

STANDARDS OF PRACTICE

Duty to Report Self

Under Review: No

Issued By: Council: Jan 1, 2010 (*Self-Reporting to the College*)

Reissued by Council: Sep 1, 2012; Oct 1, 2020 (*Duty to Report Self*)

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The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

1. A regulated member **must** notify¹ the Registrar, or delegate, of CPSA of the following personal circumstances as soon as reasonably possible once they become aware thereafter:
 - a. sexual abuse of or sexual misconduct with a patient as defined in the *Health Professions Act* (HPA)²;
 - b. presently has a physical, cognitive, mental and/or emotional³ condition⁴ that negatively impacts, or is likely to negatively impact⁵, the regulated member’s work⁶;
 - c. any loss or restriction of privileges granted by an administrative authority (voluntary or involuntary) or any resignation in lieu of further administrative or disciplinary action;
 - d. any findings of professional negligence or malpractice⁷;

¹ “Notify” has been used to signify that contacting CPSA does not automatically result in a formal report, complaint, etc. “Report” is used in clauses specific to the *HPA* to mirror its language.

² Please refer to Section 127.2(1) of the *Health Professions Act* (HPA).

³ Per Recommendation 5, page 4 of the Health Law Institute’s “Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients.”

⁴ Conditions would include, but not be limited to, the following:

- a. blood borne viral infections in those individuals performing exposure-prone procedures
- b. conditions affecting primary senses: vision, hearing etc.
- c. neurological conditions affecting cognition, motor or sensory function, seizure disorder
- d. psychiatric conditions
- e. substance use disorder
- f. physical disability
- g. metabolic conditions

⁵ “Negative impact” is defined as harm to patients or others as a result of the practice of medicine. The practice of medicine includes research, education and administration, in addition to the practice associated with patients. (Per Recommendation 3, page 3 of the Health Law Institute’s “Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients.”)

⁶ The practice of medicine includes not only patient care, but all activities, such as working with other health care workers, teaching, research and administrative work done in the context of medical practice.

⁷ Per requirements of Section 127.1 of the *HPA*.

Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

- e. any findings of unprofessional conduct by a regulatory authority in another jurisdiction or by any other college under the *HPA*;
 - f. any charges or convictions of a criminal offence⁸;
 - g. demonstrating a repeated inability to provide patients with what is reasonably⁹ considered competent care;
 - h. unwillingness or inability to address behaviour that interferes with patient care or negatively impacts the ability of other regulated members, learners or healthcare workers to provide patient care; or
 - i. behaving in a manner outside of providing patient care that could reasonably be considered unprofessional conduct under the *HPA*¹⁰.
2. A regulated member who breaches practice restrictions, limitations or conditions imposed by CPSA or any other authority **must** notify CPSA.
3. If the regulated member is unsure if they should self-report, they **must** seek appropriate advice (e.g., the [Canadian Medical Protective Association](#) or CPSA).

⁸ Please refer to Section 127.1(4) of the [HPA](#).

⁹ "Reasonable" connotes a belief in a serious possibility based on credible evidence or the point where credibly-based probability replaces suspicion. It is the reasonable belief that an event is not unlikely to occur for reasons that rise above mere suspicion.

¹⁰ Please refer to Section 1(1)(pp) of the [HPA](#).

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RELATED STANDARDS OF PRACTICE

- [Boundary Violations: Personal](#)
- [Boundary Violations: Sexual](#)
- [Code of Ethics & Professionalism](#)
- [Duty to Report a Colleague](#)

COMPANION RESOURCES

- Advice to the Profession:
 - [Duty to Report a Colleague/Self](#)
 - [Boundary Violations: Personal](#)
 - [Boundary Violations: Sexual](#)
- [Physician and Family Support Program](#) (AMA)
- [Canadian Medical Protective Association](#)
- [Health and Practice Condition Monitoring Program](#) (CPSA)

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