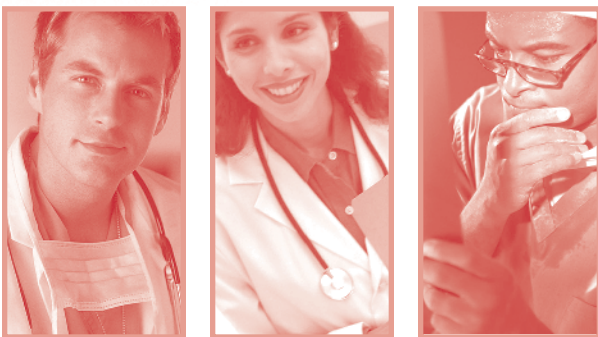


the Messenger

College of Physicians & Surgeons of Alberta

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2007 Council

President - Dr. James Bell

Vice President - Dr. John Pasternak

Executive Member-at-large - Ms Linda Spencer

Council members are available throughout Alberta to answer questions and discuss current issues. E-mail: council@cpsa.ab.ca

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the Messenger

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Complaints Line: 1-800-661-4689
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Website Address: www.cpsa.ab.ca

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

Bill 41 - Health Professions Amendment Act



On June 12, 2007 the Honorable Dave Hancock, Minister of Health and Wellness, introduced Bill 41, proposing amendments to the *Health Professions Act* (HPA) and the *Medical Profession Act* (MPA).

These amendments cover a range of changes, a number of which are 'house-keeping' amendments that will address some identified gaps in the legislation and streamline or clarify the process. Others, however, have much greater significance to the medical and other health professions and are deserving of your attention as they directly undermine the principle of self-regulation.

Public Health Concerns

Bill 41 would require the immediate notification of the Medical Officer of Health should a health professional or a college employee, officer or agent 'know of or have reason to suspect the existence of a nuisance or threat that is or may be injurious or dangerous to the public health'.

When introducing this amendment at a joint meeting with the health professions, Minister Hancock referenced the infection control situations in Lloydminster and Vegreville. In my view, this amendment helps clarify our role as the regulator of the practice of medicine when a breach of infection control practices may put the public at risk. Currently, the *Public Health Act* does not - in my view - apply to a college employee or agent.

Overriding Provisions

Bill 41 also contains sections (135.1 and 135.4) that would allow the Minister or Cabinet (the Lieutenant-Governor-in-Council or LGIC) to either replace the functions of a college or direct a college to adopt bylaws, regulations or standards.

Specifically, section 135.1(1) would allow the Minister to direct a council to adopt a code of ethics or standard of practice, to make bylaws or regulations, and to carry out any power or duty of a council if it is the opinion of the Minister that to do so would be in the public interest or such direction would provide for matters related to health, safety or quality assurance.

Section 135.4(1) would give authority to the Cabinet (the LGIC) to make any regulation, bylaw, code of ethics or standard of practice that a council may make (under various sections of the HPA) and such standards, codes, regulations or bylaws made by the LGIC prevail over any order made by a council.

The proposed amendments also provide authority to the Minister to appoint an

administrator to carry out any powers and duties of a college, its council, its officers or its committees if requested by

These amendments cover a range of changes and are deserving of your attention as they directly undermine the principle of self-regulation.

a college (we agree with this caveat) or, if in the opinion of the Minister, to do so would be in the public interest or a college requires support in carrying out its powers and duties (we disagree with this caveat).

Bill 41 also proposes similar amendments to the *Medical Profession Act* (under which we still operate, although we now anticipate coming under the *Health Professions Act* in the spring of 2008).

Questions and Implications

What is the impetus behind these far reaching amendments that undermine the principle of self-regulation by the professions?

Self regulation of a profession is a privilege, granted by the people of Alberta through their elected representatives. The Minister of Health and Wellness has a duty to ensure the councils and employees of the colleges are fulfilling their obligations and acting in the interests of the public whom each serves.

Registrar's Report cont'd Pg. 12...

ARTICLE HIGHLIGHTS

Proposed amendments under Bill 41 include:

- Immediate notification of the Medical Officer of Health by a health professional, college employee, officer or agent of any threat to public health
- granting government the authority to either replace the functions of a college or direct a college to adopt bylaws, regulations or standards

Do you have a question for your Registrar?

Mail your questions and comments to the College office or e-mail:

ttheman@cpsa.ab.ca

Discipline report

Dr. C07

On June 21, 2007 the Council of the College of Physicians & Surgeons of the Province of Alberta found Dr. C07 guilty of unbecoming conduct in that he did:

1. fail to provide the appropriate information to the Physician Performance Committee of the College of Physicians & Surgeons of Alberta in reply to materials sent to him under the Physician Achievement Review (PAR) Program including:
 - a. a self assessment form;
 - b. physician contact forms; and
 - c. co-worker contact forms.

In this case, the Recommendation of the Investigating Committee came before Council on June 21, 2007. The Council found the allegations were proven and ordered that:

1. Dr. C07's record reflect that he has been issued a reprimand by the Council of the College as a result of the finding of unbecoming conduct in this matter; and
2. that Dr. C07 be responsible for the costs of the investigation and hearings before the Investigating Committee and the Council in this matter, in the total amount of \$7,524.97, which shall be paid by Dr. C07 within thirty (30) days of the date of the Order, failing which he shall then stand suspended until the costs are paid in full.

Context and Commentary - Dr. C07

Several cases have been referred to the College's Complaints Department from the PAR program. In all these cases, the referral was made because the physician had not responded to repeated requests to complete and submit the PAR survey materials.

In each case, numerous attempts were made by the PAR program to engage the physician: several letters were sent, phone calls from College staff were made, and, finally, through personal contact from the Chair of the College's Physician Performance Committee.

In many cases, accommodations were made to the usual PAR process to address unique aspects of the particular physician's practice. Despite these efforts, no response was received, necessitating the referral to the College's Complaints Department.

Once the matter was in the hands of the Complaints Department, the Assistant Registrar responsible for complaints made further efforts to engage the physician in completing the materials. These efforts included contact by phone and letter, providing an explanation of the consequences of not responding, and encouraging the physician to comply.

In some cases, all these measures were unsuccessful and it became necessary to charge the physicians involved with unbecoming conduct. The charges had nothing to do with PAR results but rather, all the charges arose from the

When physicians identify to us the personal, practice-related or systemic barriers to participating in PAR – or any other College mandated program – we will work with those physicians to help resolve their issues

physician's failure to engage with the process, by failing to respond to our many attempts to gain the physician's attention and by failing to participate as is required.

To date, all physicians but one have complied prior to the hearing date. In each case, the physicians retained legal counsel, and the matter was resolved by

the physician completing PAR and paying costs of the investigation.

It is with deep regret that we proceeded to hearing in the case outlined above, but we were left with no option. PAR is a legislated and therefore mandatory requirement of ongoing registration with this College.

Our experience to date has shown us the most common reason for failure to comply is a time-management problem. The individuals involved report feeling overwhelmed by the demands of their practices and as a result, ignored the repeated contacts from the College in the hopes the problem would go away. Clearly, for Dr. C07, the problem did not resolve itself and resulted in time-consuming and expensive proceedings.

When physicians identify to us the personal, practice-related or systemic barriers to participating in PAR – or any other College mandated program – we will work with those physicians to help resolve their issues, involving agencies such as PFSP when appropriate. However, the onus is on the physician to help us help him or her. In the absence of identified problems that prevent a physician from practicing medicine, we expect all physicians to fulfill their mandatory requirement to participate in PAR.

Disciplinary agreement

Dr. Franklin Collett

The College received a complaint regarding Dr. Franklin Collett from the wife of a patient of his. The complaint related to the care Dr. Collett provided, including his prescription of narcotic pain medication, to the patient.

The College reviewed the care provided by Dr. Collett to the patient. The College also reviewed the care provided by Dr. Collett to several other patients who had received prescriptions for narcotic medication. A number of concerns relating to Dr. Collett's practice were identified, including his prescribing of narcotics.

As a result, Dr. Collett entered into an agreement with the College which included a written Undertaking to restrict the scope of his prescribing of drugs controlled under the Triplicate

Prescription Program. Dr. Collett also voluntarily underwent an assessment of his practice and has agreed to take upgrading in the areas identified through the assessment. Dr. Collett agreed to reimburse the College for the costs incurred in the investigation of this matter.

Given the nature and scope of Dr. Collett's Undertaking to the College, the Investigation Chair of the Council determined that it was unnecessary to refer this matter to a hearing before an Investigating Committee. The complainant does have a right to have the Investigation Chair's decision reviewed by an Appeal Committee of Council. The Appeal Committee can determine that the matter should be referred to a hearing before an Investigating Committee.

Council highlights

Council of the College of Physicians & Surgeons of Alberta met on June 22, 2007 in Edmonton. Significant outcomes included:

Alberta College of Pharmacists (ACP) presentation re: Pharmacists Prescribing – Representatives from the expert panel assembled to oversee the implementation of the pharmacists prescribing legislation presented to Council. They detailed the work done to date, including explanations of the guidelines created for pharmacists who wish to prescribe, the application form and its various criteria, as well as discussion of the creation of a pilot group in the late summer. For details, please see the ACP document inserted in this edition of *the Messenger*.

Security of Mobile Computing Devices Guideline – Council approved a guideline presented by the CPSA's Medical Informatics Committee (MIC). This guideline provides information to physicians on properly securing any portable electronic device, i.e. through encryption software, that contains sensitive or confidential information. MIC saw a need to develop this guideline as a result of the increased use of portable comput-

ing devices and a recent Office of the Information and Privacy Commissioner ruling which stated putting identifiable patient information on such a device is an unacceptable risk. This guideline will be published October 1, 2007 and will be available on the CPSA website.

Revalidation Working Group Recommendations – Deputy Registrar Dr. Bryan Ward presented the Revalidation Working Group's recommendations on how the CPSA's revalidation program will take shape. Revalidation refers to a quality improvement process in which members of a profession regularly provide satisfactory evidence of their commitment to continued competence in their practice as a condition of remaining licensed.

The recommendations are that a revalidation program in Alberta should include evidence of the following from each practicing physician:

- Participation in the PAR Program;
- Participation in a minimum amount and type of CME;
- Sufficient ongoing experience in clinical practice to remain competent;

And one of:

- Clinical audits of practice performance in several domains of competence; or
- Approved third party performance appraisals.

These recommendations will provide the framework as the CPSA moves forward in developing a revalidation program for Alberta physicians.

Mandatory Liability Coverage – Mandatory liability coverage will be required for all physicians when the College comes under the authority of the *Health Professions Act* (HPA). In anticipation of this, Council approved a change in the bylaws whereby, beginning January 2008, physicians registered on the active practice register must confirm they have the required coverage. Registered physicians must declare they either have membership with CMPA or at least \$10 million in professional liability coverage from an authorized insurance firm.

Appeals Committees – Council will be the appeal body for disciplinary hearings and registration appeals once the HPA is implemented. All other appeals will be heard by an appeals committee composed of three to five Council members.

Annual re-licensure

Online RIF completion mandatory in 2009

Renewal notices for 2008 will be mailed in mid-October, with a payment due date of December 1, 2007. Payments can be made through the College's Pre-Authorized Payment (PAP) Plan, or by VISA, MasterCard, American Express or cheque.

Physicians practising in Alberta will also receive a Registration Information Form (RIF) with their renewal fee notice. Information contained in the RIF is required to maintain the College's physician resource database. The RIF must be completed and returned to the College by December 1, 2007 as a condition of licence renewal. Please ensure that you answer all questions on the RIF.

Those physicians who completed their renewal online last year can access their 2008 renewal online and will not be sent a paper copy of the RIF.

Enrolling in the College's PAP Plan reduces costs, as there are no administrative fees and your renewal payment will automatically be withdrawn from your account on the first business day

in December. This process will continue annually unless the College is informed otherwise by the physician. PAP simplifies the renewal process and proper enrolment eliminates the possibility

Physicians will be required to enter their information online starting in October 2008 (deadline for completion is December 1, 2008).

of late payments and subsequent fines. Complete the PAP enrolment form and return it, along with a VOID cheque, to the College office by Friday, November 2, 2007 in order to set up the automatic withdrawal of the 2008 renewal fee.

If you are already enrolled in the PAP Plan but have since changed accounts or banks, please forward a new void cheque to the College by November 2, 2007.

Further questions on the PAP Plan option or mandatory online RIF comple-

tion can be directed to the College's Registration Department at (780) 969-4925, 1-800-320-8624, or e-mail annualbilling@cpsa.ab.ca.

Online RIF completion mandatory in 2009

The College recommends physicians begin completing the RIF online this year in anticipation of the move to mandatory online RIF completion for the 2009 billing year.

At the June 2006 Council Meeting, College Council directed that it will be mandatory for physicians to complete the RIF online for the 2009 billing year.

Council's decision recognized the benefits to online RIF completion for both physicians and the College. Physicians will benefit as they will enter their own information and can ensure its accuracy before it is entered into the College's database. Once the form is completed, physicians will receive confirmation and can be certain the process has been completed. For the College, online completion represents significant savings in staff and stationery costs.

Pharmacists prescribing - an update

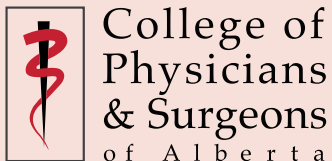
On April 1, 2007 the Alberta government passed regulations allowing pharmacists limited prescribing authority.

To help physicians better understand the impact of this legislation, the College has written several articles in *the Messenger*, supplemented by information on our website and in handouts distributed during our Regional Tour Program.

Unfortunately, there continues to be a significant amount of confusion regarding exactly how the legislation affects pharmacists, physicians and patients. To help address this, we have included an insert from the Alberta College of Pharmacists (ACP) in this issue of *the Messenger* entitled "The health professional's guide to pharmacists prescribing."

The ACP document outlines the new practice framework, including the situations in which a pharmacist may adapt a prescription, prescribe in an emergency, and seek additional prescribing authorization. Information on the need for collaboration with other health care providers and the importance of liability protection are also addressed.

To ensure a smooth transition, the rules and regulations around independent prescribing need additional clarification. A pilot project for those pharmacists seeking additional prescribing authorization is scheduled to take place this summer and additional information will be available from the ACP in the fall. In the meantime, the CPSA will continue its dialogue with the ACP about patient safety, quality of care and professional conduct issues associated with independent prescribing.



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.

New provincial Act requires physician support

The *Mandatory Testing and Disclosure Act* is expected to be proclaimed in Alberta in October 2007. Under the Act, those exposed to bodily fluids during the course of their duties as firefighters, paramedics, peace officers, “good samaritans” and others providing emergency assistance may apply to the courts for a testing order.

The Act creates a procedure for the following:

- the compulsory taking of bodily samples from the source individual where a sample can not be obtained voluntarily,
- the analysis of those samples, and

- the limited disclosure of personal health information in regard to the HIV/AIDS, hepatitis B or hepatitis C status derived from the analysis.

Test results are provided to both the applicant’s and source’s physicians by the Medical Officer of Health.

Physicians’ Role

Applications for mandatory testing are filed through the Provincial Court and must include a Physician Report completed by a physician knowledgeable in blood and body fluid exposures. As part of the reporting process, physicians will be asked to assess the risk to the applicant’s health resulting from the

incidental contact. A fee code has been established for the completion of the Physician Report.

Physicians do have the option of declining to fill out the Physician Report if they do not feel confident in their knowledge of blood and bodily fluid exposure. However, a Physician Resource binder has been developed to help in this regard. The binder includes clinical guidelines and information regarding the assessment and management of blood and bodily fluid exposure. The binder is available online through Alberta Health & Wellness.

For more information:

- please visit the Alberta Health & Wellness website at www.health.gov.ab.ca, or
- contact Mrs. Anne Bates, Project Manager for the implementation of the *Mandatory Testing and Disclosure Act* by e-mail at anne.bates@gov.ab.ca or by phone at (780)427-0724 (toll-free by first dialing 310-0000).

ARTICLE HIGHLIGHTS

- *The Act* is expected to be proclaimed in October 2007
- The Act allows for a court order for testing for those exposed to bodily fluids as a result of their duties
- Applications for testing will include a Physician Report, completed by a physician knowledgeable in blood and bodily fluid exposures. A Physician Resource binder is available to assist physicians not familiar with bodily fluid exposure

Discontinuation of registration for Supervised Clinical Experience

International Medical Graduates (IMG) who wish to gain exposure to medical practice in Alberta through a Supervised Clinical Experience (SCE) will no longer be required to register with this College.

The College expects all members who bring an observer into their practice to adhere to the “*Medical Practice Observation/Experience*” guideline - available on the CPSA website at www.cpsa.ab.ca/publicationsresources/policies.asp.

This guideline defines the College’s expectations of the supervising physician and the limitations upon the participant’s activities. For instance, with consent of the patient, an IMG may participate in the history and physical examination process as well as perform some procedures all while under the **direct** supervision of the physician whose practice is being observed.

Through this guideline, the College encourages members to

The College expects all members who bring an observer into their practice will adhere to the guideline, “*Medical Practice Observation/Experience.*”

support the interest of individuals, such as high school students, undergraduate university students, and IMGs not eligible for a licence, to be able to gain exposure to the nature of medical practice in Alberta.

Those IMGs currently in the process of applying for registration to participate in an SCE will be notified that registration is no longer required and their registration fee will be returned. Those currently registered will not be required to re-register when their current SCE ends.

Why be a CPSA Council member?

This fall, the CPSA will once again elect new Council members to help the College meet its mission of serving the public and guiding the profession. Physician members of Council are elected by their medical colleagues, while public members and medical school representatives are appointed.

In anticipation of the upcoming nomination process for new physician members, the following current College councillors share their thoughts on the CPSA Council experience:

- Dr. Owen Heisler, VP, Medicine for the David Thompson Health Region;
- Dr. Bob Johnston, Senior VP and Advisor, Patient Experience, for the Calgary Health Region; and
- Dr. David Moores, Chair, Department of Family Medicine (U of A), and a practising family physician.

When you were nominated to become a Councillor, what made you accept the nomination?

Heisler: The belief that all physicians have to participate in the system. Being a profession means you have the privilege and responsibility of self-governance and if we don't participate then that role will be taken on by other people. And that's not what a profession is – it's a privilege and a responsibility.

Johnston: I knew others on Council whom I trusted and respected. I thought, if that's the indication of the type of Councillor the College has, it would be an honour to be there.

What does a Councillor do?

Johnston: There are two functions – quasi-judicial and governance, but the role also includes representing the College, both in good times and bad, responding to colleagues, and being a role model. You're expected to be seen as someone who is respected, as someone who would

be seen as an example of an excellent physician.

Moores: To contribute and participate in the investigative hearing process, to hear appeals, to listen to other agencies that represent other health professionals (for example, pharmacy and nursing), to have

Johnston: Absolutely. Through one's role model behavior – being seen, heard and respected – and by bringing your own perspective to the table without letting your own background bias you.

Moores: Without a doubt. Council works very hard at every Council meet-

“Being a profession means you have the privilege and responsibility of self-governance and if we don't participate then that role will be taken on by other people. And that's not what a profession is – it's a privilege and a responsibility.”

an open ear to the government's perspective and other such things. You have a lot of preparatory work to do for Council meetings, and you contribute, such as through the committees you sit on, to normal business processes that are part of the CPSA.

Did the experience of being a Councillor meet your expectations?

Heisler: It's a bit of an unknown. I think it was a worthwhile experience and an opportunity to better understand some of the challenges we are facing at the College. That was the main value it brought – the incredible amount of work the College does for physicians and the public.

Moores: It did. I knew there would be a lot of work and commitment involved. Perhaps the most reassuring thing to me as a Councillor, and hopefully for Albertans, is the recognition that the Council of the CPSA is a very remarkable group of lay people and physicians who take their jobs very, very seriously, are very careful to think through issues and behave in a remarkably responsible way.

Can a Councillor really have an impact on the profession?

ing to ensure all Councillors are heard. Sometimes the chair, in this case the president, will deliberately go out of his way to make sure all possible perspectives on an issue are heard.

What has been your most rewarding experience as a Councillor?

Heisler: The opportunity to be participatory with a group of very dedicated physicians who all have a common goal in improving the care we provide as physicians.

Johnston: I found learning about boundary issues from (Assistant Registrar) Dr. Janet Wright incredibly beneficial for me personally. Overall, Council has made some momentous decisions that are fair yet forward-looking when it comes to discipline.

Moores: Serving on the Nominating Committee and being privy to people being recommended for a merit award or a merit recognition is remarkably reassuring in that you realize how blessed we are in this province with the kinds of people that make a difference in terms of what life is like in Alberta.

Interviews with Drs. Heisler, Johnston and Moores will be continued in the September issue of the Messenger.

Letters to the editor

Electronic Injury Reporting to WCB

The WCB has made improvements to its Electronic Injury Reporting (EIR) system. The EIR system is a free, easy-to-use and convenient means for physicians and specialists to submit their reports and invoices to WCB. Improvements include:

- The Claim Decision will be added to the search results and will be available to users online.
- Online access to the Medical Supply Invoice (C-569) and Medical Services Reassessment (C-570) forms.
- The Form Type has been added to the search screen allowing users to conduct searches using this criteria.

The contract deadline for all physicians to use the EIR system is quickly approaching. Please contact WCB's eBusiness Support Team at eBusiness.support@wcb.ab.ca or (780) 498-7688 (toll-free in

Alberta 1-866-922-9221) with any questions regarding the enhancements or for information on how to sign up.

Consent for autopsy for maternal deaths

Maternal deaths must be reported to the Medical Examiner's Office (MEO) for investigation in accordance with the *Fatalities Inquiries Act*. However, an autopsy is not performed simply as a result of reporting. The MEO has no legislative mandate to conduct autopsies solely for quality assurance purposes.

Primary care providers should request consent for autopsy in the event of a maternal death. This will ensure a post-mortem examination is conducted even if the MEO does not need one for its own purposes. If the family does not give consent, then the ultimate decision as to whether or not an autopsy is necessary to determine the underlying cause of death

will lie with the Medical Examiner. For information, please contact the Office of the Chief Medical Examiner: Edmonton office - (780) 427 4987, Calgary office - (403) 297 8123, or visit www.justice.gov.ab.ca/ocme/.

Re-use of cautery tips

As part of the infection control program review requested by Health Minister Dave Hancock, Alberta Health and Wellness issued this statement regarding the re-use of cautery tips:

"In keeping with Health Canada's *Therapeutic Products Directorate* document dated April 29, 2005, regional health authorities have been directed that single-use cautery tips are not to be reused or reprocessed by any healthcare facilities in their region and that any existing reprocessed stock must be discarded immediately."

Dr. K. Grimsrud
Acting Chief Medical Officer of Health

For your information

Protecting People While Increasing Knowledge: Ethics in Health Research, Evaluation and Quality Improvement National Conference, May 4-6, 2008, Calgary, Alberta

This inaugural national conference focuses on managing the ethics oversight of knowledge generating activities - research, quality improvement, quality assurance and program evaluation - in Canada's health care and research system.

Share with peers and learn what others are doing to deal with ethics in these types of activities, take away ideas you can apply in your work, and help set a future agenda.

The conference is hosted by Alberta Research Ethics Community Consensus Initiative (ARECCI), an initiative of the Alberta Heritage Foundation for Medical Research (AHFMR)

Call for Abstracts

Share your experience, insights and ideas from a theoretical or practical perspective. Deadline for abstract submissions: September 28, 2007.

For information, please contact the conference coordinator, Currie Communications Ltd., at (780) 413-9570 or jcurrie@curriecom.com.

Medical Directory amendments

Although the Medical Directory is carefully copied and checked by College staff prior to release, errors and omissions inevitably occur. Information for the following physicians has been updated. Changes are indicated in red print.

Name	City	Degree	Grad Place	Grad Year	Phone	Fax	Specialty	Page
Al-Mandee, Hazem	Red Deer	MBBS	S. Arabia	1997	(403) 346-0863	(403) 346-2713	O&G	2 & 195
Anderson, Todd	Calgary	MD	U of C	1985	(403) 944-1033	(403) 944-1592	IM CARD	3 & 103
Dottridge, Andrew	Calgary	MB, ChB	S. Africa	1986	(403) 248-2273	(403) 248-2213	-	23 & 111
Kruger, Pieter Ernst	Fort McMurray	MB, ChB	S. Africa	1993	(780) 714-5763	(780) 714-5765	-	46 & 181

The PAR Program needs you!

The Physician Achievement Review (PAR) Program is looking for up to three members for its Survey Subcommittee (SSC).

Members of the SSC undertake telephone interviews with selected physicians, in follow-up to their PAR survey results. The purpose of the interviews is to determine how well the PAR survey had gone, whether the physician understood how to apply their PAR results,

what lessons of “what makes a good practice” could be learned, or whether a peer office visit or other support might be of assistance to the physician.

Prospective members will be experienced physicians with very good active listening skills, and a desire to help their colleagues improve the quality of care they provide.

This opportunity is open to physicians of any specialty; training will be provided.

We promise an interesting, challenging and very educational experience! Time commitment would be 3-4 hours for interviews, plus one half-day meeting, per month. An honorarium of \$710 per day-equivalent, plus all applicable expenses, will be paid.

For further information or to apply, contact Mr. John Swiniarski, Assistant Registrar, at (780) 969-4987 or jswiniarski@cpsa.ab.ca.

Registrar's Report cont'd...

While respecting the Minister's right to require accountability by the CPSA and all other health professional colleges, it is completely unknown what problem is being solved or what policy issue is being addressed by these proposed amendments. The Council and the employees of the CPSA have always taken their statutory duties seriously and have strived to fulfill the obligations to serve the public and guide the profession.

As members of the medical profession and as citizens, I think all physicians should be aware of these proposals and the possible negative impact they could have on the medical profession and on the quality of health care in Alberta. I encourage you to ask direct questions to the Minister of Health and other provincial elected representatives - what problem is being addressed,

and is this legislative change the best way to address the identified problem?

The CPSA will continue to seek answers to these questions, and will endeavor to work with the Minister and his government to address any issues identified. At the same time, we will continue to impress on government officials and bureaucrats the effective role self-governing professions play in setting and enforcing codes of ethics and standards of behavior and practice. More importantly, we will strongly oppose efforts to undermine self-regulation of the medical profession.

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

the Messenger

College of Physicians & Surgeons of Alberta



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