

# Registrar's Report

## Interprofessional collaboration; labor mobility; and a new strategic plan



In this message to the profession I want to touch on three separate but related topics: interprofessional collaboration, the labor mobility agreement under the Agreement on Internal Trade (AIT) and a new strategic plan for the College of Physicians & Surgeons of Alberta.

### Interprofessional Collaboration

In May, the College (along with its partners the Alberta Medical Association, the Alberta College of Pharmacists, the Pharmacists Association of Alberta and the College and Association of Registered Nurses of Alberta) hosted the second triprofessional conference on interprofessional collaboration under the theme of 'culture, collaboration and change'. Collectively, these three professions believe that interprofessional collaboration not only will improve the quality of care provided to patients but will also help rationalize the roles and responsibilities of healthcare professionals. In the case of physicians, collaboration will help enhance their ability to care for their patients. In this environment of physician shortages we need to work differently and smarter, to extend the role of the physician to a wider range of patients. Working collaboratively with other healthcare workers to that end makes a lot of sense, as evidenced by

the positive outcomes presented by the Westview primary care network at the conference.

The five organizations that created this symposium recognize the importance of demonstrating leadership beyond offering this educational opportunity, and have committed to providing professional members the steps and actions we will take to advance interprofessional collaboration. You will have our collective commitment in writing by the end of 2009.

### Labor Mobility

A recent meeting of Canada's medical regulators (the Federation of Medical Regulatory Authorities of Canada, (FM-RAC)) focused largely on labor mobility under the Agreement on Internal Trade. I have written extensively on this topic in previous *Messenger* articles and recommend that readers review earlier Registrar's Reports if seeking background information.

The challenge before us was to agree about the minimal standards for licensure in Canada for an internationally trained physician. (Canadian medical graduates almost all have both the LMCC and either CCFP or FRCP/SC and have been freely mobile for many years). While we are not quite there, we do have collective agreement of all the Colleges present (New Brunswick was absent) that will address approximately 90 per cent of physicians in this country. One of the principles to which we agreed is that a physician who has successfully undergone an assessment that meets nationally accepted criteria will be eligible for full licensure and, therefore, will be able to move without additional barriers under the labor mobility provisions of the AIT. The principle is (relatively) straightforward; the criteria to determine what constitutes a nationally accepted

assessment process will take some work. Our message to the profession, however, is that Canada's medical regulators are working hard to be compliant with the AIT and, to do so, we are thinking beyond our traditional standards and processes and, at times, compromising in order to reach consensus. Recognizing that there is much work to do, we have asked our respective governments for additional time – two years if possible – to complete the tasks before us.

Part of the preparatory work for our labor mobility discussions included completing a survey of all medical regulators about registration categories and standards, and the information contained on certificates of professional conduct. Recognizing the considerable similarity between the information we all seek, the Colleges present at the meeting strongly supported the creation of a national registry of physicians, as well as a common registration application process, to be hosted by a national organization like FMRAC or MCC (the Medical Council of Canada). This is quite a remarkable shift from where we began not even a year ago, and signals that we are beginning to recognize and accept the advantages of common standards and processes, not only to accommodate physician mobility but also to improve our efficiency and effectiveness.

### Strategic Planning

At its June meeting, the Council of the College directed that the College undergo a strategic planning exercise in the next year and asked me and my staff to present them with alternatives to achieve that end.

It was sixteen years ago that the College last produced a full-blown and rigorous strategic plan, resulting in the creation

*Registrar's Report cont'd Pg. 9...*

## Registrar's Report...cont'd from page 3

of the Physician Achievement Review (PAR) program, the Research Ethics Review Committee (the first of its kind in North America run by a medical regulator) and the annual Registration Information Form that provides information to help decision makers with physician resource planning. That exercise also led to this College's mission and vision (the first we had) and laid the groundwork for the next two decades of work by this organization.

Of course the world doesn't stand still, and in the last few years we initiated the first Infection Prevention and Control program for physician offices in Canada (and probably North America), and very recently hired Dr. Ken Gardener to lead a new portfolio in physician assessment and remediation, and in data analysis.

It is very evident that our environment is changing rapidly and dramatically as seen by, for example, the creation of

Alberta Health Services (AHS) with the provincialization of healthcare in Alberta and the Agreement on Internal Trade (AIT). In addition to these more recent earthquakes we have the longer standing issues of physician shortages, maldistribution of physicians, the need to better integrate internationally trained physicians into our workforce, challenges to professionalism, new models of healthcare delivery (PCNs come to mind), the feminization of the medical profession, generational issues, and the growing expectation of interprofessional care. The list is surely longer, but I'm sure you see my point. Council believes it is time for the College to re-examine itself, and to be re-examined by you and other important stakeholders. Beyond our legislated mandate to license and register physicians, to administer a complaints and discipline process and to set and maintain standards of practice, we need to ensure we are engaged in the right activities in the service of the public;

and that our mission, vision and values accurately reflect what we are about and should be about.

This summer we will begin work on framing a strategic planning exercise. Undoubtedly you will all have the opportunity to provide your thoughts and suggestions to the Council about where we are as an organization, and where we want to be.

From my perspective, this is a very exciting time to be working at the College. It is not always comfortable to work in the midst of such profound change, but it does force us to focus and to re-examine what sort of an organization we want to be. We will keep you informed as we move this direction from Council into action.

Dr. Trevor Theman, Registrar  
[ttheman@cpsa.ab.ca](mailto:ttheman@cpsa.ab.ca)