Celebrating the 100th Issue

the Messenger

College of Physicians and Surgeons of Alberta

in this issue

3 Registrar's Report

4 Council Highlights

4 Privacy Manual Required by HIA

5 Issue 100 - A Messenger Milestone

5 Discipline Report

6 New Councillor Profiles

7 RERC - Meetings & Deadlines

8 Parallel Universes
- A Fable from the Complaints Department

10 For Information
- Letter to the Editor
- ECG Interpretation Examination

10 Laser Registration

11 CPSA Staff Listing

February 2003 | issue 100

College of Physicians & Surgeons of Alberta

2003 Council

President - Dr. Janet Wright
Vice President - Dr. Gordon Arnett
Executive Member-at-large - Dr. John McDonald

Council members are available throughout Alberta to answer questions and discuss current issues.

DISTRICT	COUNCILLOR	PHONE	FAX
Calgary	Douglas G. Bell Robert V. Johnston Rowland T. Nichol Janet L. Wright	(403) 220-5077 (403) 541-2737 (403) 228-9021 (403) 571-2488	(403) 282-6170 (403) 943-0916 (403) 228-7923 (403) 571-2499
Camrose	Ross A. Purser	(780) 464-9047	(780) 417-5140
Edmonton	Gordon D. Arnett David B. Climenhaga William J. Dickout Anthony S. Russell	(780) 453-6999 (780) 424-2233 (780) 423-4709 (780) 407-6296	(780) 451-1437 (780) 426-7219 (780) 423-1210 (780) 407-6055
Lethbridge	R. Sebastian David Ronald N. Spice	(403) 553-3351 (403) 625-8692	(403) 553-4549 (403) 625-8689
Medicine Hat	Roderick I. MacKenzie	(403) 527-2281	(403) 502-8964
Northeastern	James E. Bell Harvey P. Woytiuk	(780) 459-5581 (780) 645-4411	(780) 458-7515 (780) 645-4566
Northwestern	Barry K. Norris	(780) 539-4010	(780) 538-2290
Red Deer	Owen R. Heisler Joseph F. Hopfner	(403) 342-5155 (403) 346-2057	(403) 341-3461 (403) 347-2989
University Representatives	D. Grant Gall, Dean Lorne Tyrrell, Dean	(403) 220-6842 (780) 492-9728	(403) 270-1828 (780) 492-7303
Public Members	Blair E. Maxston W. John McDonald Irene I. Pfeiffer	(780) 426-2049 (780) 492-3354	(780) 424-5864 (780) 492-3408 (403) 237-5296

The Messenger

An official publication of the College of Physicians and Surgeons of Alberta
900 Manulife Place | 10180 - 101 Street NW | Edmonton, Alberta | Canada T5J 4P8

Comments or questions regarding The Messenger can be directed to:
Lorie J. Webb, Communications Officer
tel: (780) 423-4764 ext. 235 | **fax:** (780) 420-0651 | **email:** Lwebb@cpsa.ab.ca

next issue: April 2003

General Inquiries Line: 1-800-561-3899
Complaints Line: 1-800-661-4689
Physicians Only Line: 1-800-320-8624
Web Site Address: www.cpsa.ab.ca

Registrar's Report

It is a privilege to write in this, the 100th issue of *The Messenger*. *The Messenger* has over the years conveyed to Alberta physicians the deliberations of successive Councils, as they met their commitment to the public interest – a commitment that continues today. I hope you enjoy the new look of the newsletter, and I look forward to your comments.

As *The Messenger* has been refreshed, so, too, has Council.

In December, we said farewell to several long-standing Council members: excellent contributions characterized the terms of Linda Hohol, a public member for nine years, of Harvey Albrecht, Councillor from the Northeastern District for six years; and of Colleen Forestier, Councillor from the Lethbridge District for three years.

In their stead we welcome and look forward to contributions from public member Blair Maxston of Edmonton; Ron Spice of Lethbridge, and Jim Bell of Northeastern.

And their contributions will be needed as Council meets the challenge of relevancy in a rapidly evolving environment. The continuing emphasis on transparent registration and complaints management processes will be our focus as we work on regulations under the new *Health Professions Act*.

Innovations in collaborative care will force review of our guidance to physicians on subjects as disparate as informed consent, maintenance of records and liability.

As leaders in being receptive to new and expanded scopes of practice for health care providers, such activity by the College can contribute to easing the pressure for access experienced by all, patient and provider alike.

Similar pressure will come from the increasing ubiquity and use of Information Communication Technology (ICT). How does a regulatory organization deal constructively with the lack of borders in cyberspace? Telemedicine and cross border prescribing profiles will need monitoring for continuing adequacy. Will the availability of ICT lead to changes in accepted standards of care? How can ICT assist in the provision of higher quality of care? These and related issues will drive Council's agenda in 2003.

It is encouraging that Alberta's medical profession has always met such challenges successfully.

In writing this 100th issue, it is reassuring to go back to the record of deliberations of other Councils over the last 100 years to see that the profession has always pursued the public interest - through high standards for registration, high expectations for interactions with patients, and adaptability to the circumstances of the day.

One hundred years into this province's history, it will be appropriate to celebrate these achievements, and I am pleased that work is underway to do so. Together with the Alberta Medical Association, the College has established a committee to plan a centennial celebration. More information will follow and I invite your input and ideas.

Dr. Bob Burns
Registrar

Do you have a question for your Registrar?

Would you like to get the College's perspective on a particular issue?

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

Council Highlights

The Council of the College of Physicians and Surgeons of Alberta met February 7, 2003 in Edmonton. Some of the more significant items included:

Complaints Report

Following a positive response to their Council report last November, the Complaints Department elaborated by presenting a fictional dramatization of how College staff, complainants, and physicians go through the complaint process.

The presentation clearly outlined the College's goal of providing a thorough, open and fair process that works towards resolution and quality improvement.

Conflict of Interest

Recognizing a need to increase Alberta physician's awareness of College guidelines and principles surrounding conflict of interest, Council directed the Secretariat to publish a series of explanatory articles in *The Messenger*.

These articles will outline the framework that is in place for assessing conflict of interest, College values, expectations and their meaning, and real life examples of their application.

Council also agreed that in the longer term (12-18 months) they will consider 1) an external review of the ability of the framework to provide guidance, 2) changes in the environment that may outstrip the ability to do so, and if necessary 3) a project to revise them.

Withdrawal of Services

Council reviewed and discussed its previous resolutions surrounding the withdrawal of services by physicians, and the issue of individual right vs. group responsibility.

Council asked the Secretariat to review current documentation, update it as appropriate and continue discussions surrounding this complex issue.

Health Informatics

Focusing on its mandate "to serve the public and guide the medical profession", Council approved the following recommendations surrounding the College's role in the use of health information management/information technology (IM/IT) by physicians:

- provide advice to the profession as to the proper and effective use of IM/IT processes and solutions in medical practice.
- provide input and leadership to external organizations and health system initiatives regarding systemic issues.
- integrate best practice IM/IT policies and solutions into College assessment and quality improvement programs.

A Health Informatics Committee was created to provide leadership in these areas. A copy of the complete report is available on the College's web site.

Records Retention

To comply with the *Health Information Act* and upcoming *Health Professions Act*, Council approved a bylaw that requires the retention of complaint records for a ten year period.

Council Retreat

Council is planning a retreat for March 15-16, 2003 to focus on team building, strategic planning, forward scanning and leadership.

Privacy Manual Required by HIA

All physicians are required by the *Health Information Act* to have a written policy and procedures manual, describing how they handle health information in their practices.

To assist in this task, a guide booklet has been developed by the Alberta Medical Association, the Office of the Information and Privacy Commissioner and the College of Physicians and Surgeons of Alberta.

AMA members will receive a printed copy of this booklet with the March issue of *MD Scope*.

Non-members can download a copy from the AMA web site.

Go to www.albertadoctors.org, click on the "Advocacy" tab, and select "Health Info. & Privacy".

Issue 100 - A Messenger Milestone

Astute readers of this newsletter will already have observed that a cosmetic overhaul of the College's official publication has taken place. This change coincides with the printing of the **one hundredth** issue of *The Messenger*.

Despite the aesthetic and functional modifications, our editorial policy has not changed – *The Messenger* continues to contain only items relating to College activities, or projects in which we are actively involved. Articles are written to facilitate quick reading, and there is no advertising.

The first issue of *The Messenger* was circulated on July 19, 1989, a one-page issue written by a then-rookie registrar named Dr. Larry Ohlhauser. It addressed only one topic – a newly passed advertising bylaw. By the third issue, *The Messenger* had evolved to a four-page stapled-in-the-corner format which it kept for some time. A revised masthead appeared for issue 19, in May 1992, and the text changed from single to two columns for easier reading.

A new, stylized College logo became the focus of another revision for issue 37, in September 1994. A year later, issue 43 brought in the 8-page magazine-style format still used today. The change enabled reduced production and mailing costs, as well as imparting a more professional look and feel.

The last design change was introduced in May 1997, issue 53. A bold and simple cover design, with three colors used in rotation, made *The Messenger* more immediately identifiable. Larger and clearer article headlines were also introduced to make scanning each issue easier.

Interested in the first issue of *The Messenger?* Visit the College's web site at www.cpsa.ab.ca.

Our newest design, besides celebrating our publishing milestone, brings a more modern look to *The Messenger*, and follows recent style changes to our web site.

Mr. John Swiniarski
Assistant Registrar

Discipline Report

Dr. "A03"

The Council of the College of Physicians and Surgeons of Alberta recently disciplined an Alberta physician who had held a position in practice that involved clinical duties along with substantial research and teaching activities.

Pursuant to three complaints and their investigation, a hearing into the matters concluded with the physician admitting:

- He provided an untruthful answer to a question asked by a member of the staff of the College of Physicians and Surgeons of Alberta concerning potential conflict of interest.
- He included incorrect and/or non-existent journal citations in a document intended to list the physician's personal scientific publication record.

The Council viewed these behaviors as indicative of professional and academic/ scientific dishonesty. They ordered payment of costs in the amount of $18,584.68 and a two week suspension, the latter being stayed and withdrawn upon good behavior over a 90 day period. This limited suspension was invoked in recognition of the fact that this physician had, as a consequence of the actions above, lost both teaching and research careers. The physician's family had suffered substantially along with the physician. In light of this, the Council chose not to publish the physician's name.

The costs were paid.

New Councillor Profiles

Dr. Ronald N. Spice
Lethbridge

Dr. Ron Spice is a rural physician practising palliative medicine full time.

He obtained his medical degree from the University of Alberta in 1985 and went on to complete a two-year family medicine residency at the Misericordia Hospital.

His first practice experience was as a family doctor in High Level for three years. He then moved to Claresholm and spent 11 years in family practice. In 2001, Dr. Spice went on to complete a six-month fellowship in palliative medicine in Calgary and now works as a palliative care consultant for the Headwaters and Chinook Health Regions.

Dr. Spice is President of the Medical Staff of Claresholm General Hospital and Past President of the Medical Staff of Headwaters Health Authority. He also serves on the Headwaters Regional Ethics and Palliative Care committees.

Dr. Spice is married and has three teenaged children. When he is not working, he tries to keep up with his kids on the ski slopes and hiking trails, and enjoys following his bird dog around during hunting season. He has an interest in music and plays a variety of Celtic instruments.

Mr. Blair E. Maxston
Public Member

After obtaining a Bachelor of Arts (in Political Science) and Bachelor of Law degree from the University of Alberta, Blair Maxston began practicing as a lawyer 12 years ago and is currently a partner at the Hendrickson Gower Massing and Olivieri firm in Edmonton.

Approximately one third of Mr. Maxston's practice involves advising associations and regulatory bodies on governance, risk management and related issues. The balance of his practice involves acting for owner operated businesses in the areas of sales and acquisitions as well as corporate law generally.

Mr. Maxston has also volunteered with the Law Society of Alberta, most recently sitting as a member of that organization's Professional Responsibility Committee.

In addition to teaching Jurisprudence and Ethics in the NAIT Dental Technology Program as a sessional lecturer, Mr. Maxston is also a guest lecturer for the University of Alberta Faculty of Dentistry Practice Management course.

In his spare time Mr. Maxston enjoys spending time with his wife, Donna, and their two children.

continued on page 7

Dr. James E. Bell
Northeastern

Dr. Jim Bell is a general practitioner who has been practicing in St. Albert for the past 23 years.

He is a graduate of the University of Alberta, completing his postgraduate training in Christchurch, New Zealand and Edmonton. Dr. Bell then joined the Grandin Medical Clinic in St. Albert and has practiced there ever since.

He has had active hospital privileges at the Sturgeon Hospital where he has held positions including Chief of Staff, President of the Medical Staff and Co-chair of the Hospital Bioethics Committee.

Dr. Bell holds a certificate in sports medicine from the Canadian Association of Sports Medicine and has a strong interest in palliative care.

He is chair of an advisory committee to the Pilgrims Hospice in Edmonton and has been involved in continuing care acting as medical advisor to two nursing homes in the St. Albert and Morinville area.

Dr. Bell is also an avid lover of the outdoors and enjoys hiking, back-country skiing, kayaking, and canoeing.

RERC - Meetings & Deadlines

The Research Ethics Review Committee expects 2003 to be its busiest year yet and looks forward to addressing the challenges faced by ethics boards across the nation.

To assist investigators in completing applications for ethics review, a comprehensive Information & Application Package is available on the College's web site at www.cpsa.ab.ca located under College Programs - Research Ethics Review.

To help ensure investigators have the most up to date information, the Committee suggests that investigators review this package prior to each submission as changes and updates are posted after each meeting.

Submission Deadlines	Meeting Dates
February 24	March 21
March 24	April 17
April 17	May 16
May 26	June 20
June 23	July 18
July 21	August 15
August 25	September 19
September 2	October 17
October 27	November 21
November 24	December 19

For more information or assistance, please contact:

Melony Frei,
RERC Coordinator
Tel: 780-970-6236
1-800-320-8624 ext. 236
E-mail: mfrei@cpsa.ab.ca

Kimberley Dillon-Murphy,
RERC Secretary
Tel: 780-970-6218
1-800-320-8624 ext. 218
E-mail: kdillon-murphy@cpsa.ab.ca

Parallel Universes:
A Fable from the Complaints Department

Once upon a time in a large city there was a man with a rare tumor in his oral cavity, in the parapharyngeal space. It was an adenocarcinoma, probably arising from a minor salivary gland.

The story had begun a few years earlier when this man presented to his dentist with pain and paresthesias in the distribution of the lingual nerve on the left side. A series of investigations (including CT and MRI) were negative, and direct examination by many specialists, including an ENT surgeon, revealed no abnormality. The tentative diagnosis was of post-herpetic neuralgia. There were subsequent investigations by a neurologist that similarly ended with no specific diagnosis.

In the fall, the patient's dentist noticed a small mucosal abnormality, and arranged referral to the surgeon who had previously seen the patient. The surgeon identified a very small and clinically innocuous abnormality in the region of the hard palate, and performed a biopsy. To everyone's surprise, the pathologist reported the presence of adenocarcinoma. This diagnosis was confirmed by further pathology review.

In December, the surgeon sent the patient to the local cancer agency for multidisciplinary review. All of the specialists concurred that this appeared to be a very small tumor – indeed they could find no evidence of residual tumor –and suggested some routine x-rays and a CT scan.

The CT scan was done on December 29, but wasn't reported until January 16. The oncologist received the report on January 20, but the CT report was never provided to the referring surgeon even though his name had been listed on the requisition. Nor did the referring surgeon receive the consultation report from the tumor board.

When he next met with the patient, the surgeon understood that all the investigations were normal. When told that there was yet no result from the CT scan, the surgeon did not understand that another CT had been ordered by the tumor board, and reassured the patient that the CT was normal (he was referring to the CT that had been done a year earlier). With this incomplete information, the surgeon proceeded to perform a local resection of what he believed to be a small primary cancer on January 13 (before the CT was even reported).

> "Who had known about the CT findings? Not the patient, and not the surgeon."

The reader will not be surprised to learn that the CT scan (the new CT) showed a 3x4x5-cm. mass in the parapharyngeal space, explaining the patient's symptoms. The surgeon was unaware of this result, as was the patient.

The patient recovered from the surgery, but his symptoms persisted. His surgeon reassured him that all was well – the surgeon had no information to suggest otherwise. The patient remained concerned and sought an opinion at a prestigious cancer center in another country. In preparation, the local cancer agency put together a file of information including the CT scan. Imagine the surprise of everyone –especially the patient - when the oncologists at the external cancer center put the CT scan on the viewbox and pointed out to the patient the large mass that was present.

Who had known about the CT findings? Not the patient, and not the surgeon. We know that the CT report was signed off about 18 days after the CT was performed and about 3 days after the patient underwent a local excision. The oncologist received the report about 7 days after the surgery. The patient care coordinator for the tumor board learned that the patient had undergone surgery and searched out the operative report, which indicated that only a local excision had been done. The oncologist knew about the CT findings and about the local excision, but assumed that the surgeon had the CT findings and that the patient would be returned for follow up and further treatment at the cancer clinic. But no one brought this alarming information to the attention of the patient or his family even when the CT and other information was packaged for the patient to take to the prestigious cancer center.

Unfortunately at the time the true situation was realized, the patient was found to have pulmonary metastases and, despite heroic efforts to deal with the disease, died of his cancer. The family lodged a complaint against the surgeon with the College of Physicians and Surgeons.

You have probably recognized by now that this is not a fable, but a real situation that occurred within the Alberta healthcare system.

What became clear through our investigation were a series of errors, some of which were committed by individuals, but many of which were system problems – latent errors waiting to be expressed:

- A new computerized record which failed (the surgeon was never provided a copy of the tumor board consultation in spite of being "copied").
- Delays in reporting of the CT scan.
- Failure by the diagnostic imaging department to provide copies of the CT report to the surgeon (the requisition, completed by the oncologist, requested copies to all the physicians involved in the patient's care, including the surgeon).
- Assumptions by the surgeon and the oncologist that the necessary information had been provided to them and their colleagues, and that necessary follow up would occur.

In effect, the surgeon and the oncologist (and other members of the tumor board) were operating in "parallel universes", each unaware of the important information held by the other, each having limited information, and each operating under the assumption of being in possession of all relevant information and that the information was common to all parties.

What is even more striking is the failure to ensure that the patient had all the necessary information to make proper decisions. Imagine the shock and distress of the patient and his family when the CT findings were revealed, not in their home city by their own physicians, but by strangers at the outside cancer center.

> "We need to create systems of care which are designed with patient safety in mind."

The College's approach was one of information gathering and sharing. In effect we conducted a "critical incident review" with the assistance of the involved parties, trying to identify the latent conditions as well as individual accountability. The family was remarkably patient with the process, and remarkably understanding as to the findings. They appreciated getting honest answers and feedback, and were accepting of our view that the primary issues were system issues, rather than those of individual accountability. We saw no value in pursuing disciplinary action against any physician; rather, we saw the need to ensure that the responsible agencies identified the problems over which they had control, and made the necessary corrections. We are assured that such changes have been made.

This example is presented largely because it was a request of the family to alert the profession and the public of this specific situation, and the lessons learned. Additionally, it exemplifies those medical errors that are largely a result of system failure. To be fair, the individual physicians referred to have accepted their personal responsibility, and have made changes where indicated. The surgeon wrote a very honest and personal letter to the family, including an apology for his role in the series of errors.

This is a cautionary tale, one in which the circumstances are perhaps more remarkable than in our usual care experience. The lessons are important for all. We need to create systems of care which are designed with patient safety in mind. We cannot rely on physicians and other healthcare workers to be perfect, and to compensate for system errors over which they have little or no control. We need to have a culture of safety in healthcare, including a culture in which the reporting of errors and "near misses" is not only encouraged but also rewarded. Statistically, medical care is a high risk industry, one which needs to adopt (and adapt) the safety lessons from other high risk industries.

The College applauds the initiative of the Royal College of Physicians and Surgeons of Canada in catalyzing the creation of the National Steering Committee on Patient Safety, and supports its recommendations.

I suggest that interested parties access this report, available on the Royal College web site (www.rcpsc.medical.org). Patient safety remains a priority of the Council of the College of Physicians and Surgeons of Alberta.

We hope that examples such as this will help mobilize physicians and decision-makers within the health care system to advance the cause of patient safety.

Dr. Trevor Theman
Assistant Registrar

For Information

Letter to the Editor

I am writing to advise the College that I wish my name to be removed from the "active" membership status and placed in "retired" status.

I hope you will forgive me if I editorialize briefly on this matter. After 45 years as a physician, 27 of which were spent in Alberta, I have found it very difficult to accept the finality of ceasing to be a practising member of the profession.

These have been wonderful years, filled with curiosity, often excitement, and – always – wonderment at the trust which patients gave to me because I was a "Doctor".

Now that I am officially retired I shall miss these advantages and honors immeasurably. Medicine has been a fortunate and magnificent gift in my life.

Wishing you and my colleagues all the best in the future.

Dr. T. Douglas Kinsella
Kingston, ON

ECG Interpretation Examination

The next ECG interpretation examination is scheduled for Tuesday, March 11, 2003.

The examination will take place from 9:00 am to 12 noon in Calgary's Health Sciences Centre. Examination fee is $300 (GST included).

For more information, please contact the Quality of Care Department at (780) 970-6248, 1-800-320-8624 ext. 248 or e-mail jhauk@cpsa.ab.ca.

Do you have a message for the profession? Do you want to express an opinion?

Mail or fax letters to the attention of Lorie Webb, or e-mail Lwebb@cpsa.ab.ca. All letters are subject to editing.

Laser Registration

All Class 3b and Class 4 Medical Lasers and Laser Systems must be registered before May 31, 2003.

The College of Physicians and Surgeons of Alberta is the designated administrative authority for registration of lasers owned by physicians and Health Authorities.

Class 3b and 4 lasers remain designated radiation equipment under the *Radiation Protection Act* and must be registered.

Operation of an unregistered medical laser after May 31, 2003 is subject to penalties under the *Act*.

Physician-owners of lasers not yet registered should contact the College for a registration form and explanation of the process. The College will endeavor to keep costs to owners to a minimum although on-site inspection of workplace safety by an Authorized Radiation Protection Agency remains part of the process.

For more information please contact Ms. Janine Hauk at (780) 970-6248, 1-800-320-8624 ext. 248 or jhauk@cpsa.ab.ca.

CPSA Staff Listing

General Switchboard Telephone Numbers

Main Switchboard: (780) 423-4764	Confidential Complaints: 1-800-661-4689
Public (General Inquiries): 1-800-561-3899	Physician Only Line: 1-800-320-8624

Registrars:	Direct Phone	E-Mail
Dr. Bob Burns, Registrar	(780) 970-6224	rburns@cpsa.ab.ca
Dr. Don Chadsey, Deputy Registrar *Responsible for Discipline*	(780) 970-6228	dchadsey@cpsa.ab.ca
Dr. Paul Flynne, Assistant Registrar *Responsible for TPP Program, Ethics, Registration, Impaired Physicians*	(780) 970-6240	pflynne@cpsa.ab.ca
Dr. Karen Mazurek, Assistant Registrar *Responsible for Complaints*	(780) 970-6677	kmazurek@cpsa.ab.ca
Mr. John Swiniarski, Assistant Registrar *Responsible for Staff, Operations/Finance, Communications, PAR Program, IM/IT*	(780) 970-6226	jswiniarski@cpsa.ab.ca
Dr. Trevor Theman, Assistant Registrar *Responsible for Complaints, Rural Facility Privileges*	(780) 970-6203	ttheman@cpsa.ab.ca
Dr. Bryan Ward, Assistant Registrar *Responsible for Standards of Practice, Peer Review, Accreditation Programs, PAR Program*	(780) 970-6230	bward@cpsa.ab.ca

Complaints Department:	Direct Phone	E-Mail
Ms. Sharon Barron, Manager	(780) 970-6206	sbarron@cpsa.ab.ca
Ms. Marnie Johnson, Patient Advocate	(780) 970-6200	mjohnson@cpsa.ab.ca

Operations Department:	Direct Phone	E-Mail
Ms. Tracy Simons, Manager	(780) 970-6244	tsimons@cpsa.ab.ca
Ms. Lorie Webb, Communications	(780) 970-6235	lwebb@cpsa.ab.ca

Registration Department:	Direct Phone	E-Mail
Ms. Donna Harker, Manager	(780) 970-6245	dharker@cpsa.ab.ca
Ms. Lori Blackburn, Registration	(780) 970-6233	lblackburn@cpsa.ab.ca
Ms. Jill Dowhaniuk, Public Inquiries	(780) 970-6210	jdowhaniuk@cpsa.ab.ca
Ms. Karen Graves, Administration/Member Records	(780) 970-6216	kgraves@cpsa.ab.ca
Ms. Livia Huns, Registration	(780) 970-6215	lhuns@cpsa.ab.ca
Ms. Patti Lawrence, Prof. Corp./Certificates of Standing	(780) 970-6220	plawrence@cpsa.ab.ca
Ms. Gerry Zasada, Registration	(780) 970-6246	gzasada@cpsa.ab.ca

Research Ethics Review Committee:	Direct Phone	E-Mail
Ms. Melony Frei, Committee Coordinator	(780) 970-6236	mfrei@cpsa.ab.ca
Ms. Kimberley Dillon-Murphy, Assistant Secretary	(780) 970-6218	kdillon-murphy@cpsa.ab.ca

continued on page 12

Triplicate Prescription Program:	Direct Phone	E-Mail
Ms. Cathy McCann, Manager	(780) 970-6234	cmccann@cpsa.ab.ca
Ms. Colleen Sultanian, Data Base Coordinator	(780) 970-6222	csultanian@cpsa.ab.ca

Quality of Care Department:	Direct Phone	E-Mail
Ms. Barb Unger, Manager	(780) 970-6249	bunger@cpsa.ab.ca
Ms. Janine Hauk, Laboratory Proficiency Testing, ECG, Laser Registration	(780) 970-6248	jhauk@cpsa.ab.ca
Ms. Laurel MacKinnon, Medical Laboratories, Hemodialysis, Hyperbaric Oxygen Therapy, Cardiac Exercise Stress Testing	(780) 970-6232	lmackinnon@cpsa.ab.ca
Ms. Jennifer McGrath, Non-Hospital Surgical Facilities, Neurophysiology, Sleep Medicine, Vestibular Testing	(780) 970-6207	jmcgrath@cpsa.ab.ca
Ms. Liz Melnyk, Laboratory Proficiency Testing Program	(780) 970-6208	lmelnyk@cpsa.ab.ca
Ms. Laurie Mitchell, Diagnostic Imaging	(780) 970-6243	lmitchell@cpsa.ab.ca
Ms. Debbie Mudryk, Pulmonary Function, Registration - public & private x-ray equipment	(780) 412-2675	dmudryk@cpsa.ab.ca

the Messenger

College of Physicians and Surgeons of Alberta

College of Physicians & Surgeons of Alberta

900 Manulife Place, 10180-101 Street
Edmonton, Alberta, Canada, T5J 4P8

Canadian Mail Publication
Agreement # 40065612

Visit Our Web Site at

www.cpsa.ab.ca

It's information at your fingertips!