



BRITISH COLUMBIA CHAPTER MEETING

May 19, 2026



AGENDA

1. INTRODUCTIONS
2. UPDATE ON INCORPORATION STATUS AND SOCIETY STATUS
3. PRESENTATION OF INITIAL DOCUMENTS
 1. CHARTER
 2. BYLAWS
 3. TERMS OF REFERENCE
 4. AFFILIATION AGREEMENT (CANM)
 5. BRANDING AGREEMENT
4. KEY BUSINESS FOR PRESENTATION (TIME SENSITIVE)
 1. CORE STRATEGIC PLAN OBJECTIVES
 2. NON-ONCOLOGIC PET STAKEHOLDER ENGAGEMENT AND BRIEFING NOTE
5. VOTING ITEMS
 1. CHARTER AND SUPPORTING DOCUMENTS
 2. PROVISIONAL EXECUTIVE OFFICER SLATE
 3. CORE STRATEGIC PLAN OBJECTIVES
 4. BRIEFING NOTE ON NON-ONCOLOGIC PET
6. OTHER BUSINESS (TIME PERMITTING)
 1. CAMRT EVENT MAY 29
 2. PET TECHNOLOGIST CAMRT COURSE DEBACLE
 3. AFFILIATION STRUCTURE WITH TECHNOLOGIST, PHYSICIAN AND ALLIED HEALTHCARE ORGANIZATIONS
 4. MEMBERSHIP RECRUITMENT STRATEGY AND DUES
 5. FINANCIAL STRUCTURE WITH CANM AND OTHER PARTNERS
 6. REGISTRATION AS A LOBBYING ENTITY



AGENDA

1. INTRODUCTIONS

AGENDA

2. UPDATE ON INCORPORATION STATUS AND SOCIETY STATUS

Confirmation of Filing Incorporation Application

CANADIAN ASSOCIATION OF NUCLEAR MEDICINE - BRITISH COLUMBIA
CHAPTER
126 - 1644 HILLSIDE AV
PO BOX 35150
VICTORIA BC V8T 3A0

This confirmation letter has been sent to the primary and alternate email addresses.
We welcome your feedback on our service. Take our [survey](#).

Form Filed:	Incorporation Application
Name of Society:	CANADIAN ASSOCIATION OF NUCLEAR MEDICINE - BRITISH COLUMBIA CHAPTER
Incorporation Number:	S0085171
Business Number:	78490 2579 BC0001
Date and Time of Filing:	April 27, 2026 08:08 AM Pacific Time

Your Society's receipt is available on the Filing History, where it can be viewed and printed at any time.

Your Certified Documents will be mailed to you.

3. PRESENTATION OF INITIAL DOCUMENTS

CHARTER

CANADIAN ASSOCIATION OF NUCLEAR MEDICINE BRITISH COLUMBIA CHAPTER

I ARTICLE 1 – LEGAL STATUS AND AFFILIATION

1.1 Legal Status

The Canadian Association of Nuclear Medicine – British Columbia Chapter Society (the “Society”) is a not-for-profit society incorporated under the British Columbia Societies Act.

1.2 Affiliation

The Society is formally affiliated with the Canadian Association of Nuclear Medicine (“CANM”), a federal not-for-profit corporation.

1.3 Conditional Recognition

Recognition of the Society as a CANM Chapter is conditional upon ongoing compliance with:

- this Charter
 - CANM By-laws and policies
 - any Affiliation Agreement and Branding License entered into with CANM
- Loss or revocation of affiliation automatically terminates the Society’s status as a CANM Chapter.

II ARTICLE 2 – PURPOSE AND OBJECTIVES

2.1 Purpose

The purpose of the Society is to advance the mission, objectives, and strategic priorities of the field of Nuclear Medicine within the Province of British Columbia.

2.2 Objectives

The Society’s objectives include:

- supporting the practice, education, and advancement of nuclear medicine in British Columbia
- facilitating professional collaboration among nuclear medicine stakeholders in the province
- organizing provincial scientific, educational, and professional activities
- supporting CANM national initiatives at the provincial level where applicable
- contributing to workforce, education, and clinical capacity development within British Columbia

3. PRESENTATION OF INITIAL DOCUMENTS



CHARTER

CANADIAN ASSOCIATION OF NUCLEAR MEDICINE BRITISH COLUMBIA CHAPTER

III ARTICLE 3 – SCOPE OF AUTHORITY

3.1 Provincial Limitation

The activities of the Society are strictly limited to the Province of British Columbia.

3.2 Institutional Interaction

Notwithstanding Article 3.1, the Society may interact with CANM National and, where applicable, with other CANM-recognized provincial chapters solely for purposes of coordination, information sharing, or participation in CANM-led initiatives. Such interactions shall not constitute interprovincial operations and shall not confer any authority beyond the Province of British Columbia.

3.3 No Interprovincial Authority

The Society shall not initiate, lead, or represent national activities, nor act on behalf of CANM outside the Province of British Columbia.

IV ARTICLE 4 – ADVOCACY AND PUBLIC REPRESENTATION

4.1 Advocacy Role

The Society may engage in non-partisan advocacy related to nuclear medicine within British Columbia, provided such activities align with CANM positions and strategic priorities and comply with applicable laws.

4.2 Public Statements

Public statements on policy, regulatory, or system-level matters shall comply with CANM communication and escalation protocols.

4.3 Lobbying Compliance

Where applicable, the Society shall comply with all lobbying registration and disclosure requirements in British Columbia.

3. PRESENTATION OF INITIAL DOCUMENTS

CHARTER

V ARTICLE 5 – GOVERNANCE AND ACCOUNTABILITY

5.1 Governance Framework

The Society shall be governed in accordance with its Terms of Reference and Bylaws, consistent with this Charter.

5.2 Fiduciary Duties

All directors and officers shall act honestly, in good faith, and in the best interests of the Society and CANM.

5.3 Reporting Obligations

The Society shall provide CANM activity reports quarterly, annual financial statements, and any additional information reasonably requested by CANM.

VI ARTICLE 6 – FINANCIAL PRINCIPLES

6.1 Financial Autonomy

The Society may maintain its own bank account and manage provincial revenues and expenditures, and provide any information reasonably requested by CANM.

6.2 Use of Funds

All funds shall be used exclusively to advance the purposes of the Society and CANM.

6.3 Restrictions

The Society shall not incur national-level liabilities or financial commitments on behalf of CANM without express authorization.

VII ARTICLE 7 – BRANDING AND INTELLECTUAL PROPERTY

7.1 Ownership

The CANM name, logos, trademarks, and branding elements remain the exclusive property of CANM.

7.2 License

The Society may use CANM branding only pursuant to a written, non-exclusive, revocable license granted by CANM.

7.3 Termination of Use

Upon termination of affiliation, all use of CANM branding shall cease immediately.

VIII ARTICLE 8 – MEMBERSHIP ALIGNMENT

8.1 Alignment Principle

Membership categories and eligibility within the Society shall align with CANM membership structures and policies.

8.2 No Independent National Membership

The Society shall not create membership categories that conflict with or duplicate CANM national membership authority.

3. PRESENTATION OF INITIAL DOCUMENTS



CHARTER

IX ARTICLE 9 – AMENDMENTS

9.1 Approval Requirement

This Charter may not be amended without the prior written approval of CANM.

9.2 Consistency Requirement

All amendments must remain consistent with CANM By-laws, policies, and strategic direction.

X ARTICLE 10 – DISSOLUTION

10.1 Asset Reversion

Upon dissolution, all remaining assets of the Society shall be transferred to CANM or, where not legally permissible, to a not-for-profit organization with aligned purposes as approved by CANM.

10.2 No Private Benefit

No assets shall be distributed to members, directors, or officers.

XI ARTICLE 11 – EFFECTIVE DATE

3. PRESENTATION OF INITIAL DOCUMENTS



TERMS OF REFERENCE

I. PURPOSE

The purpose of these Terms of Reference is to define the governance structure, roles, responsibilities, decision-making processes, and accountability mechanisms of the Canadian Association of Nuclear Medicine – British Columbia Chapter Society (the “Society”), in accordance with its Charter and its affiliation with the Canadian Association of Nuclear Medicine (“CANM”).

II. GOVERNANCE STRUCTURE

2.1 Governing Body

The Society shall be governed by a Chapter Executive Committee (the “Committee”), which is responsible for the oversight, coordination, and direction of the Society’s activities within the Province of British Columbia.

2.2 Authority and Accountability

The Committee exercises authority delegated under the Charter and remains accountable to CANM.

The Committee shall not exercise authority beyond the scope defined in the Charter or act on behalf of CANM at the national or interprovincial level.

2.3 Collective Responsibility

All decisions of the Committee are collective and binding on the Society.

3. PRESENTATION OF INITIAL DOCUMENTS

TERMS OF REFERENCE

III. COMPOSITION OF THE COMMITTEE

3.1 Officers

The Committee shall be composed of the following officers:

- **Chair:** Dr James Curtis
- **Vice-Chair:** Dr Moira Stilwell
- **Treasurer:** Dr Isabelle Savoie
- **Secretary:** CANM National or another individual designated by the Committee, as applicable

3.2 Secretary Role Flexibility

The Secretary function may be fulfilled by CANM National or delegated to an individual appointed by the Committee, depending on operational needs and coordination arrangements with CANM.

3.3 Eligibility

All officers must be members in good standing with CANM and meet any eligibility requirements established by CANM.

3.4 Term of Office

The duration of officer terms and conditions for renewal or replacement shall be defined in the Society's Bylaws. Each officer term will be effective for a period of 2 years.

3. PRESENTATION OF INITIAL DOCUMENTS

TERMS OF REFERENCE

IV. ROLES AND RESPONSIBILITIES

4.1 Chair

The Chair shall:

- Provide leadership and strategic direction to the Society
- Preside over Committee meetings
- Act as the primary liaison between the Society and CANM
- Ensure compliance with the Charter, these Terms of Reference, and CANM policies
- Oversee the execution of approved activities within British Columbia

4.2 Vice-Chair

The Vice-Chair shall:

- Support the Chair in the performance of their duties
- Act in place of the Chair when the Chair is unavailable
- Lead specific initiatives or working areas as delegated by the Committee

4.3 Treasurer

The Treasurer shall:

- Oversee the financial management of the Society
- Ensure accurate financial records are maintained
- Monitor compliance with approved budgets and financial controls
- Prepare financial reports for the Committee and annual financial reporting for CANM

4.4 Secretary

The Secretary shall:

- Support administrative and governance functions of the Society
- Maintain records of meetings, resolutions, and official documentation
- Ensure proper recordkeeping and coordination with CANM, where applicable
- Perform such other duties as assigned by the Committee

Where the Secretary role is fulfilled by CANM National, administrative responsibilities shall be carried out in coordination with the Committee. Administrative support can be provided by paid non-voting members if there is no sitting assigned secretary position.

3. PRESENTATION OF INITIAL DOCUMENTS



TERMS OF REFERENCE

IV. ROLES AND RESPONSIBILITIES

4.5 Member at large position(s):

To ensure there is appropriate representation of different viewpoints and regional priorities, up to 3 members at large positions can be appointed from chapter members.

Priority for appointments should be as follows:

- Target of at least one technologist member of the committee (named executive position or member at large)
- Target for regional representation of multiple health authorities on the committee (i.e. maintaining regional diversity of opinions from individuals with primary appointments in both PHSA/BCCA and Regional Health Authorities)
- Where possible, one non-technologist, non-physician member at large (i.e. medical physics, radiopharmacy, student)

3. PRESENTATION OF INITIAL DOCUMENTS

TERMS OF REFERENCE

IV. ROLES AND RESPONSIBILITIES

4.6 Election Process:

To ensure continuity of executive leadership and effective governance, the role of Chair or Vice Chair should ideally be occupied by someone who has previously served on the Committee as an executive officer or member at large.

Eligibility to stand for election to the positions of **Vice-Chair or Chair** requires that the candidate:

- holds active membership in the Chapter
- has completed at least one term as an Executive Officer or Member at Large
- is in good standing with respect to the Chapter's governance and membership requirements.

Waiver of these pre-requisites should only be considered in exceptional circumstances, to ensure the continuity or functioning of the Chapter, and solely by resolution of the Chapter Executive, subject to alignment with the Chapter Bylaws and the Affiliation Agreement.

3. PRESENTATION OF INITIAL DOCUMENTS

TERMS OF REFERENCE

V. MEETINGS AND DECISION-MAKING

5.1 Meetings

The Committee shall meet as required to carry out its responsibilities and at least quarterly.

5.2 Quorum

A quorum shall consist of a majority of the officers of the Committee.

5.3 Voting

Each member of the Chapter who is duly recognized as a voting member in accordance with these Terms of Reference shall be entitled to one (1) vote. Proxy voting shall not be permitted unless expressly authorized by the Chapter Bylaws.

Decisions of the Chapter shall be made by a simple majority of votes cast at a duly constituted meeting, provided quorum requirements are met, unless a higher threshold is expressly required under these Terms of Reference, the Chapter Bylaws, or applicable CANM governing documents.

For the purposes of these Terms of Reference, a BC Chapter Member eligible to exercise voting rights is defined as an individual who meets all of the following criteria:

1. Maintains a primary professional, academic, clinical, or administrative affiliation within the Province of British Columbia,
2. Is employed, appointed, or formally engaged in activities directly related to nuclear medicine practice, education, research, policy, or administration within British Columbia
3. Holds a clearly identified and verifiable professional status, role, or appointment relevant to the mandate of the Chapter.

Voting eligibility shall be determined based on the Chapter's official membership records as maintained by the Secretary or designated administrative authority and shall be subject to verification at the time of the meeting. In cases of uncertainty, dispute, or ambiguity regarding voting eligibility, the Chapter Executive shall have the authority to determine eligibility on a case-by-case basis, acting in good faith, in alignment with:

- the objectives of the Chapter,
- the CANM Bylaws and national membership policies, and applicable provincial legislation governing societies in British Columbia.

The decisions of the Chapter Executive regarding voting eligibility shall be final for the purposes of the meeting or vote in question, without prejudice to future review or policy clarification.

3. PRESENTATION OF INITIAL DOCUMENTS

5.4 Polling of specific member groups

On occasion, issues pertaining to advocacy positions or planning of educational activities may disproportionately affect specific member groups (i.e. technologist staffing, physician or technologist compensation), or require adoption of position statements requiring specific member expertise (i.e. taking a position on a medical policy or endorsement of regional policy where medical opinion of Nuclear Medicine physicians is the appropriate membership to poll). The executive committee may from time to time issue polls on specific issues targeted to solicit the opinion of a specific professional subgroup on an issue to facilitate taking positions on such issues.

5.5 Casting Vote

In the event of a tie, the Chair shall have a casting vote.

5.6 Electronic Participation

Meetings may be held by electronic means, provided all participants are able to communicate effectively.

3. PRESENTATION OF INITIAL DOCUMENTS

TERMS OF REFERENCE

VI. ADVOCACY AND PUBLIC REPRESENTATION

6.1 Advocacy Scope

The Society may engage in non-partisan advocacy activities related to nuclear medicine within the Province of British Columbia, in accordance with its mandate and applicable provincial and federal legislation.

The Society acknowledges its affiliation with the Canadian Association of Nuclear Medicine. However, the Society further recognizes that provincial realities, regulatory frameworks, workforce conditions, and health system priorities in British Columbia may differ from those at the national level.

Accordingly, the Society is authorized to define, pursue, and prioritize British Columbia-specific objectives and advocacy positions, which may differ from, expand upon, or exceed those of CANM, provided that such positions do not directly contradict CANM's core mission, ethical standards, or formal national policy statements.

Within the Province of British Columbia, the Society's duly adopted objectives, priorities, and advocacy positions shall prevail for the purposes of provincial representation, engagement with provincial stakeholders, and provincial advocacy activities.

The Society shall not represent itself as speaking on behalf of CANM at the national level unless expressly authorized to do so. Where an advocacy position adopted by the Society may reasonably have national implications, CANM shall be informed in advance in accordance with the Affiliation Agreement.

3. PRESENTATION OF INITIAL DOCUMENTS

TERMS OF REFERENCE

VI. ADVOCACY AND PUBLIC REPRESENTATION

6.2 Public Statements

Public statements, communications, or representations made by or on behalf of the Society on policy, regulatory, workforce, clinical, or system-level matters shall be subject to prior review and approval by the Chapter Executive or a duly delegated committee.

All public statements shall:

- be consistent with the Society's mandate and duly adopted objectives
- comply with applicable laws and professional standards
- respect and comply with the Canadian Association of Nuclear Medicine's approved graphic charter, visual identity, logos, and branding guidelines, where such elements are used.

The Society shall not issue public statements that purport to represent the views of CANM unless expressly authorized to do so.

Public statements that are specific to British Columbia and issued in the name of the Society may be released independently, provided they do not imply national representation or endorsement by CANM.

6.3 Escalation to CANM

Any matter with national, interprovincial, legal, or reputational implications shall be escalated to CANM prior to action.

3. PRESENTATION OF INITIAL DOCUMENTS



TERMS OF REFERENCE

VII. FINANCIAL OVERSIGHT

7.1 Financial Authority

The Committee shall oversee the Society's financial activities within the limits established by the Charter and the Society's Bylaws.

7.2 Approvals and Controls

Spending authority, signing authority, and approval thresholds shall be defined in the Society's Bylaws and internal financial policies.

7.3 Financial Reporting

The Treasurer shall provide regular financial updates to the Committee and annual financial reporting to CANM.

3. PRESENTATION OF INITIAL DOCUMENTS

TERMS OF REFERENCE

VIII. REPORTING AND ACCOUNTABILITY

8.1 Reporting to CANM

The Society shall provide the Canadian Association of Nuclear Medicine with structured reporting for the purposes of coordination, transparency, and affiliation oversight.

Such reporting shall include:

- Quarterly activity summaries outlining key initiatives, meetings, and advocacy actions undertaken by the Society,
- An annual report summarizing the Society's activities, governance, and high-level financial position for the preceding fiscal year.

Any additional information requested by CANM shall be limited to information that is:

- reasonably related to the Society's affiliation with CANM
- necessary for governance, compliance, or reputational risk management purposes
- not confidential, proprietary, or subject to legal or contractual restrictions

The Society shall not be required to disclose detailed operational records, internal deliberations, or sensitive financial data beyond what is reasonably necessary to fulfill the purposes of affiliation.

8.2 Transparency

The Committee shall maintain accurate and transparent records of decisions, activities, and financial transactions.

3. PRESENTATION OF INITIAL DOCUMENTS



TERMS OF REFERENCE

IX. AMENDMENT OF TERMS OF REFERENCE

These Terms of Reference may be amended by the Committee, provided that any amendment remains consistent with the Charter and is approved by CANM where required.

X. EFFECTIVE DATE

These Terms of Reference shall take effect upon adoption by the Committee and recognition by CANM.

3. PRESENTATION OF INITIAL DOCUMENTS



SOCIETY BYLAWS

These are proposed bylaws for review and ratification, not yet adopted.

ARTICLE I – DEFINITIONS AND INTERPRETATION

1.1 Definitions

In these Bylaws, unless the context otherwise requires:

- a) “Society” means the Canadian Association of Nuclear Medicine – British Columbia Chapter Society.
- b) “CANM” means the Canadian Association of Nuclear Medicine.
- c) “Charter” means the Charter of the Society.
- d) “Committee” means the Chapter Executive Committee of the Society.
- e) “Officer” means an individual appointed to an officer position of the Society.

1.2 Interpretation

Words importing the singular include the plural and vice versa.

These Bylaws shall be interpreted in a manner consistent with the Charter and CANM By-laws.

ARTICLE II – BUSINESS OF THE SOCIETY

2.1 Registered Office

The registered office of the Society shall be in the Province of British Columbia at such address as determined by the committee.

2.2 Books and Records

The Society shall maintain accurate books, records, and minutes in accordance with applicable law.

2.3 Execution of Documents

Documents requiring execution by the Society shall be signed by any two Officers or as otherwise authorized by resolution of the Committee.

2.4 Fiscal Year

The fiscal year of the Society shall end on December 31, unless otherwise determined by the Committee.

2.5 Banking and Borrowing

Banking arrangements shall be established by resolution of the Committee.

The Society shall not incur debt or borrowing obligations without express committee approval and in accordance with CANM oversight requirements.

ARTICLE III – MEMBERSHIP

3.1 Membership Alignment

Membership in the Society shall align with CANM membership categories and eligibility requirements.

3.2 Admission

Admission of members shall be subject to policies established by CANM and recognized by the Society.

3.3 Termination

Membership shall terminate upon loss of CANM membership, resignation, or disciplinary action consistent with CANM policies.

3.4 Discipline

The Society shall not independently discipline members; instead, it shall defer to CANM's disciplinary processes where applicable.

3.5 No Independent National Membership

The Society shall not create or administer national membership categories independent of CANM.

ARTICLE IV – MEETINGS OF MEMBERS

4.1 Annual Meeting

An annual meeting of members shall be held at a time and place determined by the Committee.

4.2 Notice

Notice of meetings shall be provided in accordance with applicable law and CANM-aligned practices.

4.3 Quorum

A quorum shall consist of a majority of members entitled to vote who are present.

4.4 Voting

Each eligible member shall have one vote.

Questions shall be decided by simple majority unless otherwise required by law.

4.5 Electronic Meetings

Meetings may be held by electronic means, provided all participants can communicate effectively.

3. PRESENTATION OF INITIAL DOCUMENTS

ARTICLE VII – FINANCIAL GOVERNANCE

7.1 Financial Oversight
The Committee shall oversee all financial matters of the Society.

7.2 Signing Authority
Signing authority shall be determined by Committee resolution.

7.3 Expenditures
Expenditures shall be approved in accordance with budgets and financial controls established by the Committee.

7.4 Reporting
Financial reporting shall be provided to CANM in accordance with reporting obligations set out in the Charter and Terms of Reference.

ARTICLE VIII – CONFLICT OF INTEREST

8.1 Disclosure
Officers shall disclose any actual or potential conflict of interest.

8.2 Recusal
An Officer with a conflict shall refrain from discussion and voting on the matter.

8.3 Recordkeeping
Conflicts and recusals shall be recorded in meeting minutes.

ARTICLE IX – INDEMNIFICATION

9.1 Indemnification
The Society shall indemnify its Officers to the extent permitted by law, provided they have acted honestly and in good faith.

ARTICLE X – AMENDMENTS

10.1 Amendment Authority
These Bylaws may be amended by resolution of the Committee.

10.2 CANM Approval
Any amendment affecting governance, authority, or alignment with CANM shall require CANM approval.

ARTICLE XI – DISSOLUTION

11.1 Dissolution
Upon dissolution, all remaining assets of the Society shall be transferred to CANM or to a not for-profit organization approved by CANM with similar purposes.

11.2 No Private Benefit
No assets shall be distributed to members or Officers.

ARTICLE V – GOVERNANCE AND COMMITTEE

5.1 Executive Committee
The Society shall be governed by a Chapter Executive Committee.

5.2 Composition
The Committee shall consist of the Officers defined in these Bylaws and the Terms of Reference.

5.3 Authority
The Committee shall exercise authority within the limits established by the Charter and shall remain accountable to CANM.

5.4 Term of Office
Officers shall serve their term for a period of 2 years; this period is determined by the Committee and consistent with CANM practices.

5.5 Vacancies and Removal
Vacancies may be filled by resolution of the Committee.
An Officer may be removed by resolution of the Committee, subject to CANM alignment.

ARTICLE VI – OFFICERS

6.1 Officers
The Officers of the Society shall include:
a) Chair
b) Vice-Chair
c) Treasurer
d) Secretary

6.2 Appointment
Officers shall be appointed by resolution of the Committee.

6.3 Duties
Officer duties shall be as defined in the Terms of Reference and as assigned by the Committee.

6.4 Secretary Role
The Secretary role may be fulfilled by CANM National or by an individual designated by the Committee.

3. PRESENTATION OF INITIAL DOCUMENTS

AFFILIATION AGREEMENT

Between

Canadian Association of Nuclear Medicine

and

Canadian Association of Nuclear Medicine – British Columbia Chapter Society

1. PARTIES

This Affiliation Agreement (the “Agreement”) is entered into between:

Canadian Association of Nuclear Medicine (“CANM”), a federal not-for-profit corporation,

and

Canadian Association of Nuclear Medicine – British Columbia Chapter Society (the “Chapter”), a not-for-profit society incorporated under the *British Columbia Societies Act*.

2. PURPOSE

The purpose of this Agreement is to:

- a) formally recognize the Chapter as CANM’s affiliated provincial chapter in British Columbia
- b) define the scope of authority delegated to the Chapter
- c) establish binding governance, oversight, and reporting requirements
- d) protect CANM’s legal standing, reputation, and intellectual property

This Agreement prevails as the **primary control instrument** governing the affiliation.

3. STATUS AND RELATIONSHIP

3.1 Affiliated Status

CANM recognizes the Chapter as its official provincial chapter in British Columbia, subject to ongoing compliance with this Agreement.

3.2 No Agency or Partnership

Nothing in this Agreement creates an agency, partnership, joint venture, or fiduciary

relationship.

The Chapter has no authority to bind CANM.

4. GOVERNING HIERARCHY (SUPREMACY CLAUSE)

In the event of any conflict, inconsistency, or ambiguity between:

- this Agreement
- the Chapter Charter
- the Terms of Reference
- the Chapter Bylaws
- any internal Chapter policy

and the governing documents, bylaws, or policies of CANM,

the CANM governing documents shall prevail.

5. SCOPE OF DELEGATED AUTHORITY

5.1 Provincial Limitation

The Chapter may conduct activities **exclusively within the Province of British Columbia**.

5.2 Permitted Activities

Subject to this Agreement, the Chapter may:

- organize provincial professional and educational activities
- engage provincial stakeholders
- support CANM initiatives within British Columbia

5.3 Prohibited Activities

The Chapter shall not:

- initiate or lead interprovincial or national initiatives
- represent CANM outside British Columbia
- speak on national policy matters
- commit CANM financially or contractually

unless expressly authorized in writing by CANM.

3. PRESENTATION OF INITIAL DOCUMENTS

6. ADVOCACY AND PUBLIC COMMUNICATION

6.1 Alignment Requirement

All advocacy must be:

- non-partisan
- aligned with CANM positions
- compliant with applicable law

6.2 Pre-Approval and Escalation

Any matter with national, legal, reputational, or interprovincial implications **must be escalated to CANM prior to action**.

7. GOVERNANCE AND COMPLIANCE

7.1 Mandatory Compliance

The Chapter shall operate strictly in accordance with:

- this Agreement
- its Charter
- its Terms of Reference
- its Bylaws
- CANM bylaws and policies

7.2 Audit and Inspection Rights

CANM reserves the right, upon reasonable notice, to review:

- governance records
- financial records
- compliance with this Agreement

for oversight and risk management purposes.

8. FINANCIAL CONTROLS

8.1 Financial Autonomy (Limited)

The Chapter may maintain its own bank account for provincial operations only.

8.2 Restrictions

The Chapter shall not:

- incur liabilities on behalf of CANM
- fund national initiatives
- assume debt exposing CANM to risk

without written authorization from CANM.

9. NON-DELEGATION AND STRUCTURAL LIMITS

9.1 No Sub-Chapters

The Chapter shall not create sub-chapters, external committees with independent authority, or affiliate entities.

9.2 No Delegation of Rights

The Chapter shall not delegate any rights granted under this Agreement to any third party without prior written consent from CANM.

10. REPORTING OBLIGATIONS

The Chapter shall provide CANM with:

- periodic activity updates
- annual reports
- annual financial statements
- any additional information reasonably requested

Failure to report constitutes a breach of this Agreement.

11. SUSPENSION, INACTIVITY, AND TERMINATION

11.1 Suspension

CANM may suspend the Chapter's affiliation rights, including branding use and delegated authority, where immediate action is required to protect CANM's reputation, governance integrity, or legal standing.

11.2 Inactivity or Dormancy

Where the Chapter becomes inactive, fails to meet reporting obligations, or ceases meaningful operations, CANM may place the Chapter into dormant status or terminate this Agreement.

11.3 Termination

CANM may terminate this Agreement upon written notice for breach, non-compliance, or loss of confidence in governance.

11.4 Effect of Termination

Upon termination or suspension:

- Chapter affiliation ceases immediately
- all branding rights terminate automatically

12. AMENDMENTS

This Agreement may be amended only by mutual written agreement of both parties.

13. GOVERNING LAW

This Agreement shall be governed by the laws of Canada and the Province of British Columbia.

14. EXECUTION

This Agreement is effective upon signature by both parties.

3. PRESENTATION OF INITIAL DOCUMENTS

BRANDING AND TRADEMARK LICENSE AGREEMENT

1. GRANT OF LICENSE

CANM grants the Chapter a **non-exclusive, non-transferable, revocable license** to use CANM's name, logos, and branding solely for authorized Chapter activities within British Columbia.

2. BRAND OWNERSHIP

All trademarks, names, logos, and branding remain the exclusive property of CANM. No ownership rights are transferred.

3. PERMITTED AND PROHIBITED USE

3.1 Permitted Use

- official Chapter communications
- CANM-approved events
- educational materials

3.2 Prohibited Use

- modification of branding
- sublicensing
- political or commercial misuse

4. BRAND STANDARDS

The Chapter shall comply with CANM brand standards as issued from time to time.

5. AUTOMATIC TERMINATION

This License terminates automatically upon:

- suspension or termination of the Affiliation Agreement

- loss of Chapter recognition

All use must cease immediately.

6. INDEMNIFICATION

The Chapter shall indemnify and hold harmless CANM from any misuse, misrepresentation, or unauthorized use of branding.

7. GOVERNING LAW

This License shall be governed by the laws of Canada and the Province of British Columbia.

8. EXECUTION

This License is effective upon signature by both parties.

3. PRESENTATION OF INITIAL DOCUMENTS

1. CHARTER
2. TERMS OF REFERENCE
3. BYLAWS
4. AFFILIATION AGREEMENT
5. TRADEMARK AGREEMENT

ANY POINTS OF CONCERN?

CALL FOR AMENDMENTS?

CALL FOR A VOTE OR CALL TO TABLE?

SECONDER?

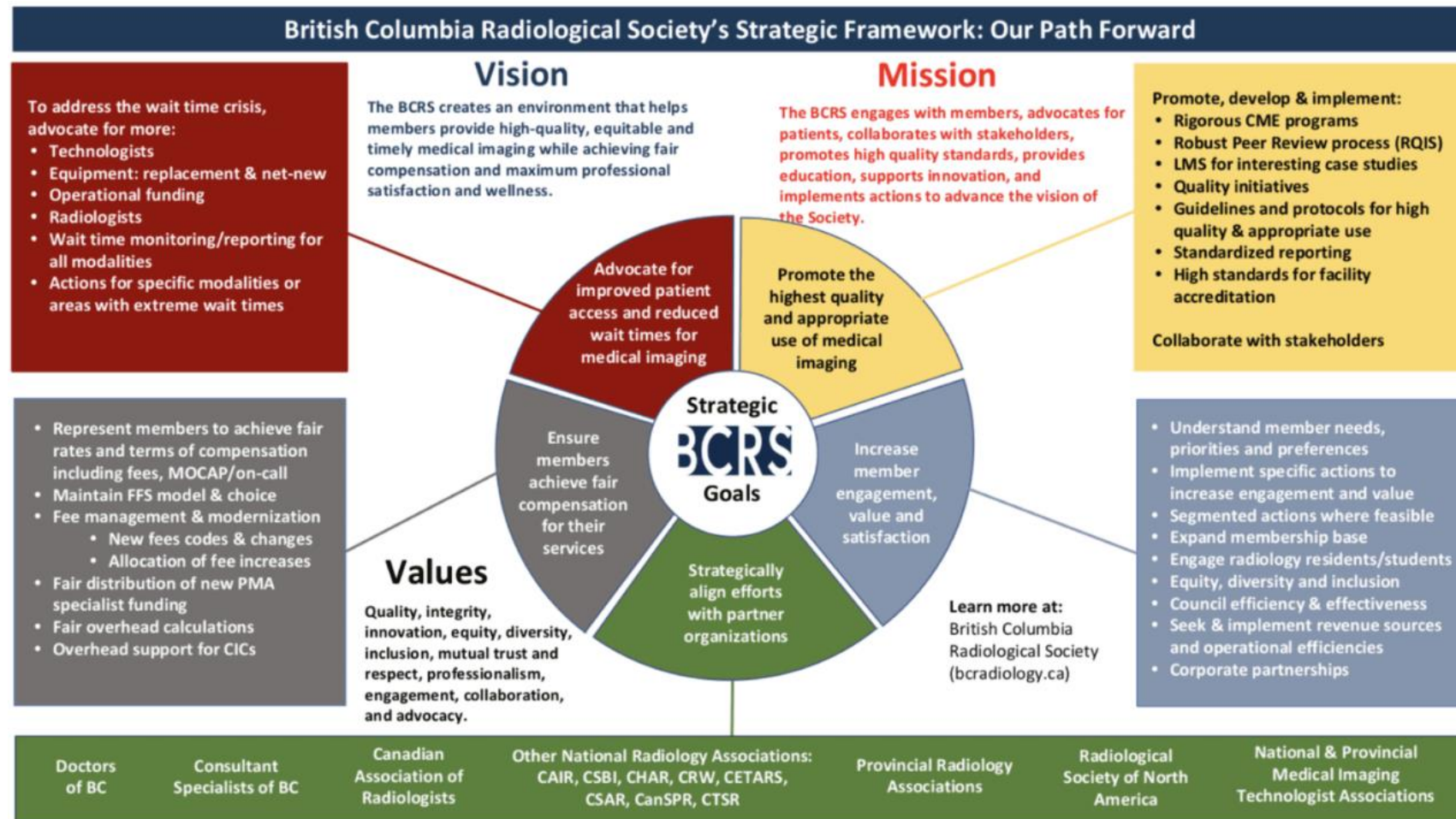
4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

- We need to develop a strategic plan for what we want to accomplish as a society
- Today's goal is to have a list of core objectives
 - Details to follow
 - This does not have to be perfect yet
 - We need some direction to start building a formal plan

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES



- Comparable organizations - BCRS

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

1. **PRACTICE QUALITY:** Promote high quality practice of clinical nuclear medicine.
2. **PATIENT ACCESS:** Advocating for equitable and timely access to nuclear medicine services
3. **FAIR COMPENSATION:** Addressing compensation concerns for affiliated professionals.
4. **MEMBER ENGAGEMENT:** Building a base and understanding member needs
5. **DEVELOPING STRATEGIC PARTNERSHIPS WITH ALLIED ORGANIZATIONS**

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

1. PRACTICE QUALITY: Promote high quality practice of clinical nuclear medicine.

- CME for physicians
- CTE for technologists
- Standards development
 - Standardized reporting
 - Guidelines or position statements
 - Peer review
- Regulatory engagement
 - DAP, CNSC, Health Canada issues specific to British Columbia
- Stakeholder engagement
 - PATIENT OUTREACH
 - REFERRING PROVIDER OUTREACH
 - REGIONAL RECRUITMENT OUTREACH

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

2. **PATIENT ACCESS:** Advocating for access to high quality clinical nuclear medicine services

- Equitable access
 - Ensuring access for both non-cancer and cancer related services
 - Access commensurate with medical urgency
 - Transparency in allocation of resources
- Timely access
 - Wait times
 - Targets for key exams
 - Public transparency in wait times
 - Adequate resources to provide timely access
 - Infrastructure allocation and funding
 - Operational funding
 - Technologist staffing and training
 - Physician staffing and training

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

- 3. FAIR COMPENSATION:** Addressing compensation concerns for affiliated professionals.
- We ARE NOT NEGOTIATING ON BEHALF OF TECHNOLOGISTS OR PHYSICIANS FOR PAY
 - We should defer to partner organizations for direct negotiations
 - i.e. HSA, HEABC
 - Doctors of BC
 - Nuclear Medicine Section – Phil Cohen
 - Consultant Specialists of BC
 - BCRS
 - Our role is to be supportive of member group compensation concerns
 - Raising awareness of compensation issues
 - Collecting data on comparators in other jurisdictions (i.e. fee codes, pay)
 - Collecting data on local labour market issues
 - i.e. technologist or physician shortages
 - i.e. PET vs NM technologist pay gap
 - Assist with future labour forecasts
 - Assist with advocacy for training positions, scholarships

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

4. MEMBER ENGAGEMENT

- Develop an understanding of member priorities
- Build and expand membership base
- Identifying key member priorities to promote engagement
- Plan future events to promote engagement and collaboration

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

5. DEVELOPING STRATEGIC PARTNERSHIPS WITH ALLIED ORGANIZATIONS

- Building effective partnerships with organizations targeted to specific member base concerns
 - i.e. CAMRT, CAMRT-BC, HSA
 - CANM
 - CCPM
 - Doctors of BC, Nuclear Medicine Section
- Building effective partnerships with other organizations
 - UBC
 - BCCA, Regional Health Authority Leadership
 - TRIUMF
 - Industry Partnerships
- Sponsorship Opportunities to help meet other member needs
 - Developing a framework for industry sponsorship of CME, CTE
 - Develop a framework for industry partnership and sponsorship for:
 - advocacy work
 - Patient outreach
 - Provider outreach

4. KEY BUSINESS

STRATEGIC PLAN – CORE OBJECTIVES

1. **PRACTICE QUALITY:** Promote high quality practice of clinical nuclear medicine.
2. **PATIENT ACCESS:** Advocating for equitable and timely access to nuclear medicine services
3. **FAIR COMPENSATION:** Addressing compensation concerns for affiliated professionals.
4. **MEMBER ENGAGEMENT:** Building a base and understanding member needs
5. **DEVELOPING STRATEGIC PARTNERSHIPS WITH ALLIED ORGANIZATIONS**

QUESTIONS?

CALL FOR AMENDMENTS

CALL FOR VOTE, ACTION TO COMMITTEE OR TABLE?

SECONDER?

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE



WHY NO PET FOR ME IN BC?

PET-CT scans are widely used for non cancer imaging in most of the world, but not in British Columbia

In Canada 34% of PET scans are performed for non-cancer related indications.

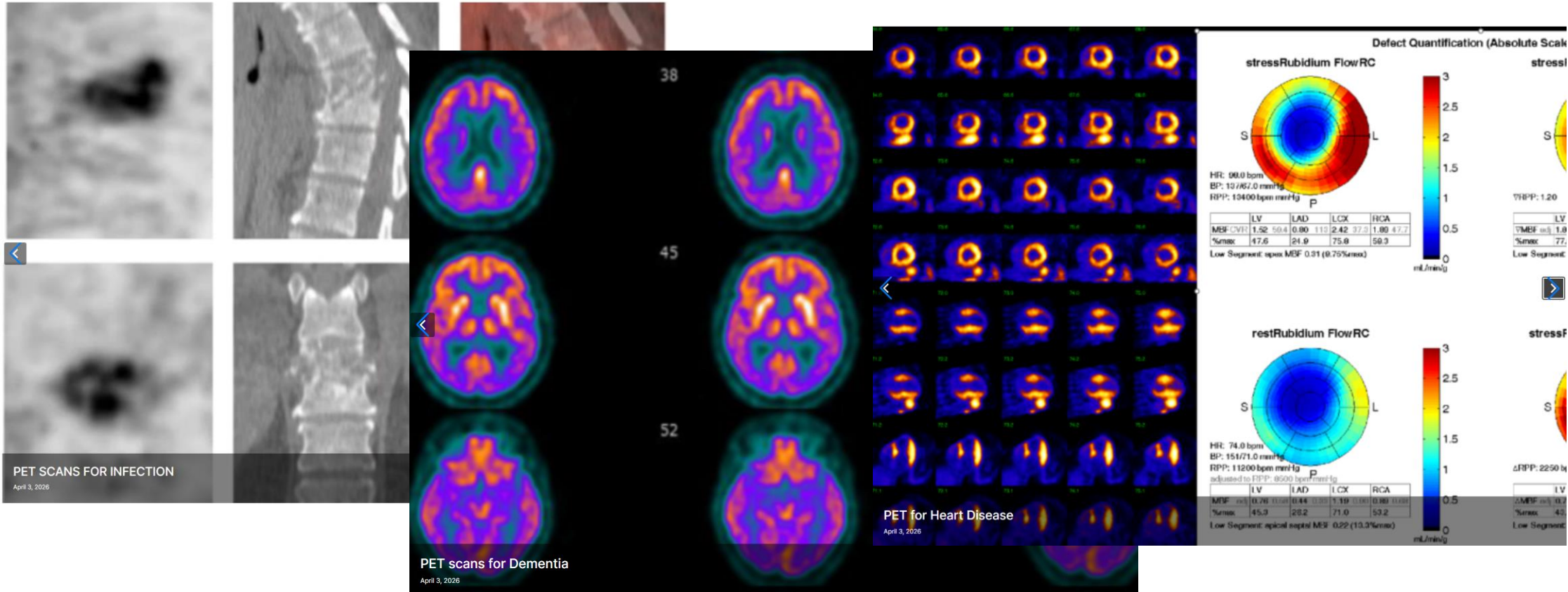
In BC this number is less than 2%.

Learn more about some of the current places this is impacting patient care below.

[Share how this has affected you or your patients](#)

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE



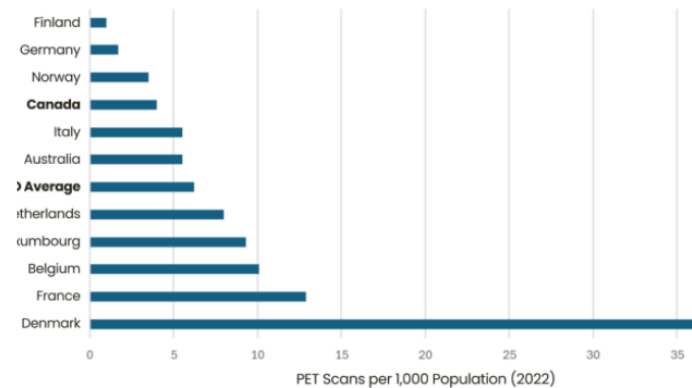
4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE

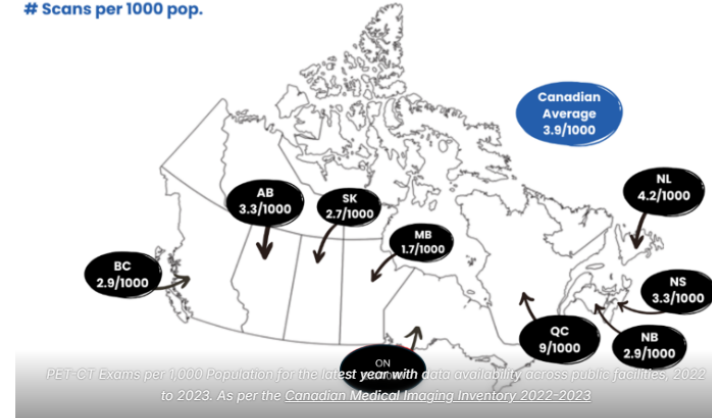
Why is BC such an outlier?

BC was a late adopter of PET usage in Canada but is starting to close the gap with other Canadian provinces. We still have a ways to go in BC.

PET Scan Usage in OECD Countries



PET-CT Utilization Rates Across Canada
Scans per 1000 pop.



Canada as a whole also has invested less in infrastructure than other countries and has low PET utilization rates compared to other countries.

BC Cancer leads expansion of PET access for Cancer Patients

BCCA has been a tremendous success story in Nuclear Medicine in Cancer over the last decade, with the launch of new PET programs in Victoria and Kelowna, and planned expansions in Nanaimo, Surrey, and Burnaby over the next few years under the [10 year cancer action plan](#). There has been no clear direction from the Ministry of Health on whether this infrastructure will also be committed to the care of non-cancer patients. BCCA has also made innovative significant contributions to resource in new radiopharmaceutical therapies for cancer.

What about Nuclear Medicine outside of BC Cancer?

Regional Health Authorities have long identified and advocated for needs for PET in non-cancer indications but several barriers exist.

- Lack of defined MSP fee schedules for PET
- Lack of strategic direction from the Ministry of Health
- Communication gaps between health authorities and BC Cancer
- Lack of access to non-oncologic PET radiopharmaceuticals

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE

Let politicians and decisionmakers know this is important to you.

HTML

Test form only for demonstration purposes. Does not yet send emails.

Are you a patient or a physician? *

- ☒ Patient
☐ Physician

What test were you or a loved one denied access to?

- ☒ PET scan for Dementia Assessment
☐ PET scan for Infection
☐ PET scan for heart issues
☐ Other

How has this affected you or your loved one?

I am struggling to make decisions around care for my loved one with early dementia.

Would you like these comments to be shared with the ministry of health?

- ☒ Yes
☐ No

I would like this comment to be shared with the public?

- ☒ Yes
☐ No

Would you like to write your MLA to complain?

- ☒ Yes
☐ No

Select Your Riding

Abbotsford West

MLA Name: Abbotsford West

Korky Neufeld

MLA email: Abbotsford West

Korky.Neufeld.MLA@leg.bc.ca

Would you like a report of your MLAs voting record relating to non-oncologic PET imaging access sent to your email before the next election?

- ☒ Yes
☐ No

Draft Letter to MLA including statement on voting record.

Hello,

My name is Bob McComplainerson, and I am a constituent in the riding of Abbotsford West. I am writing to express my concern over the lack of access to PET scan for Dementia Assessment.

The lack of access to this test when it is available in other provinces is not acceptable.

I have personally seen the negative impact of this decision.

I am struggling to make decisions around care for my loved one with early dementia.

I think access to this test should be accessible on existing PET cameras as is the standard in the United States, Europe, and most of Canada.

Other patients in British Columbia have expressed similar concerns which have been documented on this advocacy website (bcnuclearmedicine.ca).

Please take action to support having access to PET scans for all patients in need.

Please also be aware that I have asked this advocacy group to email me a copy of your voting record on issues pertaining to PET access before the next election as it may impact my vote.

Sincerely,

Bob McComplainerson

Constituent of the riding of Abbotsford West.

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE

PHSA Tiers of Service Document on Nuclear Imaging

In Winter of 2024, the Provincial Health Services Authority (PHSA) conducted a consultation with medical experts in all specialties on developing a list of what was felt to be appropriate services to provide at different hospitals to be consistent with other developed countries.

Tier	Service Description and Scope	Service Requirements	Workforce Requirements
3	May provide diagnostic and therapeutic outpatient nuclear medicine service.	For sites providing nuclear medicine, dedicated patient spaces and access to a regionally coordinated radiopharmaceutical supply.	For sites providing nuclear medicine: Nuclear medicine technologist on site. Access to nuclear medicine physician (may be virtual).
4	Provides diagnostic and therapeutic outpatient nuclear medicine services.	One or more gamma cameras offering single photon emission computed tomography (SPECT) combined with computed tomography (SPECT-CT). Access to radiopharmaceuticals. Access to non-oncologic and oncologic positron emission tomography combined with computed tomography (PET-CT) preferred (on site or at networked site). May have access to cardiac PET-CT.	Access to nuclear medicine physician (may be virtual). Nuclear medicine technologists on site.
5	Provides inpatient and outpatient diagnostic and therapeutic nuclear medicine services	Access to a readily available isotope supply for both diagnostic and therapeutic procedures, either manufactured on site (preferred) or through timely delivery. PET-CT on site or through a formal networked arrangement with another site.	As for Tier 4. In addition, nuclear medicine physician on site as required
6	Provides support for one or more subspecialty provincial service(s) (e.g. cardiac transplant, pediatric neurosurgical, transplant, congenital cardiac, burns). Provides novel therapeutic and diagnostic radiotracers.	Provides learning activities for physicians and staff from lower tiered medical imaging services to practice critical skills where limited opportunity exists in "real life" (e.g. simulation, on site clinical experiences). Conducts and supports others to conduct interprofessional research, including clinical trials, and innovation.	In addition, nuclear medicine physicist, preferably on site. Radiopharmaceutical scientist (may be virtual)



4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE

MEDICAL IMAGING ACCESS ISSUES FOR NON-CANCER PATIENTS: PET IN DEMENTIA, HEART DISEASE AND INFLAMMATORY DISORDERS

Draft Briefing Note – not yet finalized

PURPOSE: Nuclear medicine physicians in regional health authorities are seeking clarity on a provincial strategy to provide PET-CT tests for non-cancer patients, which constitute approximately 1/3 of overall referrals for PET-CT nationwide.

BACKGROUND: PET IMAGING FOR NON-CANCER INDICATIONS

- A PET radiopharmaceutical is a drug labeled with a small amount of radioactive material that is injected into a patient who is then imaged in a PET-CT scanner to diagnose various conditions
 - Examples include FDG, a radioactive sugar commonly used to diagnose cancers, infection and dementia, Rubidium 82 chloride used to diagnose heart disease
- In Canada, 34% of PET scans are for non-cancer related indications¹.
- Non-cancer related PET indications NOT accessible in BC include¹:**
 - Assessment of dementia and movement disorders (available in 7/10 provinces)
 - Assessment of infectious and inflammatory conditions (available in 6/10 provinces)
 - Assessment of ischemic heart disease (available in Ontario, Alberta and Quebec)
- Older nuclear medicine tests used instead of PET have several disadvantages:**
 - Longer tests often performed over multiple days, **harder for patients to tolerate**
 - Inferior diagnostic performance to PET, **higher rates of missed or incorrect diagnoses**
 - Require more technologist work hours** in a time of significant staff shortages²
 - Often have **higher operational costs than PET** (refer to Table 1 below)
- PHSA conducted extensive consultations with medical experts and healthcare administrators and concluded that at a Tier 4 facility (regional hospital providing comprehensive medical services), standard imaging services delivered should include access to PET for non-cancer indications³
- BC is the only province in Canada where PET is solely operated by a cancer agency. BC Cancer indicated they will not expand services at BCCA facilities to include PET for non-cancer patients without a directed mandate from the Ministry of Health.
- No systematic strategy has been identified by the Ministry of Health to address patient needs for non-cancer indications for PET in British Columbia.**

OTHER CONSIDERATIONS: THE GENERAL STATE OF NUCLEAR MEDICINE IN BRITISH COLUMBIA

- Nuclear medicine physicians both diagnose and treat diseases using radiopharmaceuticals.
- Approval of a new radiopharmaceutical treatment for prostate cancer (**Pluvicto**) has meant rapid expansion of services in community nuclear medicine departments over the last 6 months.
- We face a **substantial national and provincial shortage of nuclear medicine technologists**², this has been exacerbated by therapy expansions and is expected to worsen in coming years.
- In a 2022-2023 national survey, **over 64% of medical imaging equipment in Nuclear Medicine in BC was above the recommended replacement age**⁴. Many older generation SPECT-CT units could be transitioned to PET-CT to modernize departments to meet current practice standards.

NUCLEAR MEDICINE SPECIALISTS UNITE TO CALL FOR ACTION ON UNMET PATIENT CARE NEEDS:

Given our common concern over these issues, nuclear medicine specialists from all regional health authorities and BC Cancer have partnered with our national specialty association, the Canadian Association of Nuclear Medicine to form a provincial chapter with the goal of advocating for unmet needs of the patients we serve in British Columbia.

We understand the challenges of the current fiscal environment, however if we work smarter, modernizing the field of nuclear medicine has the potential to not only improve clinical outcomes, but also save money, as **most PET-CT tests conducted in the evaluation of infection, dementia and heart disease have lower or comparable operational costs to existing tests.**

Table 1: Examples of local cost comparisons PET vs SPECT in British Columbia (Island Health Data):

Clinical Question	Comparable Tests	Days in department	Time on equipment	Operational Costs*	Relative test performance
Spinal Infection	Old test: Bone and Gallium scan	3	68 minutes**	\$1063.41	PET more accurate
	New test: FDG PET-CT	1	20 minutes	\$625	
Vascular Graft Infection	Old test: White cell scintigraphy	2	114 minutes**	\$853.11	Similar accuracy, PET more convenient
	New test: FDG PET-CT	1	20 minutes	\$625	
Dementia Imaging	Old test: ECD Brain SPECT-CT	1	30 minutes	\$585	PET substantially more sensitive and specific
	New test: FDG PET-CT Brain only	1	10 minutes	\$600	
Ischemic Heart Disease	Old test: <u>Sestamibi</u> SPECT-CT	2	20 minutes in stress lab 40 minutes on camera over 2 days	\$334.88	PET substantially more sensitive and specific
	New test: Rubidium PET-CT	1	30 minutes on equipment including stress	8 scans/day*: \$366.06 12 scans/day*: \$257.36	

*Operational costs include cost of radiopharmaceutical, consumables and technologist and nursing work hours in Island Health. Estimates for FDG PET are based on communications with BCCA in July 4, 2022 on per scan costs at BCCA Victoria. **Time on equipment variable for individual patients, based on average results of a 2020 internal audit. Rubidium 82 comes from a generator and has lower costs if used more frequently in the day

WHY SHOULD BC PATIENTS AND TAXPAYERS CARE ABOUT PET FOR NON CANCER PATIENTS?

- PET can lower operational costs compared to existing tests:** Capital equipment investment costs are higher for PET-CT cameras than SPECT-CT cameras (older generation equipment), but most studies performed on SPECT-CT are performed substantially faster using PET-CT with lower operational costs per scan than PET studies. Differences in capital costs for modern equipment can be raised through community support or CFI grants.

- A better test means fewer missed, delayed or incorrect diagnoses:** PET is both better at picking up many diseases earlier and is more specific than existing tests. Patients get needed care faster for less money, also eliminating patient hardship and added system costs of misdiagnosis
- PET frees up technologists for new nuclear medicine cancer therapies:** Short term workforce demand for technologists can only be met by working smarter. PET studies use less manpower than older techniques, freeing up more technologists to deliver emerging cancer therapies.

NEXT STEPS: HOW CAN GOVERNMENT ADDRESS THIS UNMET PATIENT CARE NEED?

To our knowledge, the Ministry of Health has never actually denied access to PET for non-cancer indications, rather it has never been asked to develop a plan to address this unmet care access need.

A dedicated Cardiac PET program at St. Paul's set to launch in 2027 has been approved by the Ministry of Health. Apart from this, no engagement has been attempted with stakeholders providing nuclear medicine services in other health authorities on implementing PET access for non-cancer patients.

A specific list of unmet clinical needs is best summarized in a publication of the Institut national d'excellence en santé et services sociaux (INESSS) in Quebec⁵. This document provides a comprehensive evidence-based list of PET indications outside the cancer setting.

In order to bridge existing care gap for access to PET in these vulnerable patient populations, **the undersigned nuclear medicine physicians recommend the following actions:**

- We recommend adoption of the Quebec guidelines⁵ as a list of appropriate indications for PET in neurologic disorders, heart disease and inflammatory conditions.
- We ask the Ministry of Health to facilitate an arrangement to have these services provided on existing BC PET-CT cameras, with wait-time targets as outlined in the Quebec guidelines.
- The Ministry of Health should develop specific policy addressing the mandate of regional health authorities in provision of PET services for non-cancer related indications.
- Decisions on location and operational management of future planned PET scanners deploying in BC should include input from nuclear medicine medical leaders and operational management staff in regional health authorities to ensure they align with broader goals of service provision of PET-CT for both cancer and non-cancer patients.

Thank you for your consideration,

Dr. James Curtis

MDCM, MSC, FRCPC Diagnostic Radiology and Nuclear Medicine
On behalf of the British Columbia Chapter, Canadian Association of Nuclear Medicine
Medical Lead, Nuclear Medicine | Island Health
Nuclear Medicine Physician, Department of Molecular Imaging and Therapy | BC Cancer Victoria
james.curtis@islandhealth.ca

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE

Strengthening PET and SPECT Imaging and Supply in British Columbia: A Cost-Effective Public–Private Model to Improve Access, Resilience, and Patient Outcomes

Briefing Note for MLA Dr. Anna Kindy, Health Critic

The Issue

- A PET or SPECT tracer is a radiopharmaceutical—a drug labeled with a small amount of radioactive material—used in nuclear medicine imaging, using SPECT and PET cameras, to visualize how organs and tissues function inside the body.
- PET and SPECT imaging are central to diagnosing and treating cancer, cardiac disease, neurological conditions, and complex infections.
- BC lags provinces such as Quebec in PET imaging access on a per-capita basis. As of 2023, there were 2,924 scans/million (16,082 total scans) in BC and 8,979 scans/million (79,015 total scans) in Quebec.¹
- PET scan volumes in BC continue to rise and as of 2024/2025 exceeded 20,000 scans per year.²
- Hospitals face limited cyclotron capacity to produce PET tracers for clinical and research patients.
- Hospitals rely on one public facility to produce FDG.
- Staff shortages persist in nuclear medicine and radiopharmacy leading to gaps in patient care.^{3,4}
- Physicians report limitations on using FDG beyond oncology because of production challenges, limited public reimbursement and lack of PET camera infrastructure.
- The current publicly funded in-house production model in BC adds unnecessary costs in the system and ties up highly trained staff in drug manufacturing instead of patient care.

What Isologic is Offering to Solve the Issue

Isologic is a Canadian radiopharmaceutical supplier that produces and distributes diagnostic SPECT and PET tracers to over 230 hospitals and over 600,000 patients across Canada annually. It operates several radiopharmacies and production facilities, including a SPECT radiopharmacy at Vancouver General Hospital that serves hospitals within Fraser Health Authority and Vancouver Coastal Health.

Isologic is prepared to:

- Invest in a new PET/SPECT radiopharmaceutical facility in BC to provide additional supply capacity and redundancy to the province of BC.
- Provide new employment opportunities to the residents of BC to staff radiopharmacy, production, quality assurance, engineering, logistics, and administration roles. Most importantly, Isologic's radiopharmacies and PET manufacturing facilities do not require Nuclear Medicine Technologists (NMTs), avoiding any further strain on existing NMT staffing shortages in British Columbia.
- Supply finished PET and SPECT tracers at predictable, contracted per-dose prices.
- Provide supply chain redundancy and uninterrupted supply due to its national network and supplier relationships.
- Expand the range and volume of PET tracers available in BC through existing partnerships with researchers and multinational innovators.

1. CADTH, Health Technology Review Canadian Medical Imaging Inventory 2022–2023: PET-CT and PET-MRI.
2. BC Cancer and UBC call out the latest PET/CT scanner in Canada.
3. For Shorter Wait Times, Hire More Medical Imaging, Radiation Therapists | The Tyee.
4. Canada's Nuclear Medicine Technologist Workforce Crisis: White Paper CANM.

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The new facility **would complement and not replace** BC Cancer and TRIUMF's public research and clinical production role. Furthermore, Isologic's facility would not rely on TRIUMF's cyclotrons for FDG production and would instead stand on its own while integrating into the wider BC isotope ecosystem while adding much needed PET radioisotope supply redundancy to the province.

How the Model Would Work

Under a service-contract model already used in Ontario and Quebec:

- The province keeps PET/CT scanners, cancer programs, and clinical decision-making fully in the public system.
- A private partner finances, builds, and operates a radiopharmaceutical facility at its own risk.
- Health authorities or PHSA purchase finished PET and SPECT tracers at agreed per-dose prices, rather than operating cyclotrons and radiopharmacies themselves. A contract for SPECT radiopharmaceutical between PHSA and Isologic already exists. FDG pricing could be added to this contract.
- Hospitals that still compound radiopharmaceuticals in-house can transition to purchasing from Isologic, freeing nuclear medicine technologists to focus on patients while resolving nuclear medicine technologist staff shortages.

Example of Potential Savings for BC Taxpayers: Saint-Paul's Hospital Case Study

A cost analysis comparing in-house compounding of SPECT tracers at St-Paul's Hospital vs SPECT tracer supply from Isologic showed significant cost savings in favour of Isologic supply.

Using the hospital's projected volume and current market prices, the analysis found:

- In-house production could cost up to ~\$250,000 more per year than continuing to purchase from Isologic.
- To replicate Isologic's service offering, the hospital would need to hire two full-time nuclear medicine technologists (FTE cost = \$125,000/year) predominantly dedicated to radiopharmacy work at the expense of patient care.

There are several hospitals in BC that currently compound SPECT tracers in-house rather than purchase from Isologic, generating significant avoidable costs and inefficiency's that could be directed to improving patient care.

Similarly to SPECT tracer production, we are confident that a similar analysis would result in significant taxpayer cost savings and efficiencies by transferring PET clinical (non-research) tracer production from BCCA to Isologic freeing up capacity at BCCA to better focus on the production of research radiopharmaceuticals.

1. CADTH, Health Technology Review Canadian Medical Imaging Inventory 2022–2023: PET-CT and PET-MRI.
2. BC Cancer and UBC call out the latest PET/CT scanner in Canada.
3. For Shorter Wait Times, Hire More Medical Imaging, Radiation Therapists | The Tyee.
4. Canada's Nuclear Medicine Technologist Workforce Crisis: White Paper CANM.

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Why This Matters for BC Patients and Taxpayers

A private production model would deliver three immediate benefits:

- **Lower system costs and better use of staff:** Health authorities avoid the ongoing capital, maintenance, and staffing costs of in-house radiopharmaceutical production, allowing nuclear medicine technologists to focus on patient care and reducing imaging wait times.
- **Stable supply and system resilience:** A dedicated PET/SPECT manufacturing facility in British Columbia, supported by a national supply network, would reduce radiotracer shortages and minimize camera downtime.
- **Improved access to advanced PET tracers:** Local manufacturing and distribution would address physician-reported barriers to accessing conventional and emerging PET tracers for non-oncology indications by improving FDG availability, enabling neurology and cardiology use, and supporting the clinical adoption of new tracers through local operational, technical, and regulatory expertise.

BC and Nuclear Medicine Stakeholders Who Endorse Local Private Sector SPECT and PET Radiopharmaceutical Production and Distribution to Improve Patient Care:

Please note that the stakeholders listed below do not endorse Isologic or any specific product sold by Isologic but have been included to confirm or speak to the challenges that exist in BC with respect to the use and access to PET radiotracers (FDG and others) today and into the future.

1. Dr. James Curtis
Medical Lead and Section Head | Nuclear Medicine | Island Health
Email: james.curtis@islandhealth.ca
Cell: 778-535-7052
2. Vesna Sossi, PhD
IEEE Fellow, Professor, Dept. of Physics and Astronomy (UBC)
Email: vesna@phas.ubc.ca
Cell: 604-822-7710
3. Dr Philip Cohen
Division Head of Nuclear Medicine at Lions Gate Hospital
Email: nukdoc@gmail.com
Cell: 604-984-5954
4. Mina Bechai
Founder and CEO, Initio Medical
Email: Mina@initiomedical.ca
Cell: 647-887-4357
5. Nicolas Rondeau-Lapierre
General Manager, Canadian Association of Nuclear Medicine
Email: nlapierre@canm-acmn.ca
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1. CADTH, Health Technology Review Canadian Medical Imaging Inventory 2022–2023: PET-CT and PET-MRI.
2. BC Cancer and UBC call out the latest PET/CT scanner in Canada.
3. For Shorter Wait Times, Hire More Medical Imaging, Radiation Therapists | The Tyee.
4. Canada's Nuclear Medicine Technologist Workforce Crisis: White Paper CANM.

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6. Melody Greaves
Executive Director and Vice President, Government Relations
Canadian Nuclear Isotope Council
Email: melody.greaves@canadianisotopes.ca
Cell: 289-683-3732

Next Steps: Advancing a Sustainable PET and SPECT Imaging Model for British Columbia

British Columbia has a timely opportunity to strengthen its nuclear medicine system by improving patient access to PET and SPECT imaging, reducing avoidable system costs, and building supply resilience through a proven service-contract model already in use in other provinces. Isologic would welcome the opportunity to meet with the BC Minister of Health, the Honourable Josie Osborne and senior Ministry officials to discuss how a locally based private sector radiopharmaceutical facility could complement existing public assets, address current capacity constraints, and deliver measurable benefits for patients, clinicians, and taxpayers. We respectfully request a meeting to explore how this model could be advanced in partnership with the Province of British Columbia.

CONTACT INFORMATION

Isologic

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Counsel Public Affairs

Jean-Marc Prévost, Vice President
Email: jprevost@counselpa.com

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE



DR. ANNA KINDY
– Conservative
MLA Health Critic

Anna Kindy: What is from community the wait times for MRIs, CT scans, PET scans and PET scans not for cancer — broken down into cancer and not for cancer? I'm just going to break it down by health authority as well.

Hon. Josie Osborne: Sorry for the delay there. I had the MRI information, but not the CT scan information on hand.

First of all, let me start by saying that since 2016-2017, the province has increased the number of MRI units here in British Columbia from 25 to 45. That's 20 net new units, and that's to increase capacity and improve geographic access. In fact, when we came into government, for example, there was only one MRI machine in all of northern British Columbia, and that has changed since then.

We've also significantly increased the number of exams. In 2025-2026, although we haven't closed out that fiscal and have all the data confirmed, health authorities were expected to provide 358,981 MRI exams. That is a 104 percent increase compared to when we came into office in 2017. So the imaging wait times are things that shift in response to system pressures. We are always going to be working to support access there.

When it comes to.... The member has asked for information around MRI wait time. What I am going to read into the record is.... I do not have this broken down by cancer and non-cancer MRI, but I do have taken together, I'm going to read the 50th and 90th percentiles of MRI wait times by health authority as asked.

So in Interior Health, the 50th and 90th percentile wait times are 90 and 193 days. In Fraser Health: 102 and 249 days. In Vancouver Coastal: 109 and 204 days. In Island Health: 79 and 225 days; in the Northern Health Authority, 36 and 103 days; and in Provincial Health Services Authority, 40 and 324 days. Again, those are the 50th and 90th percentiles. For the period of April 1 to September 30, 2024, this means that B.C. ranked second out of seven reporting provinces, at 211 days on average for the 90th percentile, compared to 198 days across Canada.

When it comes to CT scans, we have made similar increases in the number of pieces of equipment that are accessible to people, increasing from 63 to 76, which is a net new addition of 13 CT units to increase capacity and, again, improve that geographic access. And since 2016-2017, health authorities, like with MRI, have significantly increased access to exams. In 2025-26, expected to provide 1,066,672 exams, which is a 53 percent increase over 2016-2017. Now, once again, with the CT wait times in 50th and 90th percentiles by health authority.... This is for the year '24-25. In Interior Health, 22 and 126; in Fraser Health Authority, 35 and 260; in Vancouver Coastal, 33 and 240; in Island Health, 20 and 231; in the Northern Health Authority, 8 and 37; and in the Provincial Health Services Authority, 42 and 180.

I know that the member also asked for information around PET scanning. I don't have that. If I can get that, I will get that to the member.

Later after a recess at 4:00pm, Dr. Kindy had one more opportunity just to read a questions into the record:

Anna Kindy: I could have more questions, but we'll stick to this one. We mentioned about PET scans, and I did mention about how many PET scans are performed every year and how many PET scans are performed, as well, for non-cancer indications. Part of the reason is some of the non-cancer indications are actually less costly than other investigations that could be used. B.C. has fewer PET scans per person than provinces like Quebec, and they also use PET more broadly for additional diseases as well.

I'm just wondering what the government's plan is to improve the situation in terms of providing PET scans for cancer but also non-cancer. That's it.

Thank you very much for your time, Minister. I very much appreciate your time on that.

The Minister did not respond as it was understood this question, and others, would be provided at a later date – usually in the Fall.

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE



3:20 pm – 4:20 pm	BCRS Member Hour/Spring General Meeting	South Pender Room
4:20 pm – 5:00 pm	Government Relations Update Christian von Donat from Impact Public Affairs	South Pender Room
5:00 pm – 6:00 pm	Break	
6:00 pm – 7:00 pm	Networking + Cocktail / Mocktail Hour	North Pender Room
7:00 pm – 8:30 pm	BCRS Spring Update and Gold Medal Award Ceremony Keynote Speaker: BC Minister of Health, the Honourable Josie Osborne Dinner Served Cocktail Attire	South Pender Room

4. KEY BUSINESS

NON-ONCOLOGIC PET ENGAGEMENT UPDATE

IS THE BRIEFING NOTE SATISFACTORY FOR SENDING OUT TO SIGNATORIES?

VOTE ON BRIEFING NOTE?

SECOND?

SHOULD THE BC CHAPTER FURTHER ENGAGE OR ENDORSE THE ISOLOGIC
PROJECT PROPOSAL?

RECOMMEND TABLE FOR ANOTHER MEETING...

6. OTHER BUSINESS

1. CAMRT meeting
2. PET tech pay/CAMRT course
3. AFFILIATION STRUCTURE WITH TECHNOLOGIST, PHYSICIAN AND ALLIED HEALTHCARE ORGANIZATIONS
4. MEMBERSHIP RECRUITMENT STRATEGY AND DUES
5. FINANCIAL STRUCTURE WITH CANM AND OTHER PARTNERS
6. REGISTRATION AS A LOBBYING ENTITY



CAMRT 2026

Canadian Association of Medical
Radiation Technologists

📅 May 28, 2026 - May 30, 2026

📍 Victoria Conference Centre

[Register Now](#)

MEMBERSHIP CATEGORIES

- * **Membership level**
 - ☐ **Full Member - FM / membre régulier - \$400.00 (CAD)**
Subscription period: 1 year, on: January 15th
No automatically recurring payments
 - ☐ **Specialist - Spec - \$400.00 (CAD)**
Subscription period: Unlimited
 - ☐ **Technologist - Tech - \$150.00 (CAD)**
Subscription period: Unlimited
 - ☐ **Resident - R / Résident**
Subscription period: Unlimited
 - ☐ **Resident International - RI**
Subscription period: Unlimited

MEMBERSHIP DUES COLLECTION

Should we collect our own or pass back from CANM?

- Would personally prefer to collect local, pass on to CANM

Will corporate radiology groups support?

- i.e. members with INITIO, VRCI, Kelowna, Nanaimo radiology group affiliations (they pay for our BCRS dues)

Will technologist or other employers support?

- Probably not initially, maybe if we get buy-in

POTENTIAL MEMBERS

- Technologists
 - Those employed by PHSA or regional health authorities
 - Centralized radiopharmacy (Isologic)
 - Private (INITIO)
 - Other (research, startups)
- Physicians
 - Represented by Doctors of BC – Nuclear Medicine Section
 - Salaried, FFS, Mixed
- Physicists
- Radiopharmacy staff
- Researchers

ALLIED ORGANIZATION AFFILIATIONS

- Technologists
 - HSA positions
 - Non-HSA positions (research? Isologic? BCIT?)
 - CAMRT-BC, CAMRT National affiliations
 - Will employers cover dues for some technologists?
- Physicians
 - Represented by Doctors of BC – Nuclear Medicine Section
 - Should we collect dues through NMS??
 - Consultant Specialists of BC
 - BCRS
 - CANM – Not all are members
- Physicists
 - CCPM (National), uncertain of regional representation, non-union role
- Radiopharmacy staff
- Researchers
 - Some have UBC affiliations
- Educational Affiliates
 - BCIT
 - CAMPEP Physics programs
 - UBC Nuclear Medicine Residency
 - UBC Medical school

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