- letter dated January 15, 2024 from the Appellant's employer; and
- letter dated January 22, 2024 from the Appellant's doctor providing more details about the Appellant's medical condition.

The Ministry made a brief statement in support of its reconsideration decision.

This evidence is summarized below.

#### Appellant's Evidence

The Appellant stated that she understood why her initial application was denied as the doctor had not mentioned her diagnosis with fibromyalgia in the Medical Report. She stated that she had since provided evidence of that and felt that this diagnosis showed that she now met the 2-year duration criterion. Further, the Appellant stated that while she has ADHD, anxiety, and PTSD that she has had those things for years and has managed just fine. She stated that it is the onset of pain from fibromyalgia that has made a significant difference in her ability to cope. When asked, she stated that she is in pain every day and that it feels like she is "covered in a burning, tingling pain all over".

The Appellant stated that when the doctor completed the Medical Report and said that her impairment would not last two years, he was talking about her mental health not her fibromyalgia and that this condition is chronic and would meet the 2-year duration requirement.

The Appellant stated that she is worried that her doctor is not taking her pain seriously and that she is being judged for her past mental health issues. However, she said that her doctor has

finally referred her to internal medicine and has put her on a list for a CT scan. She is waiting on these referrals.

When asked, the Appellant provided a summary of what her day-to-day life is like. She reported that she has a teenager with autism, a young pre-schooler and many pets and that she is always on the go taking care of everyone and has trouble coping now that she is in constant pain. She reported feeling more exhausted than she used to and said that she is no longer able to keep up with her fitness like she used to.

#### Letter from community mental health

The letter from a registered practical nurse at a community mental health office in her local health authority outlined the Appellant's care at the office and noted:

- the Appellant was treated by a psychiatrist in April 2023 and diagnosed with ADHD;
- the nurse encouraged the Appellant to seek out income assistance or persons with disability funding;
- the Appellant was seen again by the psychiatrist in June 2023 and was followed by the community response team to ensure her safety;
- the Appellant was seen again by the psychiatrist in July and October 2023 and diagnosed the Appellant with ADHD – mixed inattentive and hyperactive subtypes, social anxiety disorder, and cluster B traits; and
- the Appellant was discharged back into the care of her doctor.

#### Letter from employer

The Appellant's employer provided a letter describing the changes they have seen in the Appellant since meeting her in March of 2022. They write that the Appellant was bright and vital when they first met with an unending supply of energy. She had a small hobby farm that she took care of without help, ran twice a week, worked out daily, all while also working as a house-cleaner almost fulltime. However, in the spring of 2023, she started cancelling work due to chronic pain. She complained of being tired, drained, and having terrible brain fog. When the Appellant was diagnosed with fibromyalgia, she stopped all activities outside of caring for her family. She reports regularly being in incredible pain after a fibromyalgia flare-up and now struggles to manage the demands of her life.

#### Letter from doctor

The January 22, 2024 letter from the Appellant's doctor stated that the Appellant had been a patient of his for a long time without any real illnesses or issues but that over the last year has

been seen many times both at his office and the local mental health clinic. He states that she has chronic pain all over due to fibromyalgia and experiences symptoms of ADHD and depression. He notes she has difficulty concentrating at work and has social anxiety. He has referred her to internal medicine for further investigations to try and find the cause of the symptoms.

### Ministry's Statement

The Ministry stated that it relied on the reasons set out in the reconsideration decision and took time to explain those reasons. The Ministry also stated that, if unsuccessful on appeal, the Appellant could reapply with updated medical evidence and went over the various prescribed professionals permitted to complete the Assessor Report portion of the application form.

### **Admissibility of Evidence**

Neither party objected to the submission of new evidence submitted at the hearing. The panel finds that much of the oral testimony of the Appellant summarized evidence already before the Ministry at reconsideration and is submissions in support of the Appellant's appeal. However, where the testimony provided further detail, the panel finds that the testimony was reasonably required for a full and fair disclosure of all matters related to the decision under appeal. Likewise, the panel finds that the new documentary evidence was also reasonably required for a full and fair disclosure of all matters related to the decision under appeal. Accordingly, the panel admits all the new information as evidence pursuant to section 22(4) of the *Employment and Assistance Act*.



**Part F – Reasons for Panel Decision****Issue on Appeal**

The issue on appeal is whether the Ministry's decision that the Appellant was ineligible for PWD designation was reasonably supported by the evidence or was a reasonable application of the legislation in the circumstances of the Appellant. That is, was the Ministry reasonable when determining that the requirements of section 2(2) of the Act were not met because:

- the duration of the impairment was not for at least 2 years;
- a severe mental or physical impairment was not established;
- the Appellant's daily living activities were not, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods; and
- it has not been established that daily living activities are significantly restricted and therefore it cannot be determined that significant help is required from other persons or a device to complete restricted activities.

**Appellant's Position**

The Appellant states that she understands why she was denied designation initially based on only the diagnosis the doctor initially set out in the Medical Report; however, she has since provided medical evidence from the same doctor that she has also been diagnosed with fibromyalgia. She states that she now meets the criteria for PWD designation. The Appellant states that since this condition is a chronic condition where she experiences severe pain daily that she should now meet the duration and severity requirements. Further, the Appellant states that the information provided by the nurse in the Assessor Report indicates that she does face significant restrictions with daily living activities and needs the help of others. The Appellant states that she is in pain daily and is unable to manage her daily routine anymore.

**Ministry Position**

The Ministry relied on its reconsideration decision stating that the Appellant does not meet 4 of the 5 required criteria for designation as a PWD under the Act.

With respect to the duration criterion, the Ministry stated that the evidence provided by the doctor in the Medical Report states that the Appellant's impairment will not continue for more than two years and will improve with medication. The Ministry stated that despite providing a diagnosis of fibromyalgia the doctor did not update his evidence with respect to the expected duration of impairment.

With respect to the other criteria, the Ministry stated that it gives more weight to the evidence in the Medical Report over that in the Assessor Report as the Appellant's doctor had known the Appellant much longer than the nurse that completed the Assessor Report who had only met the Appellant one time when completing the report. The Ministry further stated that the evidence does not establish that the Appellant has a severe mental or physical impairment nor that her daily living activities are directly and significantly restricted continuously or periodically for extended periods as the doctor has noted that the Appellant has unrestricted mobility, functional skills, and physical ability. The Ministry states that with respect to physical impairment that while fibromyalgia may restrict physical functioning, the lack of reported restrictions by the doctor means that the Ministry cannot confirm that it creates a severe physical impairment for the Appellant. With respect to mental impairment the Ministry states that while deficits were noted in the Appellant's cognitive and emotional function in both the Medical Report and Assessor Report that the doctor described the impact of these restrictions as mild to moderate and therefore the Ministry cannot find that the Appellant has a severe mental impairment.

With respect to the criterion of needing help, the Ministry found that as the Appellant did not have a severe impairment that the need for help for a severe impairment could not be established.

## **Panel Decision**

### PWD Designation – Generally

The legislation provides the Ministry with the discretion to designate someone as a PWD if the requirements are met. In the panel's view, PWD designation is for persons who have significant difficulty in performing regular self-care activities. If the inability to work is the major reason for applying for designation, the panel encourages applicants to speak to the Ministry about other potential programs such as Persons with Persistent Multiple Barriers to Employment (PPMB) or explore federal government programs such as Canada Pension Plan disability benefits.

Some requirements for PWD designation must have an opinion from a professional, and it is reasonable to place significant weight on these opinions. The application form also includes a Self Report. It is appropriate to also place significant weight on the Self Report and evidence from the Appellant, unless there is a legitimate reason not to do so.

The panel will review the reasonableness of the Ministry's determination and exercise of discretion.

### Duration

The panel finds that the Ministry reasonably determined that the duration requirement was not met.

Section 2(2) of the Act states that to qualify for PWD designation the duration of the severe impairment must, in the opinion of a medical practitioner or nurse practitioner, be likely to continue for at least two years. In the Medical Report, when asked if the impairment will continue for two years or more, the Appellant's doctor marks "no" and states that the Appellant may improve with medication.

The Appellant states that when the doctor completed the Medical Report and made this statement that he did not include the diagnosis of fibromyalgia, which has since been provided to the Ministry. She states that fibromyalgia is a chronic condition and therefore this requirement should now be met.

The legislation states that the opinion of duration must be from a medical practitioner or nurse practitioner. This means that opinions from others as to duration cannot be used to meet the duration requirement. The terms "medical practitioner" and "nurse practitioner" are defined in the *Interpretation Act*. Medical practitioner means a doctor registered with the College of Physicians and Surgeons of British Columbia, entitled to practice medicine and to use the term "medical practitioner". Nurse practitioner means a person who is authorized under the bylaws of the British Columbia College of Nurses and Midwives to practice nursing as a nurse practitioner and to use the title "nurse practitioner". Notably, this does not include registered nurses or licensed practical nurses.

The panel finds that while the doctor has provided an updated medical diagnosis that he did not provide an update with respect to the expected duration of the Appellant's impairment. While the Appellant and the Appellant's advocate provide evidence that fibromyalgia is a chronic and lifelong condition, the legislation requires the opinion on duration to be from a medical practitioner and the only individual that has provided evidence that meets the requirement of this term is the Appellant's doctor. Accordingly, as the doctor has stated that the duration will not be longer than two years the panel finds that the Ministry was reasonable when it determined that this criterion was not met.

#### Severe Physical or Mental Impairment

The panel finds that the Ministry was reasonable when it determined that the Appellant did not have a severe mental or physical impairment.

#### *Physical Impairment*

The panel finds that the Ministry was reasonable when it placed more weight on the evidence of the doctor in the Medical Report than on the nurse in the Assessor Report as the doctor had known the Appellant for 15+ years and the nurse had only met the Appellant the one time while completing the form. It is reasonable that the doctor, having treated the Appellant for many years and having a full understanding of her complete health history, would be able to provide more accurate evidence about the Appellant.

Further, the panel finds that although the doctor has provided the additional diagnosis of fibromyalgia, that it is reasonable for the Ministry to determine that the Appellant does not have a severe physical impairment when no further detail was provided by the doctor as to how the diagnosis of fibromyalgia affects the Appellant's ability for physical function. While the Appellant stated that she experiences chronic pain, is less active than she used to be, and struggles to cope, both the Medical Report and Assessor Report list the Appellant as having no limitations with physical functioning. The limitations noted in the two Medical Reports refer to emotional and cognitive limitations rather than physical limitations. Accordingly, the panel finds that the Ministry was reasonable to determine that the Appellant does not have a severe physical impairment.

### *Mental Impairment*

As stated above, the panel finds that the Ministry was reasonable when it placed more weight on the evidence of the doctor in the Medical Report than on the nurse in the Assessor Report as the doctor had known the Appellant for 15+ years and the nurse had only met the Appellant the one time while completing the form. It is reasonable that the doctor, having treated the Appellant for many years and having a full understanding of her complete health history, would be able to provide more accurate evidence about the Appellant.

Both the Medical Report and Assessor Report note deficits to the Appellant's social, emotional, and cognitive function. The nurse in the Assessor Report marks the Appellant as having very disrupted social functioning and needing continuous support for all aspects of social functioning. The doctor however, notes that the restrictions to social function are mild to moderate and, as stated above, expresses hope that with medication the Appellant's symptoms will largely resolve.

Further, the panel notes that in her oral testimony at the hearing that the Appellant stated that she can cope with her ADHD, anxiety, and PTSD as she has been dealing successfully with these matters for many years. She stated that it is her chronic pain from fibromyalgia that makes it difficult for her to function and is what she would consider her impairment. Based on this

statement and the doctor's statement that the Appellant is mild to moderately affected by her mental impairments, the panel find that the Ministry was reasonable to determine that the Appellant does not have a severe mental impairment.

### Daily Living Activities

A prescribed professional must provide an opinion that the applicant's severe impairment restricts the ability to perform the daily living activities listed in the legislation. The activities that are considered are listed in the Regulation. Those daily living activities are:

- prepare own meals;
- manage personal finances;
- shop for personal needs;
- use public or personal transportation facilities;
- perform housework to maintain the person's place of residence in acceptable sanitary condition;
- move about indoors and outdoors;
- perform personal hygiene and self care; and
- manage personal medication.

For a person who has a severe mental impairment, daily living activities also include:

- Make decisions about personal activities, care, or finances; and
- Relate to, communicate, or interact with others effectively.

As decided in *Hudson v. British Columbia (Employment and Assistance Appeal Tribunal)*, 2009 BCSC 1461, at least two daily living activities must be restricted in a way that meets the requirements. Not all activities, or even the majority, need to be restricted. The inability to work and financial need are not listed as daily living activities and are only relevant to the extent that they impact the listed activities.

The restrictions to daily living activities must be significant and caused by the impairment. This means that the restriction must be to a great extent and that not being able to do the activities without a lot of help or support will have a large impact on the person's life and that the restriction is because of the impairment.

The restrictions also must be continuous or periodic. Continuous means the activity is generally restricted all the time. A periodic restriction must be for extended periods meaning frequent or for longer periods of time. For example, the activity is restricted most days of the week, or for the whole day on the days that the person cannot do the activity without help or support. To

figure out if a periodic restriction is for extended periods, it is reasonable to look for information on the duration or frequency of the restriction.

The Medical Report and Assessor Report also have activities that are listed, and though they do not match the list in the Regulation exactly, they generally cover the same activities. The Medical Report and Assessor Report provide the professional with an opportunity to provide additional details on the applicant's restrictions.

The panel finds that the evidence provided by the doctor in the Medical Report and the nurse in the Assessor Report clearly show that at least two of the Appellant's daily living activities are continuously restricted. The doctor notes that the Appellant's social functioning and management of finances are continuously restricted while the nurse notes that the Appellant requires continuous support in all areas of social functioning. However, the doctor states that the restrictions to social function are mild to moderate. The panel finds that with this qualifying statement, that while at least two daily living activities are restricted that they are not *significantly* restricted. Accordingly, the panel finds the Ministry was reasonable when it determined that the Appellant's impairment did not directly and significantly restrict the Appellant's ability to perform daily living activities.

### Need for Help

A prescribed professional must provide an opinion that the person needs help to perform the restricted activities. Help means using an assistive device, the significant help or supervision of another person, or using an assistance animal to perform the restricted activities. An assistive device is something designed to let the person perform restricted activities.

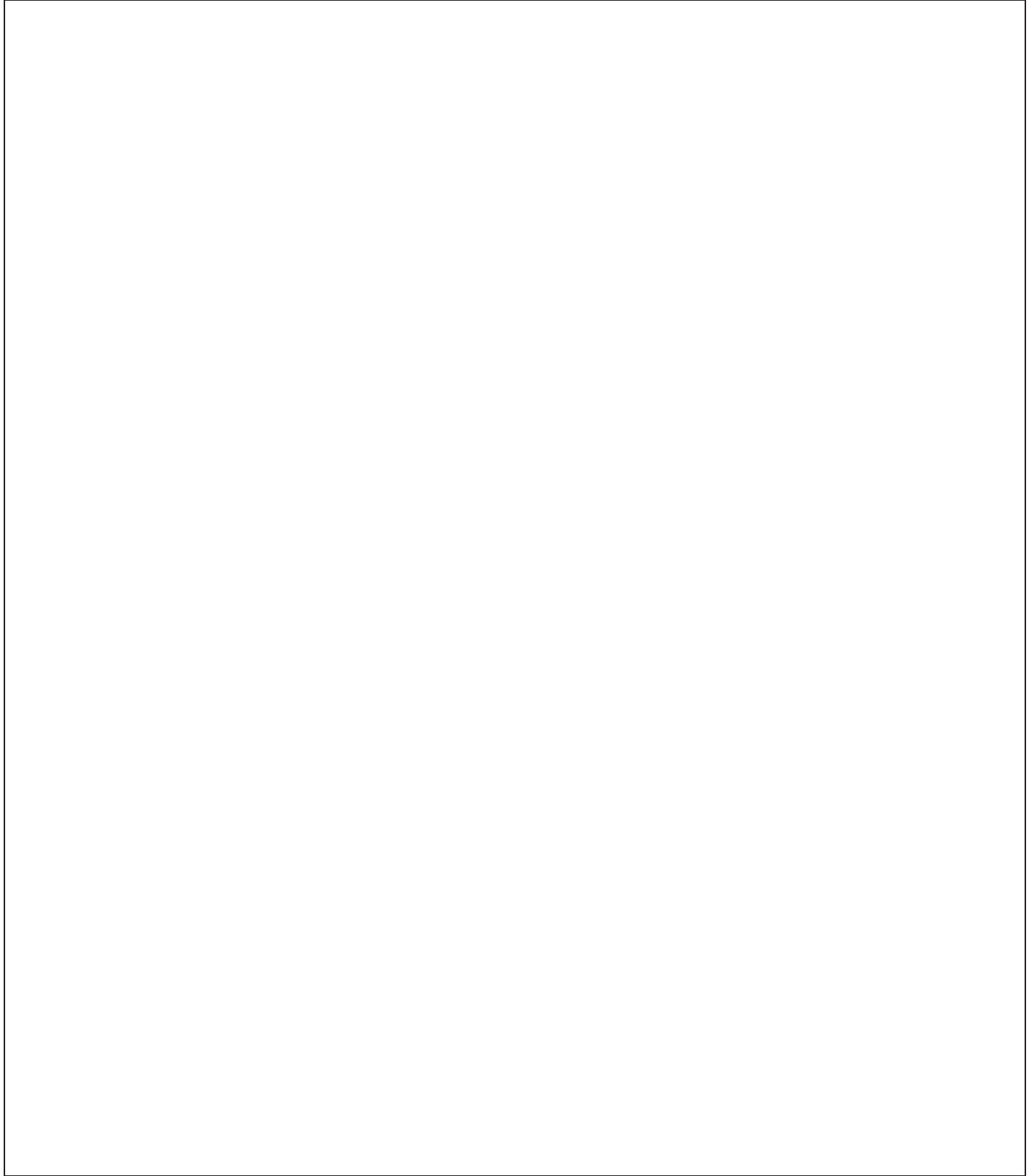
The panel finds that the evidence shows that the Appellant needs the help and supervision of others for social functioning. However, as it has not been established that the Appellant's daily living activities are directly and significantly restricted, the panel finds that it cannot determine that help is required to perform the restricted activities. Accordingly, the panel finds that the Ministry was reasonable when it determined that this criterion was not met.

### **Conclusion**

For the reasons set out above, the panel finds that the Ministry's decision, that the Appellant was not eligible for Persons with Disability designation, was reasonably supported by the evidence and therefore confirms the decision. The Appellant's appeal is unsuccessful.

The panel wishes to draw to the Appellant's attention the Ministry's comment at the hearing that the Appellant may reapply with updated medical evidence in the future.

Appeal Number 2024-0014



## Schedule – Relevant Legislation

## Employment and Assistance for Persons with Disabilities Act

**Persons with disabilities**

s. 2 (1) In this section:

"assistive device" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

"daily living activity" has the prescribed meaning;

"prescribed professional" has the prescribed meaning.

(2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person is in a prescribed class of persons or that the person has a severe mental or physical impairment that

(a) in the opinion of a medical practitioner or nurse practitioner is likely to continue for at least 2 years, and

(b) in the opinion of a prescribed professional

(i) directly and significantly restricts the person's ability to perform daily living activities either

(A) continuously, or

(B) periodically for extended periods, and

(ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

(a) a person who has a severe mental impairment includes a person with a mental disorder, and

(b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires

(i) an assistive device,

(ii) the significant help or supervision of another person, or

(iii) the services of an assistance animal.



4) The minister may rescind a designation under subsection (2).

## Employment and Assistance for Persons with Disabilities Regulation

### Definitions for Act

s.2 (1) For the purposes of the Act and this regulation, "daily living activities",

(a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

(i) prepare own meals;

(ii) manage personal finances;

(iii) shop for personal needs;

(iv) use public or personal transportation facilities;

(v) perform housework to maintain the person's place of residence in acceptable sanitary condition;

(vi) move about indoors and outdoors;

(vii) perform personal hygiene and self care;

(viii) manage personal medication, and

(b) in relation to a person who has a severe mental impairment, includes the following activities:

(i) make decisions about personal activities, care or finances;

(ii) relate to, communicate or interact with others effectively.

(2) For the purposes of the Act, "prescribed professional" means a person who is

(a) authorized under an enactment to practise the profession of

(i) medical practitioner,

ii) registered psychologist,

(iii) registered nurse or registered psychiatric nurse,

(iv) occupational therapist,

(v) physical therapist,

(vi) social worker,

(vii) chiropractor, or

(viii) nurse practitioner, or

(b) acting in the course of the person's employment as a school psychologist by

(i) an authority, as that term is defined in section 1 (1) of the *Independent School Act*, or

(ii) a board or a francophone education authority, as those terms are defined in section 1 (1) of the *School Act*,

if qualifications in psychology are a condition of such employment.

(3) The definition of "parent" in section 1 (1) applies for the purposes of the definition of "dependent child" in section 1 (1) of the Act.

### Employment and Assistance Act

s. 22 (4) A panel may consider evidence that is not part of the record as the panel considers is reasonably required for a full and fair disclosure of all matters related to the decision under appeal.

### Interpretation Act

s. 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";

....

**"nurse practitioner"** means a person who is authorized under the bylaws of the British Columbia College of Nurses and Midwives to practise nursing as a nurse practitioner and to use the title "nurse practitioner";

....

APPEAL NUMBER 2024-0014

**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

Emily Drown

Signature of Chair

Date (Year/Month/Day)

2024/02/20

Print Name

Charles Schellinck

Signature of Member

Date (Year/Month/Day)

2024/02/18

Print Name

Signature of Member

Date (Year/Month/Day)

2024/02/20