

College of Physicians & Surgeons of Alberta

BYLAWS

Effective March 31, 2023

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Definitions

“Act”	means the Health Professions Act;
“Chair”	means the President, as per section 7 of the Act;
“College”	means the College of Physicians & Surgeons of Alberta;
“Consent Agenda”	means an item on the agenda of a Council meeting listing matters for which the recommended action is to approve or accept for information without discussion, question, or debate;
“Council”	means the Council of the College;
“Electronic Signature”	means electronic information that a person creates or adopts in order to sign a record and that is in, attached to or associated with the record;
“Emergency Meeting”	means a meeting called to address a matter that could not be foreseen which requires immediate attention and possible action, and for which it is not practical to provide advanced notice;
“Good Character and Reputation”	means: (a) free of unprofessional conduct process, (b) free of disciplinary action by another regulatory body, (c) has never been previously rejected for registration in another jurisdiction, (d) current criminal records check is clear of misconduct, and (e) would meet the criteria of good standing, as defined in these bylaws;
“Good Standing”	means: <ul style="list-style-type: none">• no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College on their behalf or in their capacity as Medical Director or owner of a medical facility,• the member has a valid and current practice permit that is not currently suspended,• there are no current or pending investigations or disciplinary actions being taken against the member,• the member is in compliance with all orders or directions made pursuant to the Act,• is not currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act,• has not been found guilty of unprofessional conduct within the preceding ten (10) years, and• has not been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada.
“Member at Large”	means the Council member appointed by Council to the Executive Committee position of Member at Large;
“Member of Council”	means

	<ul style="list-style-type: none"> • a regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), elected to Council who has the right to vote; and • a public member, appointed to Council by the Lieutenant Governor in Council, who has the right to vote.
“Non-voting member of Council”	means a person, appointed by Council by virtue of the position they serve within an organization, committee or other entity to participate in Council meetings, including discussions and debates, who does not have the right to vote;
“Priorities Committee”	means a Committee or Committees, created by Council from time to time, to achieve the strategic direction of the College;
“Recording or broadcasting device”	means any equipment that can be used to record or broadcast either through photography, videotaping or audio recording, an image, sound or a conversation, including cameras, cellular telephones, smartphones or any similar device;
“Registrar”	means the Registrar of the College, as per section 8 of the Act;
“Regulations”	means regulations relating to the College made under the Act;
“Resource person”	means any College staff member(s) or attendee(s) invited by Council to a meeting of Council, to inform and support the work of the College;
“Special Meeting”	means a meeting called to address an issue of immediate concern for which it is not practical to wait until a scheduled Council meeting but for which it is practical to give advanced notice;
“Standing Committee”	means a Committee established by Council to assist in carrying out Council’s duties and responsibilities;
“Vice-Chair”	means the Vice-Chair of Council as appointed by Council.

Terms that are defined in the Act and the Regulations have the same meaning in these Bylaws.

PART 1 – ORGANIZATION

Section A – The College

1 Composition of the Council

1. The voting members of Council shall consist of:
 - (A) Seven (7) regulated members elected by regulated members of the College, and
 - (B) Seven (7) public members appointed by the Lieutenant Governor in Council.
2. At the discretion of Council, the non-voting members of Council shall consist of:
 - (A) The Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or designates);
 - (B) An observer from the Professional Association of Resident Physicians of Alberta; and
 - (C) An observer from either the University of Alberta's Medical Students' Association or the University of Calgary's Medical Students' Association.

2 Remuneration of Council Members

1. Members of Council, including non-voting members and members of committees when attending or conducting business on behalf of the College, may claim expenses and per diem amounts as determined by resolution of Council.

3 Officers of Council

1. Council shall elect from its members, a Chair, Vice Chair and Member at Large who will be considered Executive Committee.
2. Election of members of Council for appointment to Executive Committee shall be held by secret ballot.
3. The Chair shall be the presiding Officer in Council.
4. In the absence of the Chair, the Vice-Chair shall be the presiding Officer in Council.
5. In the absence of the Chair, the Vice-Chair shall have the powers and duties of the Chair.

4 Vacancies on Council

1. If, at any time, there is a vacancy of a position on Council to be held by a regulated member, the Council may, in its discretion:
 - (A) elect to leave the position vacant until the next scheduled election for Council members,
 - (B) hold a by-election in the same manner as an annual election, all necessary modifications implied; or
 - (C) invite the first runner-up from the most recent election for Council to assume the vacant position on Council, with the understanding and acceptance that this position would be considered one term as per Bylaw 13.

5 Removal of Council Members

1. Council, by a two-thirds (2/3) majority vote at a meeting of Council, may:
 - (A) remove an elected member;
 - (B) have an elected member's voting rights suspended for a period of time determined by Council, or
 - (C) prohibit an elected member from attending and participating in a meeting of Council for a period of time determined by Council.
2. Council, by a two-thirds (2/3) majority vote at a meeting of Council may:
 - (A) recommend to the Lieutenant Governor in Council that the appointment of a public member be rescinded;
 - (B) have a public member's voting rights suspended for a period of time determined by Council, or
 - (C) prohibit a public member from attending and participating in a meeting of Council for a period of time determined by Council.
3. Before a vote under Bylaw 5(1) or (2) may be held, the Chair, or the Vice-Chair if the member facing the vote is the Chair, shall give the members of Council seven (7) days' notice of the date on which the vote is to be held and the member facing the vote shall have the opportunity to make submissions to Council before the vote is held.
4. If a decision is made in camera, Council may also, by simple majority vote, decide to publish a report of the meeting when the vote was held and the decision made under Bylaw 5(1) or (2)(b) or (2)(c), or the recommendation made under Bylaw 5(2)(a).

6 Awards

1. Certificates of Merit may be awarded by Council to individuals who promote regulatory excellence.

7 Bylaws

1. A Bylaw or an amendment of a Bylaw requires a two-thirds (2/3) majority vote.
2. A Bylaw, or an amendment to a Bylaw, under section 132(1) of the Act may be passed at any meeting of the Council provided:
 - (A) A notice of motion has been given at a previous meeting, or
 - (B) A notice of motion has been sent to all members of Council at least fourteen (14) days prior to the meeting.
3. A notice of motion may be waived by a unanimous vote of the Council.
4. Whenever an amendment is made to the Bylaws, any consequential editorial changes to the bylaws as required are implied.

8 Code of Ethics and Standards of Practice

1. At least thirty (30) days before Council considers a motion to adopt or amend a code of ethics or a standard of practice, the Registrar shall provide, for review and comment, a

copy of the proposed code of ethics or standard of practice in accordance with section 133(2) of the Act.

2. A person receiving notice under Bylaw 8(1) may make submissions in writing to the Registrar within the time period stipulated by the Registrar.
3. Council shall review and consider any submissions made under Bylaw 8(2).
4. Council may, on a two-thirds (2/3) majority vote of members of Council present at a meeting, adopt or amend the code of ethics.
5. Council may, on a majority vote of members of Council present at a meeting, adopt or amend standards of practice.
6. Whenever amendments are made to the code of ethics or standards of practice, any consequential editorial changes as required are implied.

9 Grants

1. The Council may make grants as it determines from time to time.

10 Electoral District

1. Regulated members on Council are elected from one electoral district, being the entire Province of Alberta.

11 Entitlement to Vote

1. A regulated member on the General Register, the Provisional Register or the Limited Practice Register, (whether a physician, surgeon, osteopath or physician assistant), who is in good standing, may vote in an election.

12 Eligibility for Election

1. A regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), who is in Good Standing, may be eligible for nomination for election to a regulated member vacancy on Council.
2. Notwithstanding Bylaw 12(1), a regulated member is not eligible for nomination or election as a member of Council if the regulated member is:
 - (A) elected to federal or provincial public office;
 - (B) occupies a senior position (i.e., Assistant Deputy Minister or higher) with the Government of Alberta;
 - (C) is an executive officer of a Regional Health Authority; or
 - (D) as their primary responsibility in the course of their employment represents an organization in collective bargaining or in proceedings under a collective bargaining agreement with regulated members; where those proceedings negotiates or sets fees charged by regulated members for professional services unless they cease to have those positions and five (5) years have passed from the date of the vacating the position.

13 Election of Council

1. There shall be an election for any regulated member vacancy on Council each year on a date set by the Registrar.
2. A regulated member elected as a member of Council may serve a maximum of two (2) consecutive terms.
3. The term of office for a regulated member elected as a member of Council shall be a period of three (3) years commencing on the first day of January of the year following the election in which that member was elected.
4. A regulated Council member may be re-appointed to a second term without running in an election, provided the Council member has proven themselves effective through a Council assessment process, to be undertaken at least four (4) months prior to the election.

14 Election Procedure

1. Council may establish rules for the conduct of an election, including campaigning and the resolution of disputes arising from the election.
2. The Registrar shall, at least 60 calendar days before the date on which the election is to be held, forward information regarding the nomination process and the date of the election to each regulated member entitled to vote.
3. The information to be provided under Bylaw 14(2) and (6) may be sent to members electronically or by other means determined by the Registrar.
4. A nomination form will be valid if it is signed by three (3) other regulated members eligible to vote and by the nominee indicating acceptance of the nomination.
5. The Registrar shall not accept any nomination that is not received at least 35 calendar days before the date fixed for the election.
6. If more than one nomination is received for a vacancy, the Registrar, no less than 28 calendar days before the date fixed for the election, shall send information regarding the instructions to vote and the list of persons nominated for the election to each regulated member eligible to vote.
7. If the number of nominations received is equal to or less than the number of vacancies on Council, then each nominee shall be elected by acclamation.
8. Voting shall be by a secure electronic process approved by Council.
9. A regulated member entitled to vote shall have one vote for each vacancy on Council.
10. The results of the voting shall be reported promptly following the day of the election.
11. The candidate or candidates with the largest number of votes shall be declared elected by the Council.
12. If there are an equal number of votes for two or more candidates, the Registrar shall, within a reasonable period of time, hold a by-election in the same manner as an annual election, all necessary modifications implied, for the candidates with the equal number of votes.
13. The Registrar shall notify the candidates of the number of votes cast in favor of each candidate.
14. The Registrar shall publish the ratified results of the election promptly following the declaration of Council under Bylaw 14(11).

15 Eligibility for Re-election

1. Subject to Bylaw 13(2), a regulated member of Council is eligible for re-election or to be appointed to fill a vacancy under Bylaw 4 if at least 365 days have passed since the regulated member's last day as a previous voting or non-voting member of Council.

16 Committees

1. Subject to the Act, Council may appoint standing committees to assist Council in carrying out its duties and responsibilities.
2. Subject to the Act, Council or a standing committee may at its discretion appoint a sub-committee or ad hoc committee.
3. Council shall approve terms of reference for all committees.
4. All standing committees shall meet at least annually.
5. Council shall appoint a chair for each standing committee.
6. Council shall appoint members for each committee, and the membership list for complaint review committees and hearing tribunals, subject to the following:
 - (A) an appointment shall be for a three (3) year term, except for members of the Executive who are appointed annually;
 - (B) there shall be an optional further appointment of an additional three (3) year term for a total of six (6) years, for all members of standing committees other than members of the Executive;
 - (C) there shall be a minimum period of one (1) year off the membership list for complaint review committees and hearing tribunals or a standing committee prior to an additional re-appointment to the list or the same standing committee;
 - (D) despite Bylaw 16(6)(A) and (6)(C), the Council may, in its sole discretion, extend the member's appointment on the membership list for complaint review committees and hearing tribunals or a committee for a period of time; and
 - (E) a person who is not a member of the College may be appointed by Council to sit on a standing committee.
7. Standing committees shall include, but are not limited to:
 - (A) Executive Committee;
 - (B) Governance Committee;
 - (C) Finance and Audit Committee;
 - (D) Competence Committee; and
 - (E) Priorities Committee(s).
8. Where Council has delegated a power or duty to a person or committee, that person or committee may not delegate that power or duty to any other person or committee unless expressly authorized to do so.
9. Bylaw 16(8) does not apply to the delegation authority of the Registrar.

17 Vacancies on Committees

1. A vacancy on the membership list for complaint review committees and hearing tribunals or on a standing committee shall be filled at the next meeting of Council subject to the following:
 - (A) should a member be unable to complete their term of appointment, a new member will be appointed to complete the unexpired term;
 - (B) further appointment at the end of this term shall be in accordance with Bylaw 16(6).

18 Removal of Committee Member

1. A member of a standing committee may be removed on a two-thirds (2/3) majority vote of the Council members participating and eligible to vote at a meeting of Council.
2. Before a vote under Bylaw 18(1) may be held, the Chair shall give the members of Council seven (7) days written notice of the date on which the vote is to be held and the member facing the vote for removal the opportunity to make submissions to Council before the vote is held.

19 Attendance of Council Members as Observer at Committees

1. Members and non-voting members of Council may, with approval of the committee chair and in accordance with the process and expectations determined by Council as well as the applicable Committee Terms of Reference, attend as observer at a committee to which they have not been appointed.
2. Despite Bylaw 2(1), members and non-voting members of Council may not claim expenses or per diem amounts when attending as observer at a committee to which they have not been appointed.

20 Council Meetings

1. There shall be at least four (4) regular meetings of the Council during the calendar year.
2. All members of Council and all non-voting members of Council shall receive at least three (3) months' notice of regular meetings.
3. The agenda and order of business at a meeting of the Council will be determined by Executive Committee, and may be amended at Council's discretion.
4. The proposed agenda shall include all items for information or with a recommendation or motion for action received.
5. The first order of business at any Council meeting shall be consideration of the proposed agenda and adoption of it, subject to any amendment that Council may approve.
6. Items that have been selected for consent on the Consent Agenda may be voted on together.
7. A member of Council or non-voting member may request that any Consent Agenda item be removed and added to the regular agenda.
8. A special meeting of the Council may be held at the call of the Chair.
9. A member of Council may request the Chair to call a special meeting.

10. All members of Council and all non-voting members of Council shall receive at least seven (7) days' notice of a special meeting.
11. The Chair may call an emergency meeting of the Council.
12. A member of Council may call an emergency meeting of Council with the agreement of two-thirds (2/3) of the members of Council.
13. All members of Council and all non-voting members of Council shall receive at least 24 hours' notice of an emergency meeting.
14. A record of a Council meeting will be maintained in the form of minutes.
15. Council may make the minutes publicly available in a form determined by Council.
16. Council may determine procedures to be used at any meeting.
17. If Council has not determined a procedure to be used at a meeting, Robert's Rules of Order shall apply.
18. A meeting of Council shall be open to the public except when Council moves in-camera.
19. Quorum shall be a simple majority of the voting members of Council.
20. For the purpose of calculating a simple majority, a vacant position will not be counted for the purpose of determining quorum.
21. A member who has been stripped of voting rights shall not be counted for the purpose of determining quorum.
22. Unless otherwise required by these Bylaws, a majority vote of Council members present at a meeting decides any vote.
23. All decisions of Council need to be made by a vote on a motion which has been duly moved and seconded.
24. The Chair does not vote on a motion unless there is a tied vote, in which case the Chair's vote decides the matter.
25. The votes of the eligible voting Council members present and not abstaining from voting at a meeting of Council are counted for any motion requiring a two-thirds (2/3) majority vote.
26. Council may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.
27. Subject to Division 5 of the Act, sections 87 to 89 inclusive, Council may determine to conduct any portion of a meeting in-camera in accordance with the following principles where there will be discussion of:
 - (A) advice from legal counsel or other privileged information;
 - (B) financial, personnel or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that Council meetings be open to the public;
 - (C) information that the College is otherwise required by law to keep confidential; and
 - (D) any matter that would reveal private information about an individual.
28. An in-camera session or portion thereof involves members of Council and, at the discretion of the Chair, may involve non-voting members of Council, the Registrar, and other resource persons as the Chair may determine.
29. Not all matters that individual Council members wish to raise are appropriate to discuss in an in-camera session. In-camera sessions are designed to address specific sensitive matters.

30. Minutes summarizing the discussion and decisions of an open session shall be taken, provided to Council for approval at the next Council meeting, and posted publicly.
31. Minutes summarizing the discussion and decisions of an in-camera session involving any non-voting members, the Registrar, or other resource persons shall be taken, provided to Council for approval at the next Council meeting, and shall not be posted publicly.
32. No minutes are required to be taken when no action is agreed upon in an in-camera session that involves only members of Council and when no non-voting members, the Registrar, or other resource persons are in attendance.
33. Any action agreed upon in an in-camera session in which only members of Council are involved shall be brought into the minutes of the next meeting of Council and provided to Council for approval at that meeting.
34. All in-camera matters, including all discussion, action, and documentation shall be kept in confidence by every member of Council and any other attendee.
35. With the exception of equipment used expressly by the College for a meeting of Council, any private or unauthorized use of a recording or broadcasting device during a meeting of Council is prohibited.

21 Head Office

1. The head office of the College is located in Edmonton, Alberta or at such other location as may be determined by the Council.

Section B – College Administration

22 Registrar

1. The Registrar shall perform all duties required of, and exercise the powers provided to, the Registrar in the Act, the Regulations and these bylaws.
2. Subject to section 19 of the Act, Council may delegate any of its duties or powers to the Registrar.
3. Council may impose conditions upon any delegation made under Bylaw 22(2).
4. Subject to section 20 of the Act, the Registrar may delegate any of the powers or duties of the Registrar to any other member of the College staff or to a committee or working group appointed under Bylaw 22(5).
5. The Registrar may appoint such committees and working groups as the Registrar considers necessary to assist in performing the duties or exercising the powers of the Registrar

23 Acting Registrar

1. If the office of the Registrar becomes vacant or the Registrar otherwise becomes incapable of acting for any reason, Council may appoint an Acting Registrar, who shall have all the powers and duties of the Registrar under the Act, the Regulations and these Bylaws.
2. The Acting Registrar holds office until:
 - (A) The Registrar again becomes capable of acting;

- (B) Council appoints a new Registrar; or
- (C) Council terminates the appointment of the Acting Registrar.

24 Fees, Charges and Levies

1. The fees, charges and levies of the College shall be determined by resolution of Council.

25 Fiscal Year

1. The fiscal year of the College commences January 1 and ends the following December 31.

26 Auditors

1. Council shall appoint one or more chartered accountants registered in the Province of Alberta as auditor for the College.
2. The Auditor shall, at least once each year, examine the accounts, books, and securities of the College, and provide a written report to the Council.
3. The Registrar shall publish annually a copy of the audited financial statements.

27 Money on Deposits

1. All funds of the College shall be deposited in the banking institution designated by the Registrar.
2. The Registrar shall designate the individuals authorized to withdraw and pay out the funds of the College.

28 Investments

1. Investments made by the College shall be made in the name of the College of Physicians & Surgeons of Alberta.
2. Council shall establish an investment policy and amend it from time to time.

PART 2 – REGISTRATION

Section A - General

29 Practice Permits

1. The Registrar shall determine any decision on issuance or renewal of a practice permit.
2. A practice permit:
 - (A) is effective on January 1 or on the actual date that it is issued, whichever is later, and
 - (B) expires on December 31 following the date of issue of the practice permit.
3. A regulated member shall submit to the Registrar a completed annual form for the renewal of a practice permit along with the required annual renewal fee by December 31 in the year in which the practice permit expires.
4. The Registrar may impose conditions on a practice permit, which may include, but are not limited to, the following:
 - (A) completing any examinations, testing, assessment, counselling, training or education as considered necessary by the Registrar or the Competence Committee;
 - (B) limiting a member's practice to specified professional services, restricted activities or practice settings;
 - (C) limiting a practice permit to a specified purpose and time practicing under the supervision of another regulated member for the period of time considered necessary by the Registrar;
 - (D) reporting to the Registrar on specified matters on specified dates
5. A regulated member whose registration or practice permit has been suspended or cancelled for a reason other than under Part 4 of the Act, may apply in writing for the practice permit to be issued or the registration to be reinstated in accordance with these Bylaws.
 - (A) The Registrar, may in their sole discretion, refer any application for reinstatement to the Registration Committee or the Assistant Registrar delegated to carry out the duties of a Registration Committee, or a Competence Committee or the Assistant Registrar delegated to carry out the duties of a Competence Committee.
6. An application under Bylaw 29(3) shall be in the form determined by the Registrar along with the required fee, any outstanding fees, charges or levies, and any other information required by the Registrar.
7. The Registrar shall, within a reasonable period of time, consider a completed application under Bylaw 29(3) in accordance with section 30 or section 40 of the Act, as the case may be.

30 Providing Information

1. A regulated member or regulated member making an application under Bylaw 29(3) must provide the following information in addition to that required under section 33(3) of the Act to the Registrar on the request of the Registrar, on application for registration and when there are changes to the information:
 - (A) the member or applicant's home address;
 - (B) the member or applicant's business mailing address, telephone number, fax number and email address;
 - (C) the member or applicant's practice locations;
 - (D) the member or applicant's emergency contact address, telephone number and email address;
 - (E) the member or applicant's full legal name and, if applicable, previous names or aliases;
 - (F) the member or applicant's degrees and other qualifications, including specialization;
 - (G) the member or applicant's most recent school of graduation;
 - (H) the member or applicant's most recent year of graduation;
 - (I) the languages in which the regulated member or an applicant can provide professional services;
 - (J) the member or applicant's date and place of birth;
 - (K) the member or applicant's gender;
 - (L) the member or applicant's services provided or proposed that require approval in accordance with the standards of practice or the Bylaws;
 - (M) the names of other jurisdictions in which the member or applicant is registered as a physician, surgeon, osteopath or physician assistant;
 - (N) any other regulated health profession in which the member or an applicant is registered and whether the member or the applicant is a practising member of that profession;
 - (O) a recent photo of the member or applicant, which must be of a size and quality similar to that required for a Canadian passport;
 - (P) in the case of a physician, surgeon or osteopath, the name and business mailing address of any physician assistant that the member is supervising;
 - (Q) in the case of a physician assistant, the name and business mailing address of the supervising physician, surgeon or osteopath.
2. If a regulated member intends to close an office practice, the physician, surgeon or osteopath must provide to the Registrar the date by which the regulated member proposes to close the office practice.

31 Good Character and Reputation

1. A regulated member making an application under Bylaw 29(3) must provide evidence satisfactory to the Registrar of having Good Character and Reputation, by submission of any relevant evidence as required by the Registrar.
2. If an applicant has engaged in an activity that has, in the opinion of the Registrar, undermined the applicant's Good Character and Reputation in the past, the applicant may provide evidence satisfactory to the Registrar of the applicant's rehabilitation.
3. The Registrar may also consider information other than that provided by the applicant in determining whether the applicant is of Good Character and Reputation, but if the Registrar considers that information, the Registrar must give the applicant sufficient particulars of that information to allow the applicant to respond to that information.

32 Liability Insurance

1. A regulated member making an application under Bylaw 29(3) must provide evidence satisfactory to the Registrar of having the type and amount of professional liability insurance required by the Council.
2. Membership in the Canadian Medical Protective Association is considered to meet the requirements of Bylaw 31(1).

33 Fitness to Practice

1. A regulated member making an application under Bylaw 29(3) must, on the request of the Registrar, submit evidence satisfactory to the Registrar confirming the member's fitness to practice.

34 English language requirements

1. A regulated member making an application under Bylaw 29(3) must be reasonably proficient in English to be able to engage safely and competently in the practice of medicine, osteopathy or in physician assisting, as the case may be.
2. A regulated member making an application under Bylaw 29(3) may be required by the Registrar to demonstrate proficiency in the English language in accordance with the requirements approved by the Council.

35 Limited Liability Partnership

1. Regulated members or professional corporations are not permitted to enter into a limited liability partnership for the practice of medicine or osteopathy.

36 Retired Members

1. The Retired Member Register includes the names of those former regulated members who:
 - (A) have retired from the practice of medicine; and
 - (B) were in good standing with the College on the date of retirement.

- (C) Each applicant for registration as a retired member must notify the College in writing of the effective date of retirement.
- (D) A retired member shall not practice medicine in Alberta.

Section B – Professional Corporations

37 Professional Corporation Application

1. An applicant for approval under section 108 of the Act shall provide to the Registrar:
 - (A) an application in the form determined by the Registrar;
 - (B) a copy of the articles of incorporation; and
 - (C) payment of the required fee.

38 Professional Corporation Annual Permit

1. Subject to sections 108 and 109 of the Act, a professional corporation annual permit:
 - (A) is effective on January 1 or on the actual date that it is issued, whichever is later, and
 - (B) expires on December 31 following the date of issue of the annual permit.

39 Renewal of Professional Corporation Annual Permit

1. The Registrar shall, on or before November 1 in each year, mail to each professional corporation then holding an annual permit, a written notice respecting the renewal of its permit.
2. Every professional corporation that wishes to have its annual permit renewed for the following calendar year shall provide to the Registrar on or before November 30 in each year:
 - (A) a statement of particulars in the form determined by the Registrar; and
 - (B) the required fee.
3. When a professional corporation has provided the material under Bylaw 39(2) and has paid the required renewal fee, the Registrar shall, if they are satisfied with respect to the matters described in section 109 of the Act, issue a renewal of the annual permit to the professional corporation in the form determined by the Registrar.

40 Professional Corporation Records

1. In addition to the requirements of section 113 of the Act, the Registrar shall keep and maintain a register of professional corporations containing the following information:
 - (A) name of all shareholders;
 - (B) the number and type of shares held by a shareholder; and
 - (C) the name of the directors.

2. The Registrar shall:
 - (A) enter on the appropriate register a memorandum with respect to the name of a professional corporation whose permit has expired; and
 - (B) notify the professional corporation and regulated member concerned and all other parties considered necessary by the Registrar that the permit of the professional corporation has expired.
3. The Registrar shall determine the notification form for the purpose of section 112 of the Act.
4. The Registrar may provide to the registrar of corporations, pursuant to section 115(3) of the Act, any other information that the Registrar, in their sole discretion deems relevant.

41 Professional Corporation Names

1. Subject to section 10 of the *Business Corporations Act* and approval by the Registrar, the name of a professional corporation shall contain only the surname, or the surname and any combination of the given names or initials, of one or more regulated members of the College who are shareholders of the corporation followed by "Professional" and "Corporation" and an appropriate descriptive term such as "medical" or "surgical".
2. Except as provided in Bylaw 41(3), a professional corporation shall carry on the practice of medicine under its corporate name.
3. A professional corporation may carry on the practice of medicine in partnership under a firm name that does not contain its full corporate name, if the firm name is in accordance with the code of ethics and standards of practice established by the Council.
4. The full corporate name of each professional corporation that is a member of a partnership for the practice of medicine shall be shown on the letterhead and any advertisement used by that partnership.

42 Professional Corporation Reissue after Revocation

1. An annual permit of a professional corporation that has been cancelled by the Registrar may be reissued if the Registrar is satisfied that the applicant has complied with sections 108 and 109 of the Act.

PART 3 – RECORDS

Section A – College Records

43 Seal

1. The Registrar shall:
 - (A) have custody of the seal of the College; and
 - (B) affix the seal to all documents requiring the seal.
2. Council may amend the design of the seal.

44 Documents, Records and Forms

1. The Registrar is authorized to determine such forms, certificates, permits or other documents that may be required for the purposes of the Act, the Regulations and these Bylaws.
2. All deeds, mortgages, securities, documents or other papers not in current use in the Registrar's office shall be retained in safe keeping as determined by the Registrar.
3. Subject to any enactment of Alberta or Canada, the Registrar is authorized to prescribe the record retention period for all records, provided all legal requirements are met.
4. For the purpose of Bylaw 44(3), “records” shall mean the physical representation or recording of any information, data or other thing that is capable of being represented or reproduced visually or by sound, or by both.

45 Notices

1. Unless otherwise required under an enactment of Alberta or Canada, any notice or document that may be given or required to be given under the Act or these Bylaws may be given by:
 - (A) mail;
 - (B) electronic mail;
 - (C) fax;
 - (D) posting on the website of the College; or
 - (E) any other means that may be available for transmission provided such means is as reliable as any of the other means set out in this Bylaw.

46 Use of Electronic Documentation

1. Unless otherwise specified, a requirement for a signature in these bylaws may be satisfied by an electronic signature that reliably identifies the person signing.
2. Unless otherwise specified, a requirement for “writing” or “written” in these Bylaws may be satisfied by electronic form of such requirement.
3. A reference in these Bylaws to an item being made available to a person, in addition to being made available in paper format, includes availability by way of:
 - (A) the website of the College;

- (B) an electronic interface hosted by the College or an agent of the College; or
- (C) electronic mail.

47 Removal of Information

1. Subject to the Act, the Registrar, in their sole discretion, may amend or delete any information on any register or record of the College which is irrelevant, inaccurate or outdated.

PART 4 – COMMUNICATION WITH THE PUBLIC

Section A – General

48 Publication of Ratified Settlement

1. For the purpose of section 60 of the Act, and subject to the terms of a ratified settlement, the Registrar may publish information regarding the ratified settlement.

49 Publication

1. The Registrar may publish or distribute any information required or permitted to be disclosed pursuant to:
 - (A) Any section of the Act;
 - (B) The Regulations;
 - (C) The *Personal Information Protection Act*;
 - (D) Any other enactment that applies to the College; or
 - (E) As otherwise permitted or required by law.
2. The information that the Registrar may publish or distribute includes, but is not limited to, the following:
 - (A) information on the College's register, including:
 - (i) the member's name and a unique identifier;
 - (ii) whether the member's registration is restricted to a period of time and if so, the period of time;
 - (iii) any conditions imposed on the member's practice permit;
 - (iv) the status of the member's practice permit, including whether it is suspended or cancelled;
 - (v) the member's practice specialization recognized by the College;
 - (vi) whether the member is authorized to provide a restricted activity not normally provided by regulated members of the College;
 - (vii) whether the member is not authorized to provide a restricted activity that is normally provided by regulated members of the College; and
 - (viii) Information described in section 119(1) of the Act;
 - (B) information described below:

- (i) the full name of a regulated member and any name or names that the regulated member uses or has used in the regulated member's practice;
- (ii) a regulated member's business mailing address, email address, telephone number and fax number;
- (iii) the regulated member's practice locations;
- (iv) degrees and other qualifications obtained by a regulated member, including specialization;
- (v) the most recent school of graduation of a regulated member;
- (vi) the most recent year of graduation of a regulated member;
- (vii) the gender of a regulated member;
- (viii) the languages in which a regulated member can provide professional services;
- (ix) whether a member's registration is restricted to a period of time and, if so, the period of time;
- (x) the status of a member's practice permit, including whether it is suspended or cancelled;
- (xi) a member's practice specialization recognized by the College;
- (xii) whether a member is authorized to provide a restricted activity not normally provided by regulated members of the College;
- (xiii) whether a member is not authorized to provide a restricted activity that is normally provided by regulated members of the College;
- (xiv) a copy of any decision made of unprofessional conduct by a hearing tribunal, council or court based in whole or in part on sexual abuse or sexual misconduct, including any orders made under section 82 of the Act;
- (xv) whether a regulated member's practice permit has been suspended or cancelled as a result of a decision of unprofessional conduct based in whole or in part on sexual abuse or sexual misconduct;
- (xvi) in accordance with section 135.92(2)(g) of the Act, any conditions placed on a regulated member's practice permit as a result of a decision of unprofessional conduct based in whole or in part on sexual misconduct and details respecting those conditions;

- (xvii) in the case of a physician, surgeon or osteopath, the name, business mailing address and practice locations of any physician assistant that the member is supervising;
 - (xviii) in the case of a physician assistant, the name, business mailing address and practice locations of the supervising physician, surgeon or osteopath;
 - (C) any direction made pursuant to section 118(4) of the Act;
 - (D) information regarding upcoming hearings or appeals; and
 - (E) any decision, order or direction made under Part 4, Division 4 and Division 5 of the Act, including written decisions issued by a hearing tribunal or Council with respect to any matter.
3. The information described in this section may, subject to the Act, be published or distributed for the minimum period of time referred to in the Act, or such longer period as determined by the Registrar.
 4. In determining what information should be distributed or published for the purposes of section 119(1)(f) of the Act, the Registrar shall consider the following factors:
 - (A) whether publication or distribution is likely to cause harm to one or more persons;
 - (B) whether publication or distribution is relevant to the regulated member's suitability to practice;
 - (C) the public interest, including transparency of the College's discipline process;
 - (D) the education of regulated members; and
 - (E) any other factors that the Registrar considers relevant to this matter.
 5. For the purpose of section 119(1)(f) of the Act, the Registrar may omit from publication or distribution any individually identifying information about any person identified in an order made by a hearing tribunal or the Council under Part 4 of the Act.
 6. The information described above may, subject to the Act, be published or distributed for the minimum period of time referred to in the Act, or such longer period as determined by the Registrar.

PART 5 – COLLEGE ACCREDITATION PROGRAMS

Section A – Medical Facilities

50 Accreditation of Medical Facilities

1. The Council does hereby constitute a standing committee to be known as the Medical Facility Accreditation Committee.
2. For the purposes of this section, the definitions set out in section 8 of Schedule 21 of the Act shall apply.
3. For the purpose of the *Health Facilities Act*, major surgical services are those that, in the opinion of the Council, may be performed only in a public hospital because there is a significant risk inherent in the procedure or by reason of the pre-operative condition of the patient.
4. For the purpose of the *Health Facilities Act*, specific surgical services which may be performed only in a public hospital and which shall not be conducted in a medical facility include:
 - (A) procedures under general anesthetic on patients less than eighteen months of age;
 - (B) procedures on the contents of the retroperitoneal space;
 - (C) procedures on the contents of the cranium;
 - (D) procedures on the contents of the thorax; and
 - (E) any procedure lacking the approval of the accreditation committee for that medical facility.
5. For the purpose of the *Health Facilities Act*, minor surgical procedures are those which may be performed in a physician's general office.
6. In this section and for the purposes of section 8(g) of Schedule 21 of the Act "prescribed health service" includes:
 - (A) diagnostic imaging services; except for unaccredited point-of-care ultrasound* on a physician's own patient;

* Point of Care Ultrasound (POCUS) can be an invaluable ultrasound examination provided in various settings or facilities that are performed at the point of care. The intent of the study is to clarify uncertain findings of the physical exam, identify important conditions in the context of acute care of the unwell patient, or provide image guidance that improves the success and safety of procedures in the acute care setting, particularly when time saving for diagnosis or treatment is critical. POCUS evaluations are limited to the scope of exam types included in the training of those individuals performing the exam. If a POCUS provider extends scanning beyond the scope of their usual practice pattern, education and experience, the likelihood of medical misadventure may cause a potential detrimental effect on diagnosis, treatment and patient care and is therefore to be avoided. Patients on whom POCUS is performed should be informed of the limited scope of a POCUS examination, and be advised that a POCUS exam does not compare to, or replace a consultative diagnostic examination.

Consultative Diagnostic Ultrasound aims to systematically map out normal and disordered anatomy, assess function and dysfunction in the body and/or provide guidance for a wide range of interventional procedures. Necessary components for a consultative sonographic exam include: 1) a professional mastery of the imaging technology (as evidenced by Ultrasound Modality approval by the College), 2) a systematic approach that results in a thorough diagnostic imaging assessment of the patient to include image recording, and 3) an interpretation of the exam provided in a well-documented and recorded report of the findings and conclusions – all performed in a College accredited facility. There is robust quality control and assurance around image recording, retention, disaster and back up recovery, report generation, transcription, physician report validation, report audits, equipment preventative maintenance, and confirmation of appropriate regulatory body sonologist credentialing and approvals.

- (B) psychedelic assisted psychotherapy;
- (C) medical laboratory services, except for unaccredited point-of-care testing on a physician's own patient;
- (D) pulmonary function testing, except for unaccredited peak flow measurement or vitalometry on a physician's own patient;
- (E) neurophysiologic diagnostic services;
- (F) sleep medicine diagnostic services;
- (G) vestibular diagnostic testing;
- (H) the use of drugs which are intended or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including all uses of intravenously administered sedatives or narcotics, except in emergency circumstances;
- (I) the use of drugs by injection which are intended or may induce a major nerve block, or spinal, epidural, or intravenous regional block;
- (J) surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs and other life-threatening complications or requiring sterile precautions to prevent blood-borne, deep, closed cavity or implant-related infections;
- (K) Hyperbaric oxygen therapy,
- (L) Cardiac exercise stress testing,
- (M) Hemodialysis, and
- (N) the following surgical and endoscopic procedures:
 - (i) Dermatologic
 - 1) Liposuction to a maximum of five (5) litres total aspirate;
 - 2) Lipolysis by percutaneous application of any form of energy;
 - 3) Mohs micrographic surgery.
 - (ii) General Surgical
 - 1) Upper gastrointestinal endoscopy with or without biopsy,
 - 2) Colonoscopy with or without biopsy or minor polypectomy,
 - 3) Simple mastectomy,
 - 4) Segmental resection of breast and sentinel node biopsy,
 - 5) Resection of large or deep soft tissue lesions,
 - 6) Deep lymph node biopsies – up to but not including full axillary dissection,
 - 7) Inguinal hernia repair, including femoral,
 - 8) Minor abdominal wall hernia repair, including umbilical hernia repair,
 - 9) Varicose vein ligation and stripping,
 - 10) Hemorrhoidectomy beyond simple single excision,
 - 11) Trans-anal excision of rectal polyps,
 - 12) Laparoscopic procedures,

- (a) Diagnostic,
 - (b) Biopsies – peritoneal,
 - (c) Laparoscopic Adjustable Gastric Band procedures.
- 13) Endovenous ablation (including, but not limited to, laser ablation, radio frequency ablation, mechano-chemical ablation).

(iii) Gynecologic

- 1) Perineoplasty not requiring extensive dissection,
- 2) Marsupialization of Bartholin cysts,
- 3) Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control,
- 4) Dilatation and curettage of uterus,
- 5) Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance regulation,
- 6) Cystoscopy,
- 7) Minimally invasive incontinence procedures: injectables, percutaneous slings,
- 8) Laparoscopy with minor surgical interventions:
 - (a) Diagnostic,
 - (b) Tubal sterilization,
 - (c) Aspiration of cysts,
 - (d) Minor adhesiolysis,
 - (e) Diathermy for endometriosis (AFS Stages I and II),
 - (f) Abortions – as per the general Non-hospital Surgical Facilities Standards and Guidelines and the Supplementary Standards for the Termination of Pregnancy.
- 9) Oocyte retrieval,
- 10) Tumescant anterior and posterior vaginal repair,
- 11) Hysteroscopic tubal sterilization,
- 12) Laparoscopy with minor surgical interventions:
 - (a) Ovarian Biopsy,*
- 13) Transvaginal ovarian cyst aspiration,*
- 14) Embryo Transfer,*
- 15) In Vitro Fertilization.*

(iv) Ophthalmologic

- 1) Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:

* Denotes inclusion in an ART program

- (a) the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant),
 - (b) the lens and implants,
 - (c) the iris,
 - (d) the sclera,
 - (e) the vitreous.
 - 2) Eyelid procedures requiring implants or dissection of the orbital septum or beyond,
 - 3) Lacrimal procedures requiring incision into the nasal passages.
 - 4) Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:
 - (a) orbital tumor excision,
 - (b) insertion of an implant,
 - (c) enucleation/evisceration with or without implant
 - (d) socket reconstruction requiring implant, transplant or exposure of bone.
 - (e) [Note: Minor anterior orbital procedures are considered office procedures.]
 - 5) Strabismus procedures,
 - 6) Rheopheresis for patients enrolled in a research study approved by a research ethics review body acceptable to the College.
- (v) Orthopedic
- 1) Arthroscopy
 - (a) diagnostic,
 - (b) repair and reconstruction of ligaments,
 - (c) meniscectomy, meniscal repair and arthroplasty,
 - (d) excision meniscal cysts, loose bodies and foreign bodies.
 - 2) Amputation
 - (a) finger through MCP or IP joints, hand,
 - (b) toe – through TP or IP joints foot,
 - (c) single ray amputation hand or foot.
 - 3) Arthrodesis
 - (a) hand and wrist,
 - (b) foot and ankle.
 - 4) Arthroplasties
 - (a) acromio-clavicular and sterno-clavicular joints,
 - (b) radial head arthroplasty,
 - (c) wrist and hand joints,
 - (d) foot.
 - 5) Osteotomies
 - (a) hand/wrist/foot/ankle.
 - 6) Ligament repair
 - (a) shoulder,
 - (b) elbow,
 - (c) wrist,
 - (d) hand,

- (e) knee,
- (f) ankle and foot.
- 7) Tendon or muscle repair or transplant or transfer
 - (a) transfers repairs and transplants at or distal to elbow or knee
 - (b) Decompression/repair rotator cuff at shoulder.
- 8) Fascia or tendon sheath
 - (a) plantar fasciotomy or fasciectomy of hand or foot,
 - (b) release or excision Dupuytren's contracture,
 - (c) excision of minor hand tumors including ganglions
 - (d) carpal tunnel release,
 - (e) excision tendon sheaths: wrist, forearm or hand.
- 9) Arthrotomy or synovectomy
 - (a) shoulder,
 - (b) elbow,
 - (c) wrist and hand,
 - (d) knee,
 - (e) ankle and foot,
 - (f) excision Baker's cyst.
- 10) Excision of bursa or ganglia
- 11) Musculoskeletal tumors
 - (a) biopsy of peripheral tumors,
 - (b) needle biopsy only of tumors of the spine,
 - (c) excision of minor tumors.
- 12) Dislocations
 - (a) open reduction acromio-clavicular joint,
 - (b) closed or open reduction of joints of upper extremity,
 - (c) closed reduction of dislocated total hip,
 - (d) closed or open reduction of patello-femoral joint,
 - (e) closed or open reduction of ankle, hindfoot, midfoot or forefoot.
- 13) Fractures
 - (a) closed and open reduction clavicle, humerus, radius/ulna, wrist and hand,
 - (b) closed reduction of scapula,
 - (c) closed and open reduction of patella, fibula, ankle and foot,
 - (d) closed reduction of tibia.
- 14) Others
 - (a) single level lumbar discectomy and/or decompression – uncomplicated,
 - (b) procedures listed under podiatric surgery,
 - (c) removal of hardware including plates, pins, screws, nails and wires,
 - (d) peripheral nerve surgery – repairs, decompression or grafts
 - (e) saucerization,
 - (f) sequestrectomy,

- (g) joint manipulation under general anesthesia or intravenous sedation,
 - (h) harvesting of bone graft,
 - (i) microdiscectomy,
 - (j) minimally invasive lateral recess and central decompression – 3 levels or less,
 - (k) minimally invasive lumbar foraminotomy (with or without central stenosis),
 - (l) Posterior minimally invasive foraminotomy (or laminoforaminotomy),
 - (m) posterior minimally invasive laminotomy for decompression of focal cervical canal stenosis – 2 levels or less.
- 15) Procedures limited to facilities approved for extended stay
- (a) hip arthrotomy and primary arthroplasty (including total joint replacement),
 - (b) conversion of partial hip arthroplasty to total hip arthroplasty,
 - (c) knee arthrotomy and primary arthroplasty – (including total joint replacement),
 - (d) tibial osteotomy,
 - (e) shoulder arthrotomy and primary arthroplasty – (including total joint replacement),
 - (f) lumbar posterior spinal fusion – not exceeding two disc-space levels,
 - (g) lumbar spinal laminectomy – not exceeding two disc-space levels,
 - (h) ankle arthrotomy and primary arthroplasty (including total joint replacement),
 - (i) below knee amputation,
 - (j) anterior cervical discectomy two levels or less.

(vi) Otolaryngologic

- (a) deep* biopsy of the nasopharynx,
- (b) deep excision of intraoral papilloma,
- (c) major* excision of lip, nasal, ear or neck lesions,
- (d) lip shave procedures,
- (e) major partial glossectomy limited to anterior 2/3 of tongue,
- (f) adenoidectomy,
- (g) rigid laryngoscopy,
- (h) rigid trans-oral nasopharyngoscopy,
- (i) complete esophagoscopy – flexible only,
- (j) complete bronchoscopy – flexible only,

*The terms “deep”, “major”, and “complicated” refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Alberta.

- (k) Caldwell Luc procedure,
- (l) intranasal antrostomy,
- (m) intranasal complete ethmoidectomy,
- (n) turbinate resection,
- (o) sphenoidotomy,
- (p) nasal septum reconstruction,
- (q) nasal septum submucous resection,
- (r) nasal polypectomy in conjunction with complete ethmoidectomy,
- (s) rhinoplasty,
- (t) complicated* nasal fractures,
- (u) biopsies of the parotid beyond needle aspiration or sampling the tail of the gland,
- (v) excision of submandibular gland,
- (w) excision of sublingual gland,
- (x) otoplasty,
- (y) complicated myringoplasty,
- (z) dissection of neck beyond the platysma muscle,
- (aa) deep cervical node biopsy,
- (bb) endoscopic soft-tissue surgery.

(vii) Plastic

- 1) Skin and subcutaneous
 - (a) excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply,
 - (b) grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids,
 - (c) liposuction to a maximum of 5 litres total aspirate,
 - (d) lipolysis by percutaneous application of any form of energy,
 - (e) lipectomy,
 - (f) brachioplasty,
 - (g) facial implants,
 - (h) fat grafting,
 - (i) thigh lift,
 - (j) buttocks (gluteoplasty) lift.
 - (k) labiaplasty.
- 2) Head and neck
 - (a) grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring,
 - (b) eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty),

*The terms “deep”, “major”, and “complicated” refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Alberta.

- (c) browlift, facelift (rhytidectomy), necklift,
 - (d) nose (SMR, rhinoplasty, turbinectomy, reduction of fractures),
 - (e) ears (otoplasty),
 - (f) genioplasty.
- 3) Breast
- (a) deduction mammoplasty,
 - (b) augmentation mammoplasty,
 - (c) mastopexy,
 - (d) mastectomy without chest wall, muscle or axillary node dissection,
 - (e) capsulotomy and capsulectomy,
 - (f) gynecomastia surgery,
 - (g) reconstruction of breast or nipple.
- 4) Abdomen
- (a) repair of abdominal wall hernia,
 - (b) abdominoplasty not requiring overnight monitoring of blood or third space fluid loss.
- 5) Others
- (a) tendon – repairs, transfers or grafts,
 - (b) peripheral nerve – repairs, decompression or grafts,
 - (c) muscle – flaps or repairs,
 - (d) fascia – flaps, decompression or excision,
 - (e) bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures,
 - (f) joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ,
 - (g) minor treatment of surgical complications such as hematoma or wound separation.
- (viii) Podiatric
- 1) amputation
 - (a) single ray of the foot only.
 - 2) arthrodesis of joints of the foot and ankle
 - (a) Lisfranc’s joint procedures.
 - 3) arthroplasty of joints of the foot and ankle
 - (a) foot procedures requiring significant exposure of the joint,
 - (b) ankle procedures which do not require tibial or fibular osteotomy for exposure.
 - 4) arthroscopy
 - (a) ankle/subtalar joint/mid-tarsal joint.
 - 5) fractures and dislocations
 - (a) uncomplicated closed fractures and dislocations of the foot.
 - 6) incision/excision/transfer/repair of tendons and ligaments

- (b) tendons and ligaments proximal to Lisfranc's joint but not of the rear-foot/leg via the interosseous route.
- 7) neoplasms
 - (a) benign neoplasms of the cuneiforms,
 - (b) benign neoplasms of soft tissues below deep fascia.
- 8) neurolysis/neurectomy,
 - (a) deep nerves including and distal to the tarsal tunnel and proximal to Lisfranc's joint.
- 9) osteotomy of bones of the foot
 - (a) osteotomy of the calcaneus, mid-tarsus and cuneiforms

(ix) Urologic

- 1) inguinal canal surgery,
- 2) open procedures on scrotal contents,
- 3) penile procedures up to but not including implants,
- 4) Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair,
- 5) minimally invasive incontinence procedures, including injemtables and percutaneous slings,
- 6) cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction,
- 7) percutaneous epididymal sperm aspiration,*
- 8) testicular sperm extraction,*
- 9) testis biopsies,*
- 10) rectal electroejaculation,*
- 11) varicocelectomy,*
- 12) vasoepididymostomy,*
- 13) vasovasostomy,*
- 14) Rezum®

(x) Other

- 1) adipose-derived stem/stromal cells (ADSC)
 - 2) bone marrow aspirate concentrate (BMAC)
7. In addition to Bylaw 50(6), "prescribed health service" shall mean only those procedures which will safely allow the discharge of a patient from medical care in the accredited medical facility within 12 hours of completion of the surgical procedure by a regulated member unless the accredited medical facility is approved for extended stays.
 8. An accredited medical facility shall have a designated medical director who is a regulated member in good standing with the College and with qualifications as set out in the accreditation standards. Notwithstanding, a medical laboratory that is operated by a regional health authority in Alberta may designate a certified clinical laboratory

* Denotes inclusion in an ART program

- doctoral scientist with the qualifications as set out in the accreditation standards as a medical director.
9. Upon application by a medical director of a medical facility, the Registrar may, subject to the accreditation standards, provide interim approval for the performance of any prescribed health service until the determination of the request by the accreditation committee.
 10. The medical director of a medical facility shall pay or cause to be paid to the College those fees and expenses determined by the accreditation committee, which shall include:
 - (A) an initial registration fee set by Council;
 - (B) an annual renewal of registration fee set by Council; and
 - (C) the actual cost of any initial or subsequent inspection of the medical facility, including all expenses incurred by the accreditation committee or its sub-committee for any assessment, inspection, or both.
 11. Any accreditation granted by the accreditation committee under Section 8.3(2) of Schedule 21 of the Act shall expire effective 12:01 a.m. on February 1 following the date of accreditation unless the accreditation has been renewed in accordance with these bylaws.
 12. The accreditation committee shall be composed of not more than nine (9) members all of whom shall be appointed by the Council.
 13. The accreditation committee shall report to the Council on its activities and programs of assessment at such times and in such manner as the Council may from time to time direct.
 14. The accreditation committee may, from time to time, appoint one or more of its members, consultants or both as a sub-committee with particular expertise in the services provided in a medical facility and delegate to that sub-committee the authority to conduct an assessment of an application for accreditation or renewal of accreditation of a medical facility or to conduct an inspection of a medical facility, or both and report thereafter to the accreditation committee.
 15. There shall be paid to members of the accreditation committee, a sub-committee and any consultants retained by them such fees for attendance and such reasonable traveling expenses as may be fixed by Council.
 16. The accreditation committee shall:
 - (A) develop and direct regular reviews of the ownership and operation of any medical facility and the financial arrangements pertaining thereto;
 - (B) ensure that the operation of a medical facility is in accordance with the accreditation standards;
 - (C) confirm that the practice of medicine conducted in a medical facility and the financial arrangements pertaining thereto are in accordance with the code of ethics and standards of practice approved by the Council;
 - (D) assess the adequacy of the design of the medical facility and the equipment utilized therein along with the standards of operation of the medical facility in providing medical services, including prescribed health services, to the public; and

- (E) assess the business and professional relationships between regulated members conducting the practice of medicine and the owners of the medical facility.
17. The accreditation committee shall determine the specific provisions of the accreditation standards which apply to a specific medical facility or class of medical facility.
 18. As part of an assessment of an application for accreditation, an application for renewal of accreditation or ensuring the continuing compliance of a medical facility with existing accreditation, the accreditation committee shall determine whether the skill, knowledge and training of a specified regulated member is sufficient for that regulated member to perform a prescribed health service in the medical facility.

51 Responsibilities of a Medical Director of a Medical Facility

1. Subject to section 8.4 of Schedule 21 of the Act, the medical director of a medical facility which is the subject of an assessment or inspection by the accreditation committee shall co-operate fully, which shall include:
 - (A) permitting assessors to enter the medical facility and inspect the premises and all diagnostic equipment located therein;
 - (B) permitting the assessors to inspect all records pertaining to the provision of medical services, including prescribed health services, and providing copies of the same if so requested;
 - (C) providing to the assessors information requested by them in respect of the provision of medical services, including prescribed health services, in the medical facility;
 - (D) providing the information described in Bylaw 51(1)(C) in the form requested by the assessors;
 - (E) providing requested samples or copies of any material, specimen, radiological image or product originating from the medical services, including prescribed health services, provided by the medical facility;
 - (F) answering questions posed by the assessors as to procedures or standards of performance and if requested providing copies of records relating to procedures followed and standards of performance applied in the medical facility;
 - (G) providing requested copies of all documents and information relating to business arrangements involving the practice of medicine conducted in the medical facility, which shall include lease arrangements, management agreements, records of advertising and agreements for the provision of medical services, including prescribed health services.
2. A medical director must assess the educational background, qualifications and ongoing experience of regulated members and non-medical personnel assisting a regulated member in the provision of medical services, including prescribed health services, in the medical facility and authorize them to provide services within a specific clinical domain and/or individual clinical procedure(s) in the medical facility.
3. The accreditation committee may, with or without notice, suspend the accreditation or impose conditions on the accreditations of a medical facility if the medical director fails

to co-operate fully with an assessment or inspection by the accreditation committee or its sub-committee appointed under Bylaw 50(16).

4. Any suspension or conditions imposed under Bylaw 51(3) shall be cancelled once the accreditation committee is satisfied that medical director has co-operated fully pursuant to Bylaw 51(1).

Section B – Accreditation Standards

52 Accreditation Standards

1. Despite Bylaws 7 and 8, the accreditation standards for accreditation of all medical facilities required under this section and section 8.1(1) of Schedule 21 of the Act are determined, and amended from time to time, by simple majority resolution of Council.

PART 6 – APPEALS

53 Delegation of Council Reviews and Appeals to a Review Panel

1. Council delegates its duty and authority to hear and determine:
 - (A) a request for review under section 31 of the Act;
 - (B) a request for a review under section 41 of the Act;
 - (C) a request for a review under section 38 of the Regulations;
 - (D) an appeal under section 87(1) of the Act;
 - (E) an appeal under section 118(6) of the Act; and
 - (F) an appeal under section 8.5 of Schedule 21 of the Act; to a panel (Review Panel) of the Council.
2. Any voting member of the Council whose participation would not be prevented by a conflict of interest or reasonable apprehension of bias may sit on a Review Panel.
3. An appeal or review for all matters other than an appeal under section 87(1) of the Act shall be heard by a Review Panel of four (4) voting members of Council as selected by the Hearings Director. At least two (2) of these four members shall be public members.
4. An appeal under section 87(1) of the Act shall be heard by a panel of four voting members of the Council as selected by the Hearings Director. At least two (2) of the four (4) members shall be public members.
5. A Review Panel shall select a chair from its members.
6. A Review Panel cannot delegate the duty or authority to conduct the review or appeal to any other person.
7. For the purposes of ensuring a timely and fair hearing, the Hearings Director may revoke the appointment of a member to a Review Panel which has not yet started to hear a review or appeal and appoint a replacement member of the Review Panel.

54 Filing Deadlines and Length of Submissions to the Review Panel

1. At least six (6) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the appellant in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions and authorities for the Review Panel, and serve a copy on the respondent party to the appeal or review.
2. At least four (4) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the respondent in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions to the Review Panel or a letter of intention not to file written submissions; and serve one additional copy on the appellant party to the appeal or review.
3. A party may request the chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, to authorize a different date for the filing deadline.
4. Written submissions by the appellant and the respondent must:

- (A) be formatted using at least 12-point font, one-inch margins, and at least 1.5 line spacing, except for quotations; and
 - (B) not exceed 30 single-sided pages in length.
5. A book of authorities is not limited to a specific number of pages, but the parties shall ensure that only relevant portions of any case authorities are reproduced and relevant passages are highlighted.
 6. A party may request the chair of the Panel, through the Hearings Director that the Panel, with notice to all involved parties, to authorize written submissions in excess of the 30-page limit.
 7. Oral argument must not exceed 60 minutes for each party in the appeal or review.
 8. A party may request, in advance of the date of the appeal or review, to the Chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, authorize oral submissions in excess of the 60-minute limit.