

LEGISLATIVE GUIDANCE

Duty to Report

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Related topic(s):	Duty to Report Criminal Charges or Convictions under the

Legislative guidance provides physicians and surgeons with assistance in navigating legislation applicable to medical practice. These documents are meant to be used as a helpful resource and should be read in conjunction with the legislation they refer to.

Preamble

Many statutes have mandatory reporting provisions that are applicable to registrants. While not exhaustive, the legislation referenced below is provided as a general guide to registrants with respect to their mandatory reporting obligations. Registrants are expected to be aware of and comply with their legal, professional and ethical reporting obligations and are encouraged to seek the guidance of legal counsel or the Canadian Medical Protective Association (CMPA) to review their reporting requirements.

Guidance

The Canadian Medical Association (CMA)

principles set out in the CMA

Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.

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18. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to

where the informed consent of the patient has been obtained for disclosure or as provided for by law.

33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.

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- (b) a parent, guardian or committee of the patient, if the patient is not competent to consent to treatment.
- (3) On receiving a report under subsection (1), the registrar must act under section 32 (2) as though the registrar had received a complaint under section 32 (1).
- 32.5 No action for damages lies or may be brought against a person for making a report in good faith as required under section 32.2, 32.3 or 32.4.

[RSBC 1996] c.46, sections 13 and 14(1)

- 13 (1) A child needs protection in the following circumstances:
 - (a) if the child has been, or is likely to be, physically harmed by the child's parent;
 - (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
 - (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
 - (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;
 - (e) if the child is emotionally harmed by the parent's conduct;
 - (f) if the child is deprived of necessary health care;
 - (g) if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
 - (h) if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care;
 - (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;

- (e) any other relevant information requested by the person to whom the report is made.
- (3) If an infectious agent or a hazardous agent is prescribed for the purposes of this section, a person to whom this section applies must
 - (a) make records and take samples as prescribed, and
 - (b) take other prescribed actions.
- 11 If a prescribed person becomes aware that a prescribed health hazard exists or may exist, the person must promptly report the following information, to the extent of his or her knowledge, to a prescribed person:
 - (a) the nature of the health hazard, including its location and cause or source;
 - (b) the identity of persons involved in causing or responding to the health hazard;
 - (c) the persons who may be adversely affected by the health hazard;
 - (d) prescribed information;
 - (e) any other relevant information requested by the person to whom the report is made.
- 12 If a matter affecting health promotion or health protection is prescribed for the purposes of this section, a health professional, a person responsible for administering a hospital or laboratory, and a prescribed person must
 - (a) promptly report, to the extent of his or her knowledge, to a prescribed person,
 - (i) prescribed information, and
 - (ii) other relevant information requested by the person to whom the report is made,
 - (b) make records and take samples as prescribed, and
 - (c) take other prescribed actions.

6. [RSBC 1996] c.231, section 28

- 28 If any of the following persons attends to, diagnoses, treats or is consulted by a person injured in a motor vehicle accident in British Columbia, he or she must, whenever the corporation requests, provide the corporation, as soon as reasonably practicable, with a report of the injuries and their diagnosis and treatment and a prognosis, in the form the corporation prescribes:
 - (a) a medical practitioner;
 - (b) a chiropractor as defined in the
 - (c) a person authorized to practise dentistry under the
 - (d) a person entitled to practise physiotherapy under the

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(e) an employee of a hospital as defined in the

7. [RSBC 1996] c.318, section 230

- 230 (1) This section applies to every legally qualified and registered psychologist, optometrist and medical practitioner who has a patient 16 years of age or older who
 - (a) in the opinion of the psychologist, optometrist or medical practitioner has a medical condition that makes it dangerous to the patient or to the public for the patient to drive a motor vehicle, and
 - (b) continues to drive a motor vehicle after being warned of the danger by the psychologist, optometrist or medical practitioner.
 - (2) Every psychologist, optometrist and medical practitioner referred to in subsection (1) must report to the superintendent the name, address and medical condition of a patient referred to in subsection (1).
 - (3) No action for damages lies or may be brought against a psychologist, an optometrist or a medical practitioner for making a report under this section, unless the psychologist, optometrist or medical practitioner made the report falsely and maliciously.
- 8. [RSBC 1996] c.204, section 23
- (1) The minister must secure reports the minister thinks necessary from the attending phy[(a1m0 g56in)5(g)12-3(y[(a(n)5(e)-3(r fo)5(r m)4(akin)5(g)12(a rep)3(or)4(t u)7(n m)4(akin)5(g)12(a rep)3(or)4(t m)7(n m)4(akin)5(g)12(a rep)3(akin)5(g)12(a rep)3(akin)5(g)12

- (iii) has no reason to believe that the deceased died under circumstances which require an investigation or inquest under the;
- (b) if the death was natural and a medical practitioner
 - (i) is able to certify the medical cause of death with reasonable accuracy, and
 - (ii) has received the consent of a coroner to complete and sign the medical certificate;
- (c) if a coroner conducts an inquiry or inquest into the death under the
- (2) Within 48 hours after the death, the medical practitioner or the coroner, as applicable, must
 - (a) complete and sign a medical certificate in the form required by the chief executive officer stating in it the cause of death according to the international classification, and
 - (b) make the certificate available to the funeral director.
- (4) If a cause of death cannot be determined within 48 hours after the death and
 - (a) an autopsy is performed, or
 - (b) an inquiry or inquest is commenced under the , and the medical practitioner who performs the autopsy or the coroner who commences an inquiry or inquest under the , as the case may be, considers that the body is no longer required for the purposes of the autopsy, inquiry or inquest, the medical practitioner or the coroner, as the case may be, may, despite subsection (1), issue and must make available to the funeral director an interim medical certificate in the form required by the chief executive officer.
 - (5) After the conclusion of the autopsy, inquiry or inquest referred to in subsection (4),
 - (a) the medical practitioner who performed the autopsy, or the coroner, must complete and sign the medical certificate referred to in subsection
 (2) and deliver it to the chief executive officer, and
 - (b) the coroner must deliver a copy of any report prepared under Section 20 (4) (b) or 25
- (2) of the to the chief executive officer.

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10. [RSBC 1996] c.492, sections 56(1), (4) and (5)
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56 (1) It is the duty of every physician or qualified practitioner attending or consulted on a case of injury to a worker, or alleged case of injury to a worker, in an industry within the scope of this Part

- to furnish the reports in respect of the injury in the form required by the regulations or by the Board, but the first report containing all information requested in it must be furnished to the Board within 3 days after the date of his or her first attendance on the worker;
- (b) to furnish a report within 3 days after the worker is, in the opinion of the physician or qualified practitioner, able to resume work and, if treatment is being continued after resumption of work, to furnish further adequate reports;
- (c) if the physician is a specialist whose opinion is requested by the attending physician, the worker or the Board, or if the physician continues to treat the worker after being consulted as a specialist, to furnish his or her first report to the Board within 3 days after completion of consultation; but if the specialist is regularly treating the worker, the specialist must submit reports as required in paragraphs (a) and (b); and
- (d) to give all reasonable and necessary information, advice and assistance to the injured worker and the worker's dependants in making application for compensation, and in furnishing in connection with it the required certificates and proofs, without charge to the worker.
- (4) A physician, qualified practitioner or other person authorized to render health care under this Part must confine his or her treatment to injuries to the parts of the body he or she is authorized to treat under the statute under which he or she is permitted to practise, and the giving of any unauthorized treatment is an offence against this Part.
- (5) A physician, qualified practitioner or other person who fails to submit prompt, adequate and accurate reports and accounts as required by this Act or the Board commits an offence against this Part, and his or her right to be selected by a worker to render health care may be cancelled by the Board, or he o@.saher o TJETQ0.0

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