Celebrating 100 Years of Organized Medicine in Alberta in 2005

the Messenger

College of Physicians and Surgeons of Alberta

in this issue

3 Registrar's Report

4 Centennial Celebrations

5 PAR Program Receives Award

5 Addresses & Canada Post Standards

6 Position of Registrar, CPSA

6 Sale of CPSA Membership Listing

7 The Just Culture

8 Letters to the Editor
- Edmonton Police Security Alert
- CHN On-line Service

9 Council Election Results

9 For Your Information
- ECG Examination
- Directory Changes & Deletions

10 Council Highlights

11 Insurance Act Regulations

12 Research Ethics Review Committee

12 College Seeking CAG Members

January 2005 | issue 115

100 YEARS MEDICINE IN ALBERTA

College of Physicians & Surgeons of Alberta

2005 Council

President - Dr. Gordon Arnett
Vice President - Dr. James Bell
Executive Member-at-large - Ms. Irene Pfeiffer

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

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Registrar's Report

In 1883 the Canadian Pacific Railway passed through Calgary and was beginning to tackle the reality of the Rocky Mountains. Among the CPR's advance party was Dr. Robert G. Brett - who, it is said, was canny enough to lay claim to some property along the planned route, in what is now Banff. *(Today we'd have some problems with the perceived conflict of interest!).*

Dr. Brett became that town's first doctor, opened its first hospital, and started one of its earliest newspapers. He was elected to the Northwest Territories Legislative Assembly in 1888, where he introduced the idea of the province of Alberta, and was appointed the new province's second Lieutenant Governor, serving two terms from 1915 to 1925. He was President of both the College of Physicians and Surgeons of the Northwest Territories and of the Alberta Medical Association, and he also served as President of the Medical Council of Canada.

Dr. Robert G. Brett is but one of hundreds of distinguished physician citizens of this province who have contributed to making it great over its 100 years.

In 2005, as we celebrate Alberta's centenary, the College and the AMA have jointly sponsored a project to mark 100 years of organized medicine in the province.

> Consider who you think is a physician (historic or current) who deserves to be a Physician of the Century - and make a nomination!

Chaired by Dr. David Bond of Edmonton, the 2005 Centennial Celebrations Steering Committee has been hard at work to fulfill its purposes of celebrating the accomplishments of physicians over the past 100 years, of recognizing physician leaders who have shaped medicine in Alberta, and perhaps most importantly, doing so in a very public way: it's an opportunity to enhance the profession through celebrating the contributions of Alberta doctors over the last 100 years.

And you can do your part. Organize and celebrate local physician leaders present and past in your community. Involve service clubs and the local media. Contact the Alberta Medical Foundation for historical leads. Try to hook up with other local centennial celebrations.

And let the committee know what you're up to: it may be able to assist with media and with historic linkages and connect you with potential sponsors.

Finally, consider who you think is a physician (historic or current) who deserves to be a Physician of the Century - and make a nomination!

Instructions (and other information) is available on the Centennial of Medicine website (www.medicine100.ab.ca). Send a letter with your suggestions, and enjoy the pictorial history.

And Happy Birthday to our profession in Alberta - and here's looking forward to another 100 years of Alberta physicians serving the medical needs of Albertans!

Dr. Bob Burns, Registrar
rburns@cpsa.ab.ca

Centennial Celebrations

- Be a Part of History-

Plans for the Centennial of Organized Medicine in 2005 are well underway and will lead to a year filled with celebrations and events worthy of this significant milestone.

Events being planned by the 2005 Centennial Celebration Steering Committee focus on two specific purposes; profiling medicine and physicians to the general public, and; recognizing history and achievement within the physician community.

As part of the public campaign, there will be a newspaper section dedicated to the Centennial of Medicine in Alberta, running in May in both the Calgary Herald and Edmonton Journal.

Early in the new year, there will be a series of commercials running on Global Television. These Centennial commercials will focus on the past, the present and the future of medicine and the impact physicians have had on the health and well-being on Albertans over the past 100 years. These commercials will also provide the foundation for a 30 minute documentary that is scheduled to air on Global Television in August, 2005. This documentary will profile the many accomplishments and milestones achieved by Alberta's physicians since 1906.

Also in the new year, the "Physicians of the Century" program will be launched to recognize those who have influenced, inspired or contributed to the practice of medicine, or to their community. This program will encourage nominations from physicians, colleagues, related health professionals, patients and the general public. Specific details, selection criteria and nomination forms will soon be available.

A final goal of the 2005 Centennial Celebration Steering Committee is to plan a legacy project of the first 100 years of medicine in Alberta. It is hoped the legacy project will benefit the community of the profession in the years to come. To date, no decisions have been finalized for the legacy project.

The communities in which physicians live and practice play an important role in the Centennial celebrations. "Backyard" celebrations that involve physicians, families, colleagues, patients and the community are encouraged. To assist physicians in planning local events, a planning guide is available on the Centennial of Medicine website at www.medicine100.ab.ca.

The Centennial of Medicine website offers a variety of resources for physicians and health organizations such as:

- Searchable database of events taking place in communities throughout the province.
- Historical dates and facts.
- Centennial logos for use on letterhead and other printed materials.
- Sample news releases/posters to advertise local events.
- Event ideas.

With the support and participation of physicians, the Centennial of Medicine in Alberta in 2005 will be a year long celebration of milestones and achievements. If you have any questions about the Centennial program, please send an e-mail to info@medicine100.ab.ca.

Help Celebrate

A postcard and lapel pin have been provided to all physicians compliments of the 2005 Centennial Celebrations Steering Committee.

The Committee hopes these items will help you promote the profession's 100th birthday to colleagues, staff, family, patients and the community. The Committee also hopes physicians will plan their own events to celebrate this great milestone in Alberta's medical history.

For more information on planning an event or getting more involved, visit the Centennial of Medicine website at www.medicine100.ab.ca.

PAR Program Receives Award

The Medical Council of Canada (MCC) recently honored a working group from the College of Physicians and Surgeons of Alberta (CPSA) and the University of Calgary with the MCC's prestigious Outstanding Achievement Award.

With support from the University of Alberta, the working group was responsible for the initial development of the College's PAR Program - a comprehensive evaluation method that provides Alberta physicians with feedback on their medical performance.

According to Dr. Dale Dauphinee, Executive Director of the MCC, the group developed a valuable tool to evaluate clinical competence. "Many have attempted to accomplish something of this scale, but achievements are few, and that is why they are exemplary in their field."

The MCC award recognizes the work done to create the assessment tool used by the PAR Program. Since its inception in 1999, more than 2700 physicians have participated in the PAR Program and more than 65,000 patients have provided written feedback. Today, PAR is recognized both nationally and internationally as an innovative approach to quality improvement and risk management. Within the past several months, the CPSA has been approached by medical regulatory bodies in Canada, the U.S., Europe and New Zealand to discuss the possibility of implementing a similar program in those jurisdictions.

Specifically named in the award were:

John Swiniarski and **Dr. Bryan Ward**, College of Physicians & Surgeons of Alberta; **Jocelyn Lockyer**, PhD, University of Calgary; **Claudio Violato,** PhD, University of Calgary; **Herta Fidler**, MSc, University of Calgary; **Dr. Raymond Lewkonia**, FRCPC, University of Calgary; **Dr. John Toews**, FRCPC, University of Calgary.

Mr. John Swiniarski and Dr. Bryan Ward with a Medical Council of Canada Outstanding Achievement Certificate.

Addresses & Canada Post Standards

The College is currently updating addresses in its physician database to ensure mailing addresses meet Canada Post Mailing Standards.

Address accuracy will ensure that physicians continue to receive regular mail from the CPSA in a timely manner.

Address verification software, approved by Canada Post, identifies for the College any address changes that are required to our database. An address is deemed accurate when all components are present, correct and match information on Canada Post's database.

Once all corrections are finalized, the address appearing on your mail from the College will be the exact address maintained in our database.

If you have any questions or concerns about your current mailing address, please contact Karen in the Registration Department at (780) 970-6216; 1-800-320-8624; or e-mail kgraves@cpsa.ab.ca.

Help us keep your record accurate!

Physicians should notify the College of changes to their practice information by completing a *Notification of Change Form.* Forms are available on the CPSA website at www.cpsa.ab.ca under physician registration - physician forms and FAQs and on pages 265 & 267 of the 2004 Medical Directory.

Position of Registrar, CPSA

The College of Physicians and Surgeons of Alberta (CPSA) invites applications and nominations for the position of Registrar.

With accountability to the CPSA Council, the Registrar, who is the CEO of the College, provides exemplary leadership to the medical profession throughout Alberta.

The College of Physicians and Surgeons of Alberta is the primary governing body for physician-delivered health care in Alberta. It has responsibility within the province for licensing physicians, setting and monitoring standards of medical practice, and investigating complaints about physicians.

The Registrar, a physician with an established record of achievement, will provide strong leadership to the senior management team of the College. The Registrar will play a key role in the formulation, evaluation, and implementation of CPSA's strategies, goals and objectives, and he/she will represent the College in its relationships with the general public, the profession, government, the media, and other organizations and agencies. The Registrar will take a leadership role in enhancing public awareness of the College and its services, and will remain current with and be knowledgeable about legislative and regulatory initiatives with the potential to affect the delivery of health services in Alberta.

In addition to possessing an exceptional medical background, candidates for this position should have a demonstrated depth of appropriate administrative experience, and the skills to facilitate communication with other medical and allied health organizations, government and the public. The ability to provide leadership within the medical profession, and to be an active and respected voice in the political and legal communities of Alberta, will be essential.

This position represents an outstanding opportunity to provide medical leadership in the province of Alberta and nationally. The Selection Committee will begin its review of candidates' documentation in mid-January, with an anticipated starting date of July 2005.

Please respond, in confidence, to the address shown below.

Janet Wright & Associates Inc.
21 Bedford Road, Suite 300
Toronto ON M5R 2J9
Fax: (416) 923-8311
E-mail: cpsa@jwasearch.com

Sale of CPSA Membership Listing

In the January 2004 Messenger, the College requested physician feedback on its policy of making the College membership list (names, primary professional address and business phone number only) available to a variety of users.

Only eight physicians provided comment, and they were evenly divided – half wanted the College to stop immediately, and half said that as long as it was only "phone book" information, and we were generating revenue from it, they had no objection.

As part of the policy evaluation process, we reviewed the Personal Information Protection Act (PIPA) as it applies to the College. The guidance it provides is that, so long as it is only contact information being disclosed, and the disclosure is for purposes consistent with the reasons for its collection, PIPA is not offended.

Based on this information, and the limited feedback from members, the College will continue to sell its medical directory in paper and electronic format, to any member of the public with a legitimate reason to communicate with physicians.

John Swiniarski, Assistant Registrar
jswiniarski@cpsa.ab.ca

The Just Culture

- a signpost for healthcare regulation & safety -

This past spring two patients died in Calgary from hyperkalemia from the incorrect mixing of dialysate solution. An external review was completed by Rob Robson from Winnipeg and his team (Bonnie Salsman and Jim McMenemy). In their report they referred to the "just culture" and wrote the following:

"In a just culture, workers can differentiate what is acceptable and unacceptable behavior. A just culture recognizes that in most cases punishing staff for errors does nothing to help ensure that the next employee in a similar situation will not make the same error. At the same time a just culture does not accept negligence, willful violations of rules and standards, or substance abuse on the job. Healthcare workers expect management to act when it is warranted and may even feel more vulnerable when unacceptable behavior is not penalized."

Their recommendations reflected these values, including the recommendations to incorporate patient safety as a core value and guiding principle and to create a clear policy on the consequences of reporting of errors (i.e., that reporting will not have a negative impact on the individual's performance appraisal and will not lead to disciplinary action).

As we recognize that patient harm is most often the result of a series of errors – rather than a single error by an individual – and reflects underlying vulnerabilities in our systems of care, we are moving from "blame and shame" to a desire to understand how the event occurred. The concept of a "just culture" is perhaps incomplete but it is an easily understood and remembered phrase and concept, one that is applicable to regulation as well as to the healthcare delivery system.

> There are many strategies that need to be implemented to make the delivery of health care safer, and promoting a "just culture" within the organization is only one of many.

In my reading I have found the term to generally include the following:

- A safe environment for workers, one in which they are allowed and encouraged (and not punished) to report errors, harm to patients and close calls.
- The focus is on identifying system failures and vulnerabilities and correcting them. Bad or unsafe processes or structural problems are fixed. The goal is to identify **how** the harm occurred rather than on **who** is to blame.
- The organization learns from its mistakes.
- There is honest and open disclosure when a patient is harmed.
- Patients and families are partners with the healthcare organization and its workers.
- Reckless behavior – violations, serious and deliberate boundary crossings, intentional performance of unsafe acts, substance abuse – is not tolerated.

In my mind these concepts resonate with how this College as a regulatory body addresses complaints about physicians. When I look back at those infractions that led to disciplinary hearings, in the vast majority of cases they were "willful violations of rules and standards", most commonly boundary violations (sexual relations with a patient being most frequent).

Rarely has this College disciplined a physician for an error or lapse in judgment: We do not expect physicians to be perfect in their conduct or their clinical practice, and understand that physicians work in complex systems. We also start with the notion that physicians (and healthcare workers) do not start each day planning what harm they are going to cause: with rare exception their goal is to make the patient better.

In the vast majority of cases, even when harm has occurred, we do not see disciplinary action as important to ensuring that the problem does not recur. Rather, we believe that an approach that emphasizes understanding of how the problem occurred and focuses on remedies – which may involve physician education, for example – is most likely to be successful.

Just Culture continued ...

... Just Culture continued

The desire to assign blame when a bad outcome happens is very strong, as is the wish to extract compensation or to have the "perpetrator" punished. We have a challenge to educate the public at large and select groups and individuals about our understanding of patient harm and our belief that adopting a "just culture" approach is not only fairer but more effective.

From the patient safety perspective there are many strategies that need to be implemented to make the delivery of health care safer (the external review done by Robson and his colleagues offers an excellent list of possible actions), and promoting a "just culture" within the organization is only one of many.

From the regulatory perspective, the concept of "just culture" is a useful touchstone for us: punishment in most cases is not going to effect useful change by itself, but there are some acts which are willful and egregious for which visible and measured action must be taken.

I think the concepts contained within "just culture" can be a signpost that informs the safety movement and helps define the regulatory approach to error, and also is a term that defines the intersection of regulation and healthcare safety. As I make my transition from my College role to my quality role at Capital Health, I find these commonalities to be reassuring and hope they will assist me in advancing the safety agenda.

Dr. Trevor Theman
Assistant Registrar

Letters to the Editor

Edmonton Police Security Alert

A recent crime trend in the United States concerns break & enters to medical offices that appear to be minor vandalism and theft of petty cash.

However, this may be a disguise for the theft of data, where patient/client files are copied from computer databases or photocopied from paper files. These files have monetary value to criminal enterprise for use in identity theft and related crimes.

In particular, information on patient dates of birth, addresses, health care numbers, and credit card information is sought. It is recommended that professional offices secure computer files through password protection, and lock paper files in secure areas. Please notify police immediately if any incidents of this type occur.

Cst. Tim McNeill
Edmonton Police Service

The Canadian Health Network: a reliable on-line source for health information

Searching for answers to health questions on the Web is often hit and miss. Many info seekers access American websites or get flooded with advertising. They may get confused or overwhelmed by the amount of potentially unsafe or inaccurate information they find.

This situation has been addressed by the Canadian Health Network (CHN) at www.canadian-health-network.ca. Initiated in 1999 by Health Canada and now funded by the Public Health Agency, the CHN strives to be the best one-stop-shop on-line for Canadians seeking reliable health promotion and disease prevention information.

Information on the CHN website is contributed by Canadian, non-profit organizations, and leaders in the health sector who act as network affiliates, including Capital Health as the Cardiovascular Disease and Stroke affiliate. Handy site features include an A-Z index, a keyword search, frequently asked questions and the "health information request" which enables visitors to e-mail their health questions and receive a reply within five business days.

For more information about the Canadian Health Network, please visit www.canadian-health-network.ca.

Sarah Wilkinson
Canadian Health Network

Do you have a message for the profession?

Mail or fax letters to the CPSA Communications Department, or e-mail info@cpsa.ab.ca.

All letters are subject to editing.

Council Election Results

Results are in from the November 26, 2004 Council election. Elected to represent their district for a three-year term were:

- **Dr. Keith S. Lohrenz**
  District 2 - Lethbridge
  (by acclamation)
- **Dr. Owen R. Heisler**
  District 3 - Red Deer
  (re-elected by acclamation)
- **Dr. Robert V. Johnston**
  District 6 - Calgary
  (re-elected)
- **Dr. David G. Moores**
  District 7 - Edmonton
- **vacant**
  District 8 - Northeastern

At its annual organizational meeting, Council elected the following:

Executive Committee
Dr. Gordon Arnett (President)
Dr. James Bell (Vice President)
Ms. Irene Pfeiffer (Executive Member-at-large)

The College congratulates all successful candidates and thanks Councillors for their commitment and hard work during 2004.

A special thank you to those leaving Council: Dr. R. Sebastian David, Dr. David B. Climenhaga, Dr. Harvey P. Woytiuk.

Council would also like to acknowledge and thank Dr. Lorne Tyrrell for all his contributions over the last 10 years. Dr. Tyrrell was replaced on Council by Dr. Thomas J. Marrie as the University of Alberta Medical School representative.

Watch for new Councillor profiles in an upcoming issue of *The Messenger* and on the CPSA website.

For Your Information

ECG Interpretation Examination

The next electrocardiogram (ECG) interpretation examination is scheduled for Tuesday, March 8, 2005.

The examination will take place from 9:00 am to 12 noon in Calgary.

Room Theatre One,
Health Sciences Centre
3330 Hospital Drive NW
Fee is $300 (GST included)

To register, or for more information, please contact Ms. Janine Hauk in the Quality of Care Department at (780) 970-6243, 1-800-320-8624 ext. #243, or e-mail: jhauk@cpsa.ab.ca.

Directory Changes & Deletions

The College is now collecting **new** or **amended** entries for the 2005 Medical Directory.

Please complete the "Notification of Change" form located at the back of your 2004 Directory (page 265 & 267). This form is also available on the CPSA's website (www.cpsa.ab.ca under *Physician Registration - Physician Forms & FAQs*).

The College office must receive all forms before noon on **Friday, February 4, 2005**.

Updates received after the deadline will result in changes to the College's database and on-line medical directory, but not the printed 2005 directory.

Remember the directory is a public document. If your home address is presently published and you wish to provide a business or alternate mailing address, please notify our office of the change prior to the February 4, 2005 deadline.

The 2005 Medical Directory will be available for distribution in the spring.

The CPSA is preparing data for the 2005 Medical Directory. Is your practice information up-to-date?

Council Highlights

Council of the College of Physicians and Surgeons of Alberta met December 3, 2004 in Edmonton. Some of the more significant items included:

New CPSA Ends Statements – Following extensive discussion and input from key stakeholders, Council adopted new strategic ends statements for the College. An information package outlining the new statements and their impact on College activities will be distributed to the profession and stakeholders early in 2005.

Eligibility of Certified Examiners – Council approved criteria for Certified Examiners with an amendment to allow the CPSA Registrar latitude in recognizing 1) an IME physician outside of active clinical practice if that physician has substantial part-time or full-time work in the IME field, and 2) a non-specialist without certification from the American Board of Independent Medical Examiners if that physician has substantial equivalent experience with IMEs for musculoskeletal disorders.

Specialist Recognition – Council appointed an ad-hoc committee to discuss specialty recognition for applicants without Royal College certification. The committee will focus on acceptable criteria to balance access issues with patient safety, and bring back to Council a consistent approach for how the College can better deal with this complex issue.

Specialists without the LMCC – Council supported the development of a policy to exempt registered specialists without the LMCC from the current 30-month time limited registration, so long as that member is certified by the Royal College of Physicians & Surgeons of Canada. This exemption should address Alberta's disadvantage in competing for specialists to work in under serviced areas and in academic centres. The Registrar will develop a modified renewal process for RCPSC certified physicians without the LMCC for use until CPSA regulations can be amended (most likely with the adoption of the *HPA* expected in early 2006).

Complaints Report – In his final report to Council as Assistant Registrar, Dr. Trevor Theman provided his personal view of challenges and opportunities surrounding the handling of complaints, specifically around boundary issues, disruptive physicians, and physician prescribing. Council asked that these issues be brought back to future Council meetings for more in-depth discussion and consideration.

Towards Optimal Practice (TOP) – Mr. Doug Stich from the Alberta Medical Association provided Council with insight into how the TOP program can help physicians succeed in implementing practice improvements. The TOP program provides a channel to propagate skills using Clinical Practice Guidelines and a new Practice Change Support Service which helps put knowledge into practice.

Disclosure of Harm – After discussing whether a more explicit policy for physicians on disclosure of harm to their patients was required, Council reaffirmed that the *Code of Ethics* is sufficient in providing clear direction. Council also agreed that its current process of reporting adverse events in NHSFs is protected under the *Evidence Act* for untoward incidents and outcomes.

Delegation of Restricted Activities – To meet *Health Professions Act* (*HPA*) requirements, Council discussed a first-draft bylaw that describes conditions under which registered physicians can delegate *HPA* restricted activities to qualified and trained non-members. CPSA Secretariat will continue to work on the draft bylaw before bringing it back to Council for approval.

Council's next open meeting is scheduled for February 4, 2005. To reserve a seat and to receive a copy of the agenda call Nicola Clarke at (780) 970-6227, 1-800-561-3899 ext. 227 or e-mail nclarke@cpsa.ab.ca. Seating is limited and reservations are required.

Physician Advertising

In response to Council's by-law amendments surrounding physician advertising at the September 2004 Council Meeting, the College's policy on Physician Advertising has been updated.

The revised policy outlines specific information about the use of the word "surgeon" and other specialty titles, and rules on incentives and inducements for medical procedures.

The revised document is available on the CPSA website under publications and resources. Hard copies are also available by contacting the CPSA office.

Insurance Act Regulations

Challenges Created by New Insurance Regulations

By now, it is not news that the new regulations relating to sprains, strains and whiplash injuries from motor vehicle collisions are causing some frustration.

On the profession's side, physicians have expressed unhappiness with:

- the fact that a diagnostic and treatment protocol is a regulation at all
- their uncertainty about the scientific validity of the protocol
- the amount of prior consultation with the medical profession
- the lateness of information about the process
- their uncertainty of the legal liability of physicians, either from compliance or non-compliance with the protocol
- the onerous nature of the required documentation
- the quality of the forms

Fortunately, the protocol is a living document that will be revisited. We are assured that physicians will have greater input going forward.

The College, the AMA and the Superintendent of Insurance are working together on the challenges to implement the new regulations. Changes have already been made and more may be necessary. The reported experiences of physicians will be used to streamline the processes further.

Questions about the added legal liability of physicians are understandable, although probably overstated. It is our view that good medical practice will prevail over any other standard, and that the regulations do not alter the first obligation of the physician, which is to the best interests of the patient.

It is our view that good medical practice will prevail over any other standard, and that the regulations do not alter the first obligation of a physician, which is to the best interests of the patient.

The protocols do not bind the physicians to a particular diagnosis or treatment and do not substitute for individual physician judgment.

Members should also know that the College has received complaints from patients, insurers and lawyers alleging that some physicians refuse to see these patients or to complete the prescribed forms. So, we are reminding members that:

- A physician who treats injuries in the usual course of their medical practice cannot refuse to treat a patient with injuries from a motor vehicle collision.

- A physician must provide information, upon request of the patient, that is necessary for the patient to access entitlements such as financial compensation. Therefore, a physician who provides primary care for these injuries must either complete the necessary forms or arrange for another healthcare provider to assess the patient and complete the forms. It is unacceptable to abandon a patient who needs the forms completed and who is unable to access those services from another provider in a timely manner.

Considering the small number of these complaints, it is clear that most physicians understand these responsibilities.

Dr. Bryan Ward, Assistant Registrar
bward@cpsa.ab.ca

Research Ethics Review Committee

On-line Introductory Tutorial for the TCPS

The Research Ethics Review Committee (RERC) is requesting on a voluntary basis that all investigators who submit protocols to the RERC for review provide proof of completion of the On-line Introductory Tutorial for the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS)*.

The tutorial is user-friendly and takes approximately two hours to complete. Investigators also have the option to work on the program in smaller segments by logging-in and logging-out without losing any previously saved work.

The TCPS tutorial can be found at www.pre.ethics.gc.ca/english/tutorial/.

The RERC will also accept proof of completion of the National Institutes for Health (U.S.) on-line tutorial called Researcher Computer Based Training: Protecting Human Subjects. The program works in the same manner as the TCPS on-line tutorial.

The NIH tutorial can be found at http://ohsr.od.nih.gov/cbt/cbt.html.

The RERC is trialing this requirement for investigators. It is only necessary to provide the proof of completion once. The RERC will make a decision next year as to whether this training requirement for investigators should be mandatory.

Cathy McCann
Physician Prescribing Practices
cmccann@cpsa.ab.ca

New RERC Fees for 2005

Council approved a 3% increase in RERC fees for 2005. For detailed information visit the CPSA website at www.cpsa.ab.ca/collegeprograms/attachments/fees.doc or contact Jody Berube at (780) 970-6236, 1-800-320-8624 ext. 236 or jberube@cpsa.ab.ca.

College Seeking CAG Members

The Communications Advisory Group (CAG) is an advisory committee to the College's Communications Department. CAG's purpose is to provide feedback and advice to College staff regarding College communications planning, strategy or tactics.

CAG is currently looking for two additional members. Preference will be given to non-metro practitioners with a keen interest in effective organizational communications. Specific experience or training in communications is not necessary but would be an asset.

CAG meets 3-4 times a year in Edmonton, typically for a half-day at times convenient to its members. Travel expenses and honoraria are paid according to the College's policies.

For more information, contact Mr. John Swiniarski, Assistant Registrar, at (780) 970-6226 or jswiniarski@cpsa.ab.ca.

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