

the Messenger

College of Physicians & Surgeons of Alberta

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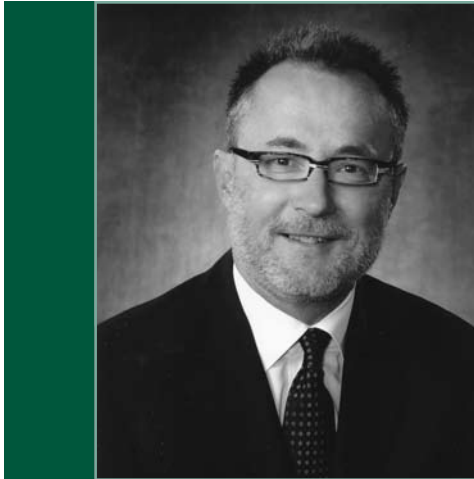
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The College of Physicians & Surgeons of Alberta (CPSA) is responsible for licensing physicians, administering standards of practice and conduct and resolving physician-related complaints. We also provide leadership and direction on issues of importance to the health care system such as access to services, quality improvement, patient safety and privacy.

Registrar's Report



At its September meeting, Council will consider our business plan and budget for the coming year. We have been in a period of transition for some time – we've seen three new senior staff changes within the last 16 months, for example – and this need to evolve will continue into 2007. One major change will see us move from our current offices in Manulife Place to Telus Plaza South (still in Edmonton) in January 2007.

When the College moved to its current location in 1991 it had about 25 staff and occupied three quarters of the 9th floor of Manulife Place. Over time we've grown to 70 staff, and in 2004 expanded to subleased space on the 12th floor. That sublease expires in January, which forced us to consider our options.

We began this discussion by considering our future – what roles or activities do we need to do to regulate the practice of

medicine (including podiatric medicine)? How can we do our job more effectively?

As I explained in an earlier Messenger (issue 120, August 2005), I identified re-validation, physician prescribing, boundaries, disruptive behavior and physician assessment as priorities in addition to the work we already do in registering physicians, addressing complaints, running the Triplicate Prescription Program and the Research Ethics Review Committee, monitoring unwell and impaired physicians, updating and managing the PAR

As in the healthcare sector generally, the majority (about 75 per cent) of our costs are staff costs.

program, communicating with the profession and our publics, running accreditation programs for DI and laboratories and others, and providing the necessary infrastructure to run these programs.

All of this takes staff with expertise. As reflected in your annual registration fee, this is not an inexpensive proposition. As in the healthcare sector generally, the majority (about 75 per cent) of our costs are staff costs.

In looking for new space we considered all options. Alberta's booming economy

did not make this an easy process – office space is limited and finding contiguous space was a challenge. The Telus Plaza site will provide sufficient space for our current and anticipated needs; it keeps us in the downtown core, close to our key partners; it is convenient for public transportation; and it provides for long-term stability and long-term cost-effectiveness. And the move to new space allowed us the opportunity to consider how we can work better and more efficiently. While our design is not complete, it has been based on the principles of functionality, flexibility and future considerations.

And while in the long term this will be an advantageous move for the College, as anyone who has moved into a new home knows, in the short term it is not an inexpensive proposition. All of this is meant to inform you of our impending move, and to let you know the difficult choices that our Finance and Audit Committee – and then Council – will be making around our business plan and budget for 2007 and beyond; decisions that will be reflected in your annual registration fee.

Dr. Trevor Theman, Registrar
ttheman@cpsa.ab.ca

Do you have a question for your Registrar?

Mail your questions and comments to the College office or e-mail:
ttheman@cpsa.ab.ca

For Your Information

Methadone Maintenance Treatment Workshop

Methadone Maintenance Treatment education sessions:

University of Calgary
September 22, 2006

University of Alberta
February 10, 2007

More information is available at
www.cpsa.ab.ca/collegeprograms/methadone_program.asp.

Help us improve the RERC website!

CPSA's Research Ethics & Review Committee (RERC) is upgrading their website to make it more accessible and useful to those involved in research.

We welcome the feedback of any physician, research coordinator, or research sponsor that uses/has used the website when submitting protocols.

A short 10-minute survey is available directly on the RERC main page at www.cpsa.ab.ca/collegeprograms/research_ethics.asp.

Consent for minor patients

The College recently received a letter from the mother of a 9-year-old girl who was taken to a family doctor by her ex-husband's girlfriend for a complaint of pain with urination.

The physician conducted an examination, including inspection of the patient's external genitalia. The young girl later confided to her mother that she felt very uncomfortable about the examination because she was unfamiliar with the physician.

In the mother's opinion, such a sensitive examination was best undertaken by the child's personal physician and she felt that she or the child's father should have been present to reassure the child during the examination. The mother questioned whether the physician who conducted the examination was entitled to do so without seeking the consent of the child's parents. She contacted the doctor to express her concerns and was informed by the physician that she assumed the girlfriend had the authority to consent on the child's behalf because she was living with the child's father.

Was the doctor correct? No. Even though an adult, i.e. the boyfriend/girlfriend, is living with the parent and the child, no guardianship rights arise from the relationship between the parent and the

Are you really getting consent?

other adult, even if it has been occurring long enough to be considered an adult interdependent relationship. This also applies to other adults, such as relatives and babysitters.

When a physician is dealing with a situation like this, the physician will need to determine if there is consent from the guardian/parent. The physician should ask the adult to produce documentation from the parent identifying the individual and authorizing the adult to bring the child in for treatment by the physician. If this is not available, the physician should contact the guardian/parent to seek consent. The physician should confirm and record in the patient record the circumstances that apply in the situation if there is no written

authorization from the parent.

Notwithstanding the above, if a physician is presented with a child who needs emergency medical services, the law implies consent for treatment to the extent necessary to prevent death or further injury or disability of the child. Once the emergency situation has passed, the physician should consult the child's guardian for consent for further treatment.

Obtaining consent for minor patients is a very complicated area and recent legislative changes may impact further on physician's practices in this area. The College has recently sought legal interpretation on this matter and has included information with this issue of the Messenger to assist physicians who require consent from or on behalf of minor patients. This document is not a formal College policy or guideline and is provided solely to help physicians interpret the new law. A brief outline of this document is enclosed and the full text can be found on our website at www.cpsa.ab.ca.

Dr. Karen Mazurek, Assistant Registrar
kmazurek@cpsa.ab.ca

Win your 2007 annual licence fee

Take advantage of our on-line renewal process and win!

By completing your renewal on-line, and paying on-line via Pre-Authorized Payment (PAP) Plan, VISA, MasterCard, or American Express* you could be one of three physicians to win your 2007 CPSA Annual Licence Fee!

On-line renewal in combination with the PAP Plan is the most efficient and cost effective method to process annual renewal fees. By eliminating the need for manual data entry, this option helps keep administrative costs down and allows College staff to focus more time and energy on improving customer service. Payment by credit card is preferred over a post-dated cheque, but involves administrative fees from credit card companies, a cost that is factored into membership fees.

Annual fee notices and the on-line renewal process will be available in mid-October. If you would like to win your 2007

Annual Licence Fee, simply:

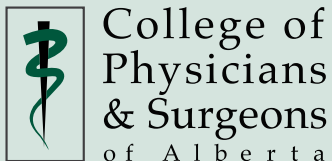
- i. Complete your renewal on-line, and
- ii. Pay on-line via the PAP Plan, VISA, MasterCard or American Express* on or prior to December 1, 2006.

If you meet all of the above criteria, your name will automatically be entered in a draw to take place Friday, December 15, 2006. Three names will be drawn and the lucky winners will receive their fee payment back prior to the New Year.

Get ready to win and enrol in PAP today!

***American Express**

Based on member feedback, the College is looking into accepting American Express as a payment method. This new alternative is expected to be in place for the fall annual billing. More details will be available in the next Messenger.



Pre-Authorized Payment (PAP) Authorization for Business

Pre-Authorized Debit Plan

Annual Fee

I hereby authorize the College of Physicians & Surgeons of Alberta (payee) to debit my account (as identified by the attached voided cheque) for the annual College re-licensure fee. This debit shall take place during the month of December each year, for the fee applicable for the following calendar year.

I further authorize increases to this amount, as may be established by the Council of the College.

This authorization may be cancelled at any time upon written notice to the College. Any delivery of this authorization to the College constitutes delivery by me.

Name (Payor) *print or type*:

College Registration Number:

Signature(s): (see note 2)

Date:

Note:

1. A sample cheque of the account, marked **VOID**, must be enclosed with this authorization.
2. For a joint account, if more than one signature is required, all signatories must sign this authorization.
3. If this account is closed, it is the responsibility of the physician to notify the College immediately of alternative arrangements for payment of the annual fee.
4. Only Canadian bank accounts are eligible for PAP enrolment.

Authorization for Business Pre-Authorized Debit Plan

Terms & Conditions

1. In this Authorization “we”, “us” and “our” refers to the Payor indicated on the reverse hereof.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the College of Physicians & Surgeons of Alberta (the “Payee”) indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a “Business PAD”) on our account indicated on our attached void cheque (the “Account”) at the financial institution indicated on our attached void cheque (the “Financial Institution”) and we authorize the Financial Institution to honor and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Business PAD.
5. We agree that delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee’s financial institution and agree to the disclosure of any information which may be contained in this Authorization to such financial institution.
6. We agree to either waive the requirement of receiving written notice from the Payee of the amount to be debited and the due date(s) of debiting, or to abide by any modification to the requirement as agreed to with the Payee.
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
 - (a) the Business PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) any pre-notification required and not waived by section 6 was not received by us.

We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such Business PAD.

8. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in the Authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization on the reverse hereof.
10. We understand and agree to the foregoing terms and conditions.
11. We agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Please complete sections on other side of this page.

HPA - Complaint investigations

Under the *Health Professions Act*, the term “investigation” is used to designate the process of gathering information in reviewing a complaint.

On receipt of a complaint, there are a variety of options available to the Complaints Director (CD). The CD:

- May, with the consent of the complainant and the investigated person, attempt to resolve the complaint.
- May dismiss the complaint because it is trivial or vexatious, or because there is insufficient or no evidence of unprofessional conduct.
- May refer the matter directly to the complainant and the physician to work out between themselves.
- May conduct or appoint an investigator to conduct an investigation. (This process is very much like our present complaint inquiry process where information - documents and records, and responses from other caregivers - is gathered).
- The HPA requires that the CD appoint an investigator (who may be the CD) and inform the complainant and physi-

cian of the name of the investigator. The investigator is given broad powers to gather information (e.g. documents and records) and interview involved parties (including under oath).

As with the current process, the physician(s) complained about will be notified and provided a copy of the letter of complaint. The practitioner(s) will be asked to reply to the identified issues, and, in most situations, to provide a copy of the medical records pertaining to this matter. Physicians may seek legal assistance (e.g. Canadian Medical Protective Association) to respond to the complaint. Other physicians and other caregivers may be asked to provide information to help the College in its understanding and review of the complaint.

During the investigation, the investigator may request an expert opinion. In addition, while the investigation is underway, the CD may elect to refer the matter to an Alternate Complaints Resolution (ACR) process resulting in suspension of the investigation until the ACR is complete.

Once the investigation is completed, the investigator submits a report to the CD.

Assuming that ACR has not occurred or has been unsuccessful, the CD can:

- Dismiss the complaint
- Send the matter to formal hearing before a Hearing Tribunal (a disciplinary hearing)

Should the complaint be dismissed by the CD, the complainant can appeal that decision within 30 days to the Complaints Review Committee. (Both the hearing process and the appeal process will be the subjects in future issues of the Messenger).

So while the terminology changes, the process of investigation under HPA is generally very similar to our current complaint inquiry process.

Undoubtedly, with a new process and new terminology there will be some challenges to the department and to our members. Your thoughts and feedback are welcome.

For information about the complaint process or the HPA, please contact:

- Ms. Sharon Barron, Manager, Complaints - sbarron@cpsa.ab.ca
- Dr. Karen Mazurek, Asst. Registrar, Complaints - kmazurek@cpsa.ab.ca

Ethics 101 - Pandemic responsibilities

In the May 2006 Messenger, we outlined a fictional scenario where a pandemic flu alert had been issued. In the scenario, the physician was a GP, had two school age children and was responsible for aging parents. One of the children had been sent home from school after being exposed to the flu. We asked physicians what they would do in this situation.

Following are excerpts from the letters we received. The full text of the letters is posted on the College website at www.cpsa.ab.ca – look for Ethics 101.

“Since there is no/or pathetic protection protocols for medical staff working during a pandemic, ensuring basically that if you work during these time that you would get infected as well as transmitting the virus to your own home, all medical staff should stay home and tend their own families. Our first responsibility is to ourselves and our families.”

*Dr. W.T. de Vos
Wainwright, AB*

“First and foremost, as a parent I am responsible for my children, both legally and morally. All other considerations are secondary. If I do not care for my children then no one else will... Don't think that the powers in the Alberta Public Health Act scare me either. I'd rather get a \$5,000 fine and have the judge throw me in jail for contempt of court than to have two children at home dying alone.”

Padraic McCombe

Planning for a flu pandemic

In June, College representatives from across the country and around the world attended the Federation of Medical Regulatory Authorities of Canada (FMRAC) Annual Meeting in Kananaskis. The main topic for the three-day session was pandemic flu planning.

Although there was general agreement about the need for regulatory bodies to appropriately plan for a pandemic, there was extensive discussion about roles and responsibilities, what information physicians need to know, where will they get that information, and when decisions will be made regarding flu vaccines.

In Alberta, dialogue has begun to address many of these questions. CPSA Registrar Dr. Trevor Theman is involved in a provincial working group that includes representatives from Alberta Health & Wellness, Regional Health Authorities, the Medical Officer of Health and the AMA. One of their challenges is to identify possible issues and to develop a plan of action on how to address them.

To date, the issues being discussed include:

Compensation for physicians – Including allowance for extraordinary service and insurance. It may also include alternative payment for fee-for-service practitioners and support for those not able to work.

Vaccination – Should it be voluntary or mandatory for physicians? What about their families?

Duty to Work – Some may be asked to work in unfamiliar roles/environments. Professional liability is an issue, absenteeism may be a problem – all these things need to be considered. How comfortable and/or competent will physicians be working outside their normal scope of practice? How do physicians practically balance their responsibilities to family with their desire to help in a time of need?

These are complex ethical issues with no right or wrong answer. The profession will need to grapple with these issues as we make individual decisions and as the College attempts to provide guidance to our members.

The first step is to start a dialogue with each other and with our health provider colleagues. We need to recognize that

what is appropriate for one physician may not be a suitable solution for another. For some physicians the decision may be clear and for others this may result in angst and internal ethical conflict.

As we move forward with pandemic planning, these issues will become even more urgent. We welcome your comments and suggestions for our process but also hope that discussion occurs informally and at other tables as we sort through this.

Dr. Janet L Wright, Assistant Registrar
jlwright@cpsa.ab.ca

Electrocardiogram (ECG) Interpretation Exam

EDMONTON

Tuesday, September 12, 2006
9:00 a.m. to 12:00 p.m.
Council Chambers, CPSA Office
900 Manulife Place
10180 – 101 Street NW
Ph: (780) 970-6243
Fx: (780) 428-2712

Exam fee is \$350 (includes GST)

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