

CPSA Council met in Edmonton on May 24 and 25, 2018 to discuss College activities and vote on policy matters affecting physicians and the public. Meeting highlights are as follows.

## Council toughens stance on sexual misconduct and increases discipline transparency

In adopting the following statement of principles, Council signaled it will seek stiff penalties for any physician found guilty of sexual misconduct. The statement reads in full:

*The CPSA has no tolerance for sexual abuse of patients. Society and our profession have evolved over time to more clearly understand the devastating impact on patients of sexual abuse by health care professionals. As a result, the sanctions imposed in some previous cases may no longer reflect the values of contemporary Canadian society. Each case needs to be considered on its own facts, taking into account all relevant mitigating and aggravating factors, and the hearing tribunal (or Council on appeal) retains full discretion to impose sanctions it consider appropriate, taking into account all of the relevant facts. However, where a physician is found to have engaged in unprofessional conduct due to sexual abuse of a patient, the physician should understand that the Complaints Director is likely to seek an order requesting that the hearing tribunal cancel the regulated member's registration and practice permit.*

Council's direction to management is as follows: "From this point forward, in all cases related to sexual abuse or sexual misconduct the CPSA will look for stricter sanctions, up to and including revocation of the practice permit for convictions of sexual assault."

Council also voted to increase discipline transparency by identifying specific charge(s) on Hearing notices (while keeping the complainant anonymous) and lengthening the time discipline history is published on the CPSA website from 5 to 10 years. These changes will be implemented over the coming weeks.

The College will also work with government on legislative changes to enable disclosure of criminal convictions and discipline history from other jurisdictions.

## Thank you to the profession

Registrar Dr. Scott McLeod commended the generous response of Edmonton area physicians, the Sherwood Park Strathcona County Primary Care Network and AHS Health Link in helping patients after their physician's practice was suspended, and thanked them for their leadership in this difficult situation.

## Two standards of practice amended

Council approved the following amendments effective July 1, 2017. Highlights include:

**Boundary Violations** – formerly *Sexual Boundary Violations*, the amendment broadens the standard to include physician-patient and physician-learner relationships beyond the clinical or educational context. Strict prohibitions remain on sexualizing these relationships. While the College recognizes physicians need to be part of their communities, they are also expected to consider and minimize any risks of coercion and conflict of interest when engaging in social, business, financial and close personal relationships with patients, or in the teaching or evaluation of a learner. A companion Advice to the Profession document is in development. [Read the amendment.](#)

**Responsibility for a Medical Practice** – formerly *Direction & Control of a Medical Practice*, the amendment clarifies physician responsibilities in different practice settings, specifically:

- all physicians are individually responsible for the care they provide and compliance with all applicable laws, regulations and standards;
- responsibility for certain administrative aspects of medical practice may be assumed by a Medical Director, medical lead or legislation-authorized health services provider (e.g., AHS, WCB), but **cannot** be delegated to a non-medical business owner or staff member; and
- in a multi-physician practice without a Medical Director or medical lead, one physician must be designated the contact person for the College in interactions related to bullet 2.

A companion Advice to the Profession document is in development. [Read the amendment.](#)

### Finance & Audit Committee (FAC) Report highlights

- PricewaterhouseCoopers completed its annual audit, submitting an unqualified 2017 audit opinion.
- Renovations to optimize the College’s existing office space at Telus House will get underway next month, chosen by FAC as the most cost-effective option after reviewing proposals from five potential landlords. More than 50 per cent of the estimate \$5.76 million cost will be covered by a tenant improvement allowance, with the balance to be paid from unrestricted surplus funds.
- The FAC confirmed pension and other investments are being managed according to the College’s investment policies and providing a satisfactory return.
- The FAC approved the final instalment of a three-year grant supporting development of CME programs by the University of Calgary after receiving a satisfactory report from the CME office.
- As recommended by the FAC, Council approved new accreditation fees for level 2 sleep medicine facilities, matching level 3 fees.

### College reviewing its methadone approval process

With the lifting of the requirement for an exemption from federal drug legislation to prescribe methadone, the College is consulting with stakeholders and considering how best to ensure safe and timely care. In the meantime, the College will now directly provide physician approval, rather than *recommending* approval to Health Canada. Physicians who want to prescribe methadone in their practice must continue to apply directly to the College.

### Advancing professionalism

Building on a November 2017 symposium, the College, Alberta Health Services, the Health Quality Council of Alberta, Alberta Medical Association and Alberta’s two medical schools are working on a system-level framework for ending disruptive physician behaviour in the healthcare workplace. While currently focused on physicians, this initiative could expand to other health professions over time. Dr. McLeod also shared a proposed framework for developing physician leadership by creating a clear path from “learning leader” to “leading leader” through training, mentoring and coaching.

### Governance Committee Report

The current work of the committee includes:

- reviewing how best to recognize members for exceptional professionalism; and
- exploring a self-evaluation process for Council members as part of enhanced governance practices.

In addition, Council approved these recommendations:

- introduce a mentorship role for experienced Councilors to help new members ease into their work on Council and Council committees;
- improve the functioning of the Executive Committee (President, Vice-President and a Member-at-Large) by:
  - ensuring the Executive Committee includes at least one public member and one physician member, if necessary by nominating a fourth member;
  - requiring anyone running for an Executive position to have at least one year's experience on Council;
  - setting the deadline for nominations one month prior to the vote;
  - holding the next Executive election at the September 2018 Council meeting and in subsequent years at the May Council meeting, with positions effective January 1;
  - enabling members to vote in person or from a distance; and
  - maintaining one-year terms for Executive positions.
- improve the process for other Council committee appointments by:
  - moving the election of physicians/registered members up by one month to September-October to provide more time for recruiting committee members before the Annual Organization Meeting in late November/early December;
  - developing a skills matrix to help match Council members with committee needs; and
  - maintaining 3-year terms for committee appointments.

## Legislation Committee Report

The committee identified legislative barriers to achieving Council's strategic goals and objectives and tasked staff to fully explore the issues and bring a proposal back in fall 2018. The committee also requested staff follow-up with Alberta Health and the Chief Medical Examiner regarding a legislative change needed to allow the medical examiner to access Netcare when conducting fatality investigations.

## 2017 CPSA Annual Report

Council approved the report for submission to Alberta Health. An online version of the report will be available to members and the public by June 30, 2018.

Access the full May 2018 meeting agenda and dossier at [cpsa.ca/about/council](http://cpsa.ca/about/council). The next Council meeting will take place on September 6-7, 2018.