



College of Physicians & Surgeons of Alberta

BYLAWS

Effective May 1, 2025



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These bylaws have undergone revision as of May 1, 2025. This current version reflects all updates and amendments implemented to date. It is important to note that a subsequent edition of these bylaws is scheduled for release later in 2025.

Definitions

Other than as specified in these bylaws, words and expressions defined in

- a. the *Health Professions Act* (HPA),
- b. the *Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation*¹,
- c. the *Interpretation Act*², or
- d. an applicable statute of Alberta

have the same meanings when used in these bylaws. If a word has multiple meanings in different statutes, the meaning that is most relevant to the intent of the applicable bylaw should be used.

In these bylaws:

- a. “Chair” means the President, as per section 7 of the HPA (President),
- b. “College” and “CPSA” mean the College of Physicians and Surgeons of Alberta,
- c. “Council” means the governing council of CPSA,
- d. “HPA” mean the *Health Professions Act*,
- e. “Officials” means individuals named to an office identified in the HPA, or another named statute, and their delegates who act on their behalf using delegated statutory authority,
- f. “Primary residence” means where the person typically resides using the same decision-making process as used by the Canada Revenue Agency (CRA), and
- g. “Regulations” means regulations relating to CPSA made under the HPA.

Reference Aid

In these bylaws, the table of contents, section headers, and amendment notations are not part of the bylaws but are inserted for convenience of reference.

¹ Province of Alberta’s [Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#) (Mar. 31, 2023).

² Province of Alberta’s [Interpretation Act](#) (Apr. 1, 2023).

PART 1 – COUNCIL AND ORGANIZATION

Composition of the Council (*Approved, March 2024; Repealed, May 1, 2025*)

Composition of Council

(*Adopted, May 2025*)

- 1.1 The voting members of Council shall consist of:
 - a. seven (7) eligible regulated members selected in accordance with these bylaws, and
 - b. seven (7) public members appointed by the Lieutenant Governor in Council in accordance with the HPA.
- 1.2 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. a person appointed by the Professional Association of Resident Physicians of Alberta, and
 - c. a person appointed by either the University of Alberta's Medical Students' Association or the University of Calgary's Medical Students' Association.

Remuneration of Council Members

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

Officers of Council (*Approved, March 2024; Repealed, May 2025*)

Chair and Vice Chair

(*Adopted, May 2025*)

- 3.1 In these bylaws, "Chair" means the President, as per section 7 of the HPA (President).
- 3.2 Council shall select from among the members of Council a Chair and Vice Chair, in accordance with Council policy.
- 3.3 The term of office for the Chair and Vice Chair shall be one (1) calendar year, starting January 1 and ending on December 31.
- 3.4 The Chair and Vice Chair may be re-selected by Council subject only to their term limits as a member of Council.
- 3.5 The Chair shall:

- a. perform the duties required of the President, in accordance with, the HPA,
 - b. chair Council meetings, except if the chair duties have been delegated to the Vice Chair or another member of Council for any reason,
 - c. be a spokesperson for Council to external parties, if needed, or delegate the role of spokesperson to another member of Council,
 - d. establish and maintain the reporting relationship and accountability of the Registrar to Council,
 - e. use discretion in speaking to motions, erring on the side of maintaining neutrality towards the motion except if another member of the Council who is able to maintain neutrality is asked to chair the remainder of the discussion leading to a vote, at which point the Chair may resume their chairing duties for subsequent topics, and
 - f. refrain from voting on Council motions except to cast the deciding vote on any matter before Council where there would otherwise be a tie vote.
- 3.6 If the Chair is temporarily absent or unable to act, or at the request of the Chair, the Vice Chair shall perform the duties and exercise the powers of the Chair.
- a. If the Chair and Vice Chair are both temporarily absent or unable to act, the third member of the Executive Committee shall perform the duties and exercise the powers of the Chair.
 - b. If all three (3) members of the Executive Committee are absent or unable to act, Council shall determine who shall perform the duties and exercise the powers of the Chair and shall indicate the time period for which they shall act in the role of Chair.

Vacancies on Council (Approved, March 2024; Repealed, May 2025)

Filling Regulated Member Vacancies on Council

(Adopted, May 2025)

- 4.1 When there is a current or anticipated deficiency in the number of regulated members on Council, the vacancy or vacancies shall be filled in accordance with these bylaws.

Nominations Committee

(Adopted, May 2025)

- 4.2 The Nominations Committee may establish policies sufficient for the purposes of fulfilling its mandate, which may include:
- a. processes for administering the nominations process,
 - b. evaluating candidates,

- c. rules for casting and counting ballots,
 - d. resolving ties and disputes,
 - e. announcing selection results, and
 - f. preventing undue influence by anyone over selection outcomes.
- 4.3 Policies established for evaluating candidates may include processes for assessing candidates against the eligibility criteria established in these bylaws and competency criteria established by Council in policy, if any.
- 4.4 The Nominations Committee has the ability to disqualify candidates who have exhibited past behaviour that may bring Council into disrepute.
- 4.5 The process for disqualification and definition of disreputable behaviour will be established in Council policy.

Nominations for Regulated Member Council Positions

(Adopted, May 2025)

- 4.6 A call for nominations will be circulated to regulated members when:
- a. the term of one (1) or more regulated members of Council will end in that year resulting in a vacancy, or
 - b. one (1) or more regulated members of Council resigns or is terminated, resulting in a vacancy before August 15.
- 4.7 Any regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), may send nominations to the Nominations Committee.
- 4.8 Nominations must be endorsed by at least three (3) regulated members.
- 4.9 Nominated members must indicate their eligibility to be a regulated member of Council, as well as their intention to assume the duties and responsibilities of a Council member if selected.
- 4.10 The call for nominations:
- a. must be open for at least three (3) consecutive weeks, and
 - b. shall open after February 1 and close no later than May 30th.

Selection of Regulated Members of Council

(Adopted, May 2025)

- 4.11 The Nominations Committee shall evaluate the available nominations against the eligibility criteria established in these bylaws and other criteria established by Council in policy, if any.

- 4.12 Any regulated member who is considered ineligible for Council shall be provided notice, with reasons, and shall be given at least one (1) week to respond by withdrawing their candidacy or by presenting additional proof of their eligibility to the satisfaction of the Nominating Committee.
- 4.13 Any decision of eligibility made by the Nominations Committee is final and cannot be appealed.
- 4.14 After the evaluation process is complete,
- a. if the number of eligible candidates exceeds the number of vacancies, there shall be an election in accordance with these bylaws,
 - b. if the number of eligible candidates is equal to the number of vacancies, the candidates shall be acclaimed to Council in accordance with these bylaws, or
 - c. if the number of eligible candidates is less than the number of vacancies, the nominations process will be reopened for a further three (3) weeks.
- 4.15 If the initial number of eligible candidates changes before the polls close in an election or before an acclamation is declared by Council, the outcome prescribed by bylaw 4.14 shall be applied using the new number of candidates.

Removal of Council Members (Approved, March 2024; Repealed, May 2025)

Resignation

(Adopted, May 2025)

- 5.1 A regulated member of Council may resign at any time by delivering a notice in writing to the Chair.
- 5.2 The resignation shall take effect immediately upon receipt of the notice or upon a date agreed upon by the Council member and the Chair.
- 5.3 If the member resigning is the Chair, the notice shall be provided to the Vice Chair.

Removal from Council

(Adopted, May 2025)

- 5.4 If a member of Council no longer meets the criteria in bylaws 12 or consistently violates the Council Code of Conduct, Council may, by a two-thirds (2/3) majority vote:
- a. remove a voting regulated member of Council,
 - b. remove a non-voting member of Council, with or without seeking a candidate to replace them from the organization they came from, or

- c. recommend to the Lieutenant Governor in Council that the appointment of a public member be rescinded.
- 5.5 A member of Council who is subject to a vote to be removed or suspended shall be given at least seven (7) days' notice before the vote is to take place and may make representation on their own behalf to Council before the vote is cast.
- 5.6 If a vote to remove a regulated member from Council passes, the Chair shall provide notice to the regulated member that their term has ended and shall declare a vacancy on Council effective on the date when the term ended.
- 5.7 If a vote to recommend removal of a public member from Council passes, Council may decide whether or not to suspend the person's:
- a. attendance at Council and committee meetings,
 - b. receipt of information intended for Council and committees, or
 - c. ability to access confidential materials reserved for Council
- until direction is received from the Minister of Health pertaining to the public member's status on Council.

Removal from Office

(Adopted, May 2025)

- 5.8 The Chair or Vice Chair may be removed from office by a two-thirds (2/3) majority vote of the Council.
- 5.9 A former Chair or Vice Chair, if removed from office in accordance with bylaw 5.8, shall remain on Council until the natural end of their term on Council unless they are removed by a separate vote or resign from Council in accordance with these bylaws.

Awards

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

Bylaws

- 7.1 A Bylaw or an amendment of a Bylaw requires a two-thirds (2/3) majority vote.
- 7.2 A Bylaw, or an amendment to a Bylaw, under section 132(1) of the HPA (Bylaws) 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.

- 7.3 A notice of motion may be waived by a unanimous vote of the Council.
- 7.4 Whenever an amendment is made to the Bylaws, any consequential editorial changes to the bylaws as required are implied.

Code of Ethics and Standards of Practice

- 8.1 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 HPA (Code of Ethics, standards of practice).
- 8.1 A person receiving notice under Bylaw 8(1) may make submissions in writing to the Registrar within the time period stipulated by the Registrar.
- 8.2 Council shall review and consider any submissions made under Bylaw 8(2).
- 8.3 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.
- 8.4 Council may, on a majority vote of members of Council present at a meeting, adopt or amend standards of practice.
- 8.5 Whenever amendments are made to the code of ethics or standards of practice, any consequential editorial changes as required are implied.

Grants

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

Electoral District

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

Entitlement to Vote

- 11.1 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.

Eligibility for Election (Approved, March 2024; Repealed, May 2025)

Eligibility

- 12.1 A regulated member on the General Register, the Provisional Register or the Limited Practice Register may be eligible for nomination for election to a regulated member vacancy on Council.
- 12.2 Notwithstanding bylaw 12.1, a regulated member is not eligible for nomination or election as a member of Council if the regulated member:

- a. is serving as a director, officer, or senior employee of a professional association or labour union that represents members of a regulated health profession, or has served in such a capacity in such an organization within five (5) years of the anticipated start of their term on Council,
- b. is elected to federal or provincial public office,
- c. occupies an executive management position with the Government of Alberta or a health authority in the province of Alberta,
- d. has failed to comply with any duly imposed requirement under the HPA in their capacity as Medical Director or as an owner or director of a medical clinic or facility,
- e. has failed to complete the requirements for registration renewal or has not complied with conditions placed upon their registration within the timeframe specified in the condition notice,
- f. has failed to complete the requirements of the Continuing Competence Program or has not complied with conditions placed upon their registration within the timeframe specified in the condition notice,
- g. is subject to a direction due to incapacity under the HPA or a similar enactment in any jurisdiction, unless the Nominations Committee determines that the person's incapacity does not make them ineligible to be a member of Council.
- h. has been found guilty by a hearing tribunal or has agreed that their conduct was unprofessional conduct under the HPA or a similar enactment in any jurisdiction, unless
 - i. at least three (3) years have passed since all conditions arising from the finding are resolved to the satisfaction of the appropriate authority, and
 - ii. the Nominations Committee determines that the person's conduct does not make them ineligible to be a member of Council,
- i. has ever been found guilty of unprofessional conduct related to sexual abuse, sexual misconduct or any sexual boundary violation at any time in any jurisdiction, including outside of Canada,
- j. has been found guilty of a criminal offense for which a pardon has not been granted, in any jurisdiction, unless the Nominations Committee determines that the person's conviction does not make them ineligible to be a member of Council,
- k. has worked more than twenty (20) hours per week, on average, as an employee or contractor for CPSA within the two (2) years preceding the

anticipated start of their term on Council, unless they worked as a contracted assessor.

- I. has their primary residence outside of Alberta or practices primarily outside of Alberta, unless the arrangement is temporary with a foreseeable end date.

12.3 A person is eligible to be a non-voting member of Council unless that individual:

- a. is serving as a director, officer or senior employee of a professional association or labour union that represents members of a regulated health profession, or has served in such a capacity in such an organization within five (5) years of the anticipated start of their term on Council,
- b. is elected to federal or provincial public office,
- c. occupies an executive management position with the Government of Alberta or a health authority in the province of Alberta,
- d. has been found guilty of unprofessional conduct or has agreed that their conduct was unprofessional conduct under the HPA or a similar enactment in any jurisdiction, unless
 - i. at least three (3) years have passed since all conditions arising from the finding are resolved to the satisfaction of the appropriate authority, and
 - ii. the Nominations Committee determines that the person's conduct does not make them ineligible to be a member of Council,
- e. has been found guilty of a criminal offense for which a pardon has not been granted, in any jurisdiction, unless
 - i. at least three (3) years have passed since all conditions arising from the guilty verdict are resolved to the satisfaction of the appropriate authority, and
 - ii. the Nominations Committee determines that the person's conviction does not make them ineligible to be a member of Council.

Election of Council (*Approved, March 2024; Repealed, May 2025*)

Election of Regulated Members

(*Adopted, May 2025*)

13.1 When elections are held, the polls shall be open for a period of at least three (3) weeks and shall close no later than November 15th.

13.2 Voting shall be by a secure electronic process approved by the Nominations Committee.

13.3 Regulated members entitled to vote shall have one (1) vote for each vacancy on Council.

13.4 The candidate who receives the most votes will be named to fill the first vacancy on Council, the candidate who receives the second-most votes will be named to fill the second vacancy, and so on until all vacancies on Council are filled.

Election Procedure (*Approved, March 2024; Repealed, May 2025*)

Acclamation of Regulated Members

(*Adopted, May 2025*)

14.1 When acclamations are prescribed by these bylaws, the Nominations Committee shall recommend that Council declare each candidate for each available vacancy selected by acclamation.

Unplanned Vacancies

(*Adopted, May 2025*)

14.2 When an unplanned vacancy or vacancies occur among regulated members of Council, Council may:

- a. leave the position vacant until the next scheduled election for regulated members of Council,
- b. hold a by-election, in the same manner as an annual election, with all necessary modifications to time limits, deadlines and other necessary modifications as determined by the Registrar, or
- c. appoint the regulated member-candidate who had the most votes of all the unsuccessful candidates in the last Council election, subject to such candidate satisfying the eligibility criteria and consenting to act as a regulated member on Council.
 - i. Should consent not be provided or the eligibility criteria not be satisfied, Council may then appoint the candidate with the next highest number of votes, subject to that nominee meeting the eligibility criteria and agreeing to act, and so on until a candidate is found for the vacant position.

14.3 The term of office of a regulated member appointed to Council under bylaw 14.2(c) or elected in a by-election under bylaws 14.2(b) expires when the term of office of the Council member whose vacancy has been filled would have expired.

Eligibility for Re-election (*Approved, March 2024; Repealed, May 2025*)

Term of Office

(Adopted, May 2025)

- 15.1 The regular term of office for a voting regulated member of Council is three (3) years.
- 15.2 A voting regulated member of Council is eligible for a maximum of two (2) consecutive regular terms (total of six (6) years).
- 15.3 Council may authorize a leave of absence from Council duties for up to one (1) year in accordance with Council-approved policy.
- 15.4 A voting regulated member of Council may be re-appointed directly to a second, regular three (3)-year term at the conclusion of their first term, subject to any policies established by Council for making such an appointment.
- 15.5 A voting regulated member of Council who has served two (2) consecutive terms cannot be selected for a further term/term unless 365 days pass between the end of the second term and the start of any new term.
- 15.6 Each three (3)-year term for voting regulated members of Council who are regulated members shall start on January 1 and end three (3) years later on December 31.
- 15.7 The start of terms may be staggered so that, to the extent practicable, approximately one-third (1/3) of voting regulated member terms shall end in any given year.
 - a. Council may direct that terms for upcoming vacancies be shortened to one (1) or two (2) years if needed to achieve a more balanced term rotation, which candidates shall be so advised ahead of their selection to Council, and
 - b. the Nominations Committee shall establish policy for advising candidates of shortened terms when they exist and, if there are multiple vacancies of differing term lengths, for deciding which candidate is selected to which term.
- 15.8 Term of office for non-voting members of Council shall be determined by their term in office if they are a dean of a medical program, or their term of appointment, if they are appointed by an association of medical learners.
- 15.9 The terms of office for public members shall be in accordance with their appointment by the Lieutenant Governor in Council and the HPA.

Council Committees (Approved, March 2024; Repealed, May 2025)

Council Committees

(Adopted, May 2025)

- 16.1 Council may establish standing, priority or any other council committee through terms of reference.
- 16.2 The Standing Committees established by Council shall include, but are not limited to, the:
- a. Executive Committee,
 - b. Governance Committee,
 - c. Finance and Audit Committee, and
 - d. Nominations Committee.
- 16.3 Council shall, with respect to any committee it establishes:
- a. appoint or provide for the manner of the appointment of its members,
 - b. prescribe the term of office of any member,
 - c. appoint a Chair and Vice Chair, or direct or approve a process for the appointment of a Chair and Vice Chair, and prescribe the term of such appointments, and
 - d. approve or provide for the approval of terms of reference for each committee established, in alignment with applicable council policies.
- 16.4 Council may delegate decision-making authority to Council committees via terms of reference or memorandum of delegation, which shall include any conditions imposed on the delegation and the powers of the committee to sub-delegate and give consideration to performance monitoring.

College Statutory Committees (Approved, March 2024; Repealed, May 2025)

Officials and Statutory Committees

Eligibility

(Adopted, May 2025)

- 16.5 The eligibility requirements for CPSA officials, Statutory Committee members, and regulated members appointed to membership lists for hearing tribunals and complaints review committees, are the same as for regulated members of Council, except
- a. candidates to be appointed as CPSA officials may be working as an employee or contractor for CPSA for more than 500 hours within the two (2) years preceding the anticipated start of appointment, and
 - b. living at a residence outside the province or practicing primarily outside of the province.

- 16.6 Candidates to be appointed to Statutory Committees may have worked as an employee or contractor for CPSA for more than 500 hours within the two (2) years preceding the anticipated start of their term on a Statutory Committee.

Conduct of CPSA Officials and Statutory Committee Members

(Adopted, May 2025)

- 16.7 CPSA officials and Statutory committee members, when acting in their appointed capacity, shall conduct themselves in accordance with a Code of Conduct approved by the Council.

Duties and Powers CPSA Officials and Statutory Committees

(Adopted, May 2025)

- 16.8 CPSA officials and Statutory committees shall exercise the duties and powers given to them under the HPA, these bylaws and any delegation made from a higher authority.
- 16.9 CPSA officials and Statutory Committees may approve and adopt any policies, processes or procedures necessary to effectively carry out their powers and duties.

Delegation

(Adopted, May 2025)

- 16.10 Any delegation made by Council, a CPSA official or a committee may be further delegated without restriction unless a restriction is stated in the delegation or in an applicable policy.
- 16.11 Notwithstanding bylaw 16.10, a Statutory Committee cannot delegate its power or duty to approve policies.
- 16.12 A CPSA official may delegate their power or duty to approve policies to one or more persons or committees, but the person or committee to whom the delegation is made cannot further delegate policy-making authority.
- 16.13 Whenever Council, a CPSA official or a committee delegates any of its powers or duties to an individual or committee, it shall keep records of the delegation, which shall include any conditions imposed on the delegation.
- 16.14 Where the HPA provides for a choice among a list of individuals and/or committees to be specified by bylaw, the individual or committee specified by the bylaw cannot delegate their powers or duties to another from the same list.
- 16.15 Any reference in these bylaws to a person or committee to whom a power or duty is given under the bylaws is deemed to be also a reference to a delegate of the person or committee.

Appointments

(Adopted, May 2025)

16.16 Whenever Council, an official or a committee appoints an individual to an office, membership list or committee, it shall keep records of the appointment that include any conditions imposed on the appointment.

16.17 Term lengths and limits for individuals appointed to committees or membership lists will be established in Terms of Reference or policy.

Statutory Committees

(Adopted, May 2025)

16.18 The Statutory Committees are the:

- a. Competence Committee, and
- b. Medical Facilities Accreditation Committee (MFAC).

16.19 Statutory Committees will include members of the public as established by Council policy.

16.20 Council shall approve terms of reference for the Statutory Committees.

16.21 The Registrar shall, in accordance with applicable policy, which may be approved by Council;

- a. appoint members to the Statutory Committees,
- b. prescribe the term of office of any member,
- c. designate the Chair and Vice Chair of Statutory Committees and prescribe the term of such designations.

16.22 A Statutory Committee may establish or adopt any policies or processes necessary to fulfill its mandate.

Competence Committee *(Approved, March 2024; Repealed, May 1, 2025)*
Medical Facility Accreditation Committee *(Approved, March 2024; Repealed, May 1, 2025)*

Medical Facilities Accreditation Committee (MFAC)

(Adopted, May 2025)

16.23 MFAC may exercise the following powers and duties, in addition to any powers and duties prescribed under the HPA³, and [Part 5] in these bylaws:

- a. develop and direct regular reviews of the ownership and operation of any accredited medical facility and the financial arrangements pertaining thereto,

³ [Schedule 21 of Health Professions Act](#) (Dec. 5, 2024).

- b. ensure the operation of an accredited medical facility is in accordance with the Accreditation Standards⁴,
- c. confirm the practice of medicine conducted in an accredited medical facility, and the financial arrangements pertaining thereto, are in accordance with the Code of Ethics and Professionalism⁵ and Standards of Practice⁶ approved by the Council,
- d. assess the adequacy of the design of an accredited medical facility and the equipment utilized therein, along with the standards of operation used 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 an accredited medical facility.

Procedures for Meetings of Statutory Committees

(Adopted, May 2025)

16.24 Statutory Committees may adopt rules for the conduct of meetings that address the following:

- a. guidelines for the conduct of meetings,
- b. virtual attendance, virtual meetings and electronic voting,
- c. attendance at meetings by observers, applicants, regulated members, witnesses or their representatives,
- d. providing information about upcoming meetings, and
- e. the taking and keeping of minutes, preparation of decisions and sending of notices.

16.25 Rules shall seek to enhance the accountability and transparency of CPSA's activities without jeopardizing reasonable and prudent privacy, confidentiality and operational considerations.

16.26 Rules shall be available on the CPSA website.

Quorum for Meetings of Statutory Committees

(Adopted, May 2025)

16.27 Quorum for meetings of the Competence Committee or MFAC Committee shall be one-half (1/2) of the current members of the Committee. Where one-half (1/2) of the committee is not a whole number, quorum shall be

⁴ Please see [CPSA's website](#) for more information.

⁵ The Canadian Medical Association's [Code of Ethics and Professionalism](#) (2018).

⁶ CPSA's [Standards of Practice](#).

taken as the whole number which is closet to and greater than one-half (1/2).

16.28 No decisions will be made at a meeting of a Statutory Committee for which there is not quorum.

Resignation

(Adopted, May 2025)

16.29 CPSA Officials may resign in accordance with their employment contract if they are employees.

16.30 A member of a Statutory Committee or tribunal may resign at any time by delivering a notice in writing to the person or authority who appointed them.

Removal from Office

(Adopted, May 2025)

16.31 The Registrar and/or CEO may be removed from office by a two-thirds (2/3) majority vote of Council, giving consideration to the Registrar/CEO's employment contract.

16.32 Other CPSA Officials, members of Statutory Committees and tribunals may be removed by the person or authority who appointed them if:

- a. they no longer meet the eligibility criteria for their appointment,
- b. they violate an applicable Code of Conduct,
- c. they no longer have the confidence of the person or authority who appointed them, or
- d. they are a CPSA Official, their employment with CPSA is terminated for any reason.

Other Operational Committees (Approved, March 2024; Repealed, May 2025)
Regulated members appointed to Membership List (Approved, March 2024; Repealed, May 2025)

Vacancies on Committees

17.1 If there is a vacancy on a Council Committee, Council may:

- a. appoint a new member to fill the vacancy, or
- b. allow the vacancy to continue.

Removal of Standing Committee Member

18.1 A member of a Standing Committee may be removed on a two-thirds (2/3) majority vote of the Members of Council participating and eligible to vote at a meeting of Council.

- 18.2 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.

Attendance of Council Members as Observer at Committees

- 19.1 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.
- 19.2 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.

Council Meetings (Approved, March 2024; Repealed, May 2025)

Procedures for Council and Council Committee Meetings

(Adopted, May 2025)

- 20.1 Council shall establish rules for Council and committee meetings in the form of policies and terms of reference, which address:
- a. the calling of meetings and the form of notices,
 - b. rules of order for the conduct of meetings, including quorum and the manner in which decisions shall be made and votes cast,
 - c. guidance for when meetings, or portions of meetings, or deliberations can or should be held in camera, as well as rules for the conduct of meetings and reporting out when a decision is made in-camera,
 - d. virtual attendance, virtual meetings and electronic voting,
 - e. attendance by observers,
 - f. announcing upcoming meetings, the broadcasting and recording of same and public reporting if any,
 - g. the taking and keeping of minutes,
 - h. recording decisions, and
 - i. the selection of members to Council committees and of the appointment of members of Council to act as Committee Chair.
- 20.2 Rules for Council meetings shall seek to enhance the accountability and transparency of Council's activities without jeopardizing reasonable and prudent privacy, confidentiality and operational considerations.

20.3 Rules for Council meetings shall be available on the CPSA website.

Regular Council Meetings

(Adopted, May 2025)

- 20.4 A regular Council meeting is any meeting of Council for which at least ninety (90) days' notice is provided to members of Council but does not include special meetings or other meetings.
- 20.5 Council shall, at least four (4) times per year, conduct a regular Council meeting to effectively carry out its duties and powers under the HPA and these bylaws.
- 20.6 If Council changes the date, time or place of a regular Council meeting, it must provide at least one (1) weeks' notice of the change to each member of Council and anyone else who has indicated attendance.
- 20.7 Notwithstanding anything in this section, if a meeting time or location becomes unworkable due to unforeseen or emergent circumstances, best efforts will be made to communicate the change as soon as possible and find an alternative that is similar or proximate to the original time and/or location.
- 20.8 For the purpose of this section, a "virtual location" is equivalent to a physical location for a meeting.
- 20.9 A virtual location includes a meeting link, meeting ID number, a meeting application and anything else required to enable and attend a meeting using virtual technology.

Special Meetings of Council

(Adopted, May 2025)

- 20.10 A special meeting of Council is any meeting of Council for which the notice requirement of a regular meeting of these bylaws has not been met, including an emergency meeting.
- 20.11 Special meetings may be called by, or at the request of, the Chair or any three (3) members of Council.
- 20.12 Special meetings will be held at the CPSA offices unless the person(s) who call the special meeting designates an alternate place within the province and two-thirds (2/3) of the members of Council agree in writing to the location.
- 20.13 Notice of the time, date, agenda and location of a special meeting of Council shall be given to each member of Council not less than seven (7) days in advance of the meeting.
- 20.14 A special meeting may be held with less than seven (7) days' notice if two-thirds (2/3) of the voting members of Council agree to this in writing or by vote before the beginning of the meeting.

20.15 Special meetings shall be reserved for addressing specific time-sensitive matters which should not wait for a regular Council meeting.

20.16 For the purpose of this section, a “virtual location” is equivalent to a physical location for a meeting.

20.17 A virtual location includes a meeting link, meeting ID number, a meeting application and anything else required to enable and attend a meeting using virtual technology.

Other Meetings

(Adopted, May 2025)

20.18 Council, or a subset of Council, may gather or meet for informal purposes to be determined from time to time, including, but not limited to, education, training, orientation, team building or discussion.

20.19 No decision of Council can be made at an “other” meeting, and no decision made at an “other” meeting of Council is binding on CPSA or any person.

Resolution in Writing

(Adopted, May 2025)

20.20 Notwithstanding bylaw 20, Council may make a decision by way of a Resolution in Writing outside of a Council meeting if the Resolution in Writing is duly made and passed in accordance with the applicable policy established by the Council for the making and recording of such resolutions.

20.21 A Resolution in Writing may only be proposed where a resolution, in the opinion of the Chair,

- a. will not require Council discussion, and
- b. is time-sensitive and must be determined prior to the next scheduled meeting of Council.

20.22 If any voting member of Council objects to determining a matter by way of a Resolution in Writing, a special meeting of Council shall be called to determine the matter, or the matter shall be postponed to a regular meeting of Council.

Quorum

(Adopted, May 2025)

20.23 Quorum for meetings of Council or Council Committees shall be one-half (1/2) of the current members of the Council or Committee. Where one-half (1/2) is not a whole number, quorum shall be taken as the whole number which is closest to and greater than one-half (1/2).

Conduct of Council Members

(Adopted, May 2025)

20.24 Council members, when acting in their Council capacity, shall conduct themselves in accordance with the Council Code of Conduct.

Head Office

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

Registrar (Approved, March 2024; Repealed, May 2025)

Registrar

(Adopted, May 2025)

22.1 The person appointed to the Office of the Registrar, for the purposes of the HPA, shall also bear overall responsibility, authority and accountability to Council for all regulatory functions of CPSA, except where Council has retained responsibility and authority for itself under the HPA, these bylaws or in policy.

22.2 The Registrar may also be appointed as the Chief Executive Officer (CEO) of CPSA, subject to any conditions Council may establish in policy or by motion of Council.

22.3 The Registrar is the official spokesperson of CPSA, subject to any limitations Council may establish in policy.

22.4 On receipt of a complete application for registration, the Registrar must consider the application and make a decision in accordance with section 29 of the HPA (Receipt of application).

22.5 On receipt of a complete application for renewal, the Registrar must consider the application and make a decision in accordance with section 38 of the HPA (Application date for practice permit).

22.6 If the Registrar determines a regulated member has not complied with conditions imposed under section 40(2) of the HPA (Conditions on a practice permit), the Registrar may cancel the regulated member's practice permit in accordance with section 43 of the HPA (Cancellation of practice permit).

22.7 Council may delegate its authority to appoint inspectors under section 53.1 of the HPA (Inspectors) to the Registrar.

22.8 The Registrar is designated by Council for the purposes of sections 65 and 86 of the HPA (Conditions, suspension during proceedings; Stay pending appeal).

Acting Registrar (Approved, March 2024; Repealed, May 2025)

Acting Registrar and CEO

(Adopted, May 2025)

- 23.1 The Registrar may appoint an Acting Registrar for a period not to exceed thirty (30) days, subject to conditions the Registrar may impose, when the Registrar is absent or otherwise unavailable to act.
- a. The Registrar retains ultimate authority, responsibility and accountability during the period.
- 23.2 The CEO may appoint an Acting CEO for a period not to exceed thirty (30) days, subject to conditions the CEO may impose, when the CEO is absent or otherwise unavailable to act.
- a. The CEO retains ultimate authority, responsibility, and accountability during the period.
- 23.3 Council shall appoint an Acting Registrar, Acting CEO or both for any periods exceeding thirty (30) days or will appoint an Interim Registrar or CEO when the Registrar and/or CEO is unable to retain authority, responsibility and accountability for any reason.
- 23.4 A person who is Acting Registrar or Acting CEO cannot name a person to act in their absence.

Appointment of Complaints Director and Hearings Director

(Adopted, May 2025)

- 23.5 The Registrar shall appoint one person as the Complaints Director and one person as a Hearings Director, for the purposes of the HPA, and shall report the appointments to Council.
- a. The Complaints Director and Hearing Director appointments must be held by separate individuals.
- 23.6 The Complaints Director may appoint an Acting Complaints Director, and the Hearings Director may appoint an Acting Hearings Director, for a period not to exceed thirty (30) days, when the Complaints Director or Hearings Director is absent or otherwise unavailable to act, subject to conditions the Registrar may impose.
- 23.7 A person who is Acting Complaints Director or Acting Hearings Director cannot name a person to act in their absence.

Fees, Charges and Levies

- 24.1 The fees, charges and levies of CPSA shall be determined by resolution of Council.

Fiscal Year

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

Auditors

26.1 Council shall appoint one or more chartered accountants registered in the Province of Alberta as auditor for CPSA.

26.2 The Auditor shall, at least once each year, examine the accounts, books, and securities of CPSA, and provide a written report to the Council.

26.3 The Registrar shall publish annually a copy of the audited financial statements.

Money on Deposits

27.1 All funds of CPSA shall be deposited in the banking institution designated by the Registrar.

27.2 The Registrar shall designate the individuals authorized to withdraw and pay out the funds of CPSA.

Investments

28.1 Investments made by CPSA shall be made in the name of the College of Physicians & Surgeons of Alberta.

28.2 Council shall establish an investment policy and amend it from time to time.

PART 2 - REGISTERS AND REGISTRATION OF REGULATED MEMBERS

Practice Permits (*Approved, March 2024; Repealed, May 2025*)

Practice Permit Effective Date and Renewal Deadline

(*Adopted, May 2025*)

- 29.1 For the purpose of this section, “permit year” means the annual period for which a practice permit is active.
- 29.2 A practice permit;
- a. is effective on January 1 or the actual date that it is issued, whichever is later, and
 - b. expires on December 31 following the date of issue.
- 29.3 Regulated members must submit a complete application for renewal of their registration and practice permit for the coming calendar year, including payment of any applicable fees and levies, before 11:59 pm Mountain Standard Time, on December 31.

Recognition of Regulated Professionals Registered in Other Jurisdictions

(*Adopted, May 2025*)

- 29.4 For the purposes of section 4 of the Regulations (Equivalent jurisdiction), an applicant may provide evidence of competence in the practice of the profession by being registered as an active, regulated, practicing physician, surgeon, osteopath or physician assistant in a province or territory of Canada, or from a jurisdiction outside of Canada that is approved by the Council and named in Schedule 1 of these bylaws.
- 29.5 For greater clarity, the term “regulated” in this section means the professional practice of the applicant is:
- a. governed by legislation enacted by the provincial, territorial, state, or other legislative body, and
 - b. is subject to oversight by a regulatory body that is responsible for establishing, maintaining and enforcing registration, competence and practice standards substantially similar to those established in the HPA.
- 29.6 Applicants from a Canadian jurisdiction who meet the requirements of this section shall have their qualifications assessed in accordance with Chapter 7 (“Labour Mobility”) of the Canadian Free Trade Agreement (CFTA)⁷, while meeting the applicable requirements of the HPA.

⁷ The [Canadian Free Trade Agreement](#) (July 1, 2017).

- a. For the purposes of Article 705, paragraph 4(b) of Chapter 7, practice currency will be considered and addressed in a manner that is consistent with the Regulations and CPSA's typical currency requirements.

29.7 For applicants from a Canadian jurisdiction, the Registrar may assess the equivalency of a practice limitation, restriction or condition in accordance with Chapter 7 of the CFTA and apply an equivalent practice limitation, restriction or condition or refuse to register an applicant, as long as the assessment and outcome conform to Chapter 7 of the CFTA, Article 13 (Labour Mobility) of the New West Partnership Trade Agreement⁸, and the HPA.

29.8 Applicants from a jurisdiction listed in Schedule 1 of these bylaws will have their qualifications assessed according to the HPA and applicable policy established by the Registrar, as published on the CPSA website.

Providing Information (Approved, March 2024; Repealed, May 2025)

Information in Registers

(Adopted, May 2025)

30.1 For the purposes of this section, "custodian" is defined as a regulated member who is designated as a custodian under the *Health Information Act* (HIA)⁹ and Health Information Regulation¹⁰.

30.2 The Registrar may enter the following information for each regulated member into the appropriate category of register:

- a. under Part 4 of the HPA (Professional Conduct), whether the regulated member is the subject of:
 - i. an ongoing investigation under Division 3 (Investigations),
 - ii. a hearing under Division 4 (Hearings and Decisions), or
 - iii. an Appeal under Division 5 (Appeals).
- b. whether the regulated member has been found guilty of unprofessional conduct, or has agreed that their conduct was unprofessional, within the prior five (5)-year period, unless a different period of time is specified in the HPA.

30.3 In addition to any other information required by the HPA or Regulations, all regulated members and applicants must provide the following information to the Registrar:

⁸ The [New West Partnership Trade Agreement](#)

⁹ Province of Alberta's [Health Information Act](#) (Dec. 20, 2024).

¹⁰ Province of Alberta's [Health Information Regulation](#) (Dec. 20, 2024).

- a. identification and demographics:
 - i. their full legal and, if applicable, any previous names or relevant aliases,
 - ii. preferred name, if they practice under a name that is not their legal name,
 - iii. proof of legal name change, if their name is changed or does not match records submitted to CPSA,
 - iv. date of birth, and
 - v. gender,
- b. contact information:
 - i. a home address,
 - ii. a mailing address for the purpose of receiving confidential correspondence and notices,
 - iii. an email address for the purpose of receiving confidential electronic correspondence and notices,
 - iv. a phone number at which they can be reached during business hours, and
 - v. emergency contact information, including a phone number, address, and email address,
- c. proof of education, training, and experience acceptable to the Registrar, including:
 - i. qualifying degrees and other relevant qualifications earned, including specializations,
 - ii. the name of institutions that granted all qualifying degrees and the countries in which the institutions were located,
 - iii. the years in which degrees were granted,
- d. information on their regulated professional practice including:
 - i. all business or employer addresses and phone numbers,
 - ii. addresses and facility/clinic names for all practice locations,
 - iii. areas of practice,
 - iv. specializations,

- v. names of all supervisors, if applicable,
- vi. languages in which they can or do provide professional services,
- vii. a listing of any services provided or proposed to be provided that require approval under these bylaws or the Standards of Practice,
- viii. if the regulated member is custodian of patient records, the name of a designated successor custodian for the purposes of the applicable Standards of Practice and the HIA,
- ix. in the case of a physician, surgeon or osteopath, the name and business mailing address of any physician assistant the member is supervising,
- x. in the case of a physician assistant, the name and business mailing address of the supervising physician, surgeon or osteopath,
- e. any other jurisdictions outside of Alberta in which the member or an applicant is registered or has been registered, and whether the member or the applicant continues to practice in those jurisdictions, and
- f. any other regulated health profession in which the regulated member or applicant is registered and whether they are a practising member of that profession.

30.4 The Registrar will remove information from a register when CPSA has no legal or business reason to retain the information, or when the Registrar is satisfied that the information is incorrect.

Disclosure of Register Information

(Adopted, May 2025)

30.5 CPSA will disclose the information of each regulated member that is required by the HPA and Regulations by publishing it on the CPSA website.

30.6 In addition to the disclosure of information required by the HPA and Regulations, the following information for each regulated member may be published on the CPSA website:

- a. gender,
- b. languages in which the regulated member can or does practice, and
- c. a listing of relevant qualifications, including degrees earned and the year(s) when qualifications were earned.

30.7 The following information for each regulated member must be published on the CPSA website:

- a. information respecting a complaint and ratified settlement in accordance with the Alternative Complaints Resolution Process in sections 58 to 60 of the HPA (Process; Evidence; Settlement), when agreed to in the settlement,
 - b. the date of any upcoming hearings or appeals applicable to the regulated member,
 - c. any decision, order or direction made under Part 4, Division 4 (Hearings and Decisions) and Division 5 (Appeals) of the HPA, including written decisions issued by a hearing tribunal or Council with respect to any matter,
 - i. the Registrar may publish a redacted version of a decision when redaction is necessary under the HIA or *Personal Information Protection Act*, and
 - d. any direction made pursuant to section 118(4) of the HPA (Assessing incapacity).
- 30.8 Information about a regulated member published in accordance with the HPA and this section will remain available on the CPSA website for as long they are a regulated member plus two (2) years after the date their registration is cancelled.
- 30.9 Notwithstanding bylaw 42.3 and 42.4, the following rules apply to publication of register information;
- a. Information will be published for a different period if required by the HPA.
 - b. If the regulated member's registration and practice permit have been cancelled under section 82 of the HPA (Orders of tribunal) or through a finding of unprofessional conduct by appeal to Council or the Court, the information will be published indefinitely,
 - c. If the regulated member receives any order other cancellation, under section 82 of the HPA (Orders of tribunal) or through a finding of unprofessional conduct by appeal to Council or the Court, the information will be published for 10 years from the date of the order or finding, or
 - d. If the regulated member is the subject of a complaint, investigation, discipline, or appeal process under Part 4 of the HPA (Professional Conduct), the information will be published while the process is underway.

Decision on Application

(Adopted, May 2025)

- 31.1 Under Part 2 of the HPA (Registration), the Registrar shall determine any decision on the:

- a. approval,
- b. deferral,
- c. refusal,
- d. suspension,
- e. cancellation,
- f. reinstatement,
- g. renewal, or
- h. conditions.

Good Character and Reputation (*Approved, March 2024; Repealed, May 2025*)

Good Character and Reputation

(Adopted, May 2025)

32.1 All applicants applying for registration, and all regulated members at renewal or upon request by the Registrar, must provide evidence of having good character and reputation.

32.2 Pursuant to section 29.1(1)(e) of the HPA (Registrar consideration of applicant character, reputation), the Registrar may request any or all of the following as evidence of good character and reputation:

- a. graduation from a medical program or physician assistant program without any academic misconduct finding reported on university records,
- b. a clear criminal record check,
- c. a positive reference from a colleague, supervisor, professor or other qualified individual,
- d. a letter of good standing or similar record from another professional regulatory body,
- e. whether they have pled guilty, pled no contest, or been found guilty of a criminal offence for which they have not been pardoned,
- f. whether they have been charged with a criminal offence that is currently outstanding,
- g. whether they have had a negligence claim made against them, been sued for negligence, had a negligence claim paid on their behalf or paid a negligence claim, or
- h. evidence satisfactory to the Registrar that the applicant or regulated member has remediated their character and reputation if any of the

preceding or any information provided under the HPA has indicated an absence of good character and reputation.

Reinstatement of Registration

(Adopted, May 2025)

- 33.1 A former regulated member whose registration was cancelled under the HPA, except for cancellation under Part 4 of the HPA (Professional Conduct), may make application to the Registrar for their registration to be reinstated and their practice permit reissued.
- 33.2 In accordance with Part 2 of the HPA (Registration), the process and requirements for reinstatement are the same as the process and requirements for application and registration, except for the following:
- a. the former member must indicate their prior registration number on the application form,
 - b. if the member owed any outstanding amounts to CPSA at the time of their cancellation, except for a renewal amount that was not paid, the outstanding amounts must be paid in full,
 - c. if the former member has a prior decision of a hearing tribunal on their record with CPSA, evidence satisfactory to the Registrar that all orders of the hearing tribunal have been complied with or satisfied, and
 - d. if the former member had conditions on their registration or practice permit when it was cancelled, evidence that they have complied with the conditions, or if they have not yet complied, acknowledgement that they will comply with the conditions within a specified time upon reinstatement.
- 33.3 At the discretion of the Registrar, if CPSA has records on file for the former member that are current enough to fulfill their purpose, the above documents may not have to be resubmitted.

Liability Insurance (Approved, March 2024; Repealed, May 2025)

Professional Liability Insurance

(Adopted, May 2025)

- 34.1 All applicants applying for registration, unless exempted in a policy of Council, and all regulated members at renewal or upon request by the Registrar, must provide evidence satisfactory to the Registrar that:
- a. they hold, and continue to hold, professional liability insurance that extends to all areas of the member's practice, including any vicarious liability of the member as a result of the conduct of the member's employee or agent, and

- b. through a policy issued by a company licensed to carry on business in the province that provides coverage of at least \$10,000,000.00 per occurrence.

34.2 Bylaw 46.1 does not apply to a regulated member who is on a Student Register of CPSA and who is not performing medical services outside the member's educational program.

34.3 Membership in the Canadian Medical Protective Association is considered to meet the requirements of this section.

Fitness to Practice

35.1 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.

English language requirements (*Approved, March 2024; Repealed, May 2025*)

English Language Proficiency

(*Adopted, May 2025*)

36.1 All applicants, unless exempted in policy established by the Registrar, must provide evidence that they are sufficiently proficient in the English language to provide professional services in English.

36.2 Evidence of proficiency is established by achieving an acceptable score on an approved English language proficiency exam within twenty-four (24) months of submitting an application to CPSA, as follows:

- a. International English Language Testing System (IELTS) Academic¹¹ – achieving a minimum score of 7.0 in each of the four (4) components in a single report,
- b. Occupational English Test (OET)¹² – achieving a minimum grade of B in each component in a single test, or
- c. Canadian English Language Proficiency Index Program (CELPIP) General test¹³ – achieving a minimum score of nine (9) in each component in a single test.

36.3 A policy established by the Registrar under bylaw 47.1 may include exemptions based on:

¹¹ [International English Language Testing System \(IELTS\)](#).

¹² [Occupational English Test \(OET\)](#).

¹³ [Canadian English Language Proficiency Index Program \(CELPIP\)](#).

- a. alternative means of demonstrating English language proficiency that the Registrar deems to be substantially equivalent to achieving a minimum score on an approved exam, or
- b. practice situations for particular categories of registration where a different measure of proficiency in the English language is more appropriate to the circumstances and does not present a significant risk to patient care.

Limited Liability Partnership

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

Retired Members

38.1 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 CPSA on the date of retirement.

38.2 Each applicant for registration as a retired member must notify CPSA in writing of the effective date of retirement.

38.3 A retired member shall not practice medicine in Alberta.

Professional Corporation Application (Approved, March 2024; Repealed, May 2025)

Application for Approval

(Adopted, May 2025)

39.1 A regulated member who files an application for approval of the articles of a proposed professional corporation under section 108 of the HPA (Approval for professional corporation) shall provide to the Registrar:

- a. an application in the form determined by the Registrar,
- b. a copy of the proposed articles of incorporation, which must include restriction and provision clauses acceptable to the Registrar,
- c. the name of the proposed professional corporation, which must comply with rules for the naming of professional corporations set out in bylaw 48,
- d. the business and mailing addresses of the corporation,
- e. the legal names and contact information, including email and home addresses, of all voting and non-voting shareholders,
- f. a listing of all directors who are regulated members,

- g. evidence satisfactory to the Registrar that the corporation complies with sections 109(1)(a) through (f) of the HPA (Professional corporation registered), and
- h. other information of an administrative nature required by the Registrar for the expedient processing of the application.

Decision on Application for Approval

(Adopted, May 2025)

39.2 The Registrar must, as soon as reasonably possible, on receipt of an application for approval of a professional corporation, give notice to the applicant that the application:

- a. has been received,
- b. whether it is complete or, if it is not complete,
- c. what is required to make it complete.

39.3 On receipt of a complete application, the Registrar must consider the application and:

- a. approve the articles of the professional corporation,
- b. defer the approval if, in the opinion of the Registrar, it is in the best interests of the public to defer the approval until the applicant complies with a direction given by the Registrar, or
- c. refuse the application for approval.

Professional Corporation Annual Permit (Approved, March 2024; Repealed, May 2025)

Application for Registration and Issuing an Annual Permit

(Adopted, May 2025)

40.1 Upon receipt of an application for registration of a professional corporation under section 109 of the HPA (Professional corporation registered), the Registrar must consider the application in accordance with the HPA.

40.2 An annual permit issued by the Registrar under sections 109 or 110 of the HPA (Professional corporation registered; Annual permit):

- a. is effective on January 1 or the actual date that it is issued, whichever is later, and
- b. expires on December 31 following the date of issue.

Renewal of Professional Corporation Annual Permit (Approved, March 2024; Repealed, May 2025)

Renewal of Annual Permit

(Adopted, May 2025)

- 41.1 A professional corporation applying for renewal of its registration and practice permit shall provide to the Registrar:
- a. an application in the form determined by the Registrar,
 - b. evidence satisfactory to the Registrar that the corporation continues to comply with section 109(1)(a) through (f) of the HPA (Professional corporation registered), and
 - c. other information of an administrative nature required by the Registrar for the expedient processing of the application.
- 41.2 A professional corporation must submit a complete application for renewal of their registration and annual permit for the coming calendar year, including payment of any applicable fees and levies, before 11:59 pm Mountain Standard Time on December 31.
- a. The Registrar will provide a professional corporation notice sixty (60) days prior to the renewal deadline.

Professional Corporation Records (Approved, March 2024; Repealed, May 2025)

Record of Professional Corporations

(Adopted, May 2025)

- 42.1 In addition to the requirements of sections 113(1)(a) through (c) of the HPA (Record of professional corporations), the Registrar shall keep and maintain the following information in the record of professional corporations:
- a. the business and mailing addresses of the corporation,
 - b. the legal names and contact information, including email and home addresses, of all voting shareholders,
 - c. a listing of all directors who are regulated members,
 - d. the number and type of shares held by a shareholder, and
 - e. information on expiry or cancellation of the annual permit in accordance with section 114(5) of the HPA (Cancellation of P.C. permit).
- 42.2 The Registrar may remove information from the record of professional corporations when CPSA has no legal or business reason to retain the information, or when the Registrar is satisfied that the information is incorrect.

Notice of Change in Organization

(Adopted, May 2025)

- 42.3 The Registrar shall determine the form of notice required by professional corporations making any change in the ownership, directors, or name of the professional corporation in accordance with section 112 of the HPA (Change in organization).
- 42.4 The required form of notice will be published on the CPSA website and available to all professional corporations.

Disclosure of Information on the Record of Professional Corporations

(Adopted, May 2025)

- 42.5 In addition to the disclosure of information required by the HPA, the Registrar shall publish a list of active medical professional corporations in Alberta on the CPSA website.
- 42.6 The list will include, as a minimum, the business name of each professional corporation that holds an annual permit on the date the list is generated.

Cancelled or Expired Annual Permits

(Adopted, May 2025)

- 42.7 Pursuant to sections 115(1) and (3) of the HPA (Notification of cancelled, expired P.C. permits), the Registrar may provide any other information that the Registrar, in their sole discretion, deems relevant to the registrar of corporations.

Professional Corporation Names (Approved, March 2024; Repealed, May 2025)

Naming of a Professional Corporation

(Adopted, May 2025)

- 43.1 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 CPSA who are shareholders of the corporation followed by "Professional" and "Corporation" and an appropriate descriptive term such as "medical" or "surgical."
- 43.2 Except as provided in this section, a professional corporation shall carry on the practice of medicine under its corporate name.
- 43.3 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 approved by the Registrar.

43.4 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.

Professional Corporation Reissue after Revocation (*Approved, March 2024; Repealed, May 2025*)

Reinstatement of Cancelled or Expired Annual Permits and Registrations

(*Adopted, May 2025*)

44.1 A professional corporation whose registration or annual permit was cancelled under the HPA may make application to the Registrar for their registration to be reinstated and their annual permit reissued.

44.2 The process and requirements for reinstatement are the same as the process and requirements for application and registration, except for the following:

- a. the former professional corporation must indicate their prior registration number on the application form, and
- b. at the discretion of the Registrar, if CPSA has records on file for the former professional corporation that are current enough to fulfill their purpose, such documents may not have to be resubmitted.

PART 3 - RECORDS

Seal

45.1 The Registrar shall:

- a. have custody of the seal of CPSA; and
- b. affix the seal to all documents requiring the seal.

45.2 Council may amend the design of the seal.

Documents, Records and Forms

46.1 The Registrar is authorized to determine such forms, certificates, permits or other documents that may be required for the purposes of the HPA, the Regulations and these Bylaws.

46.2 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.

46.3 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.

46.4 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.

Notices

47.1 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 HPA or these Bylaws may be given by:

- a. mail,
- b. electronic mail,
- c. fax,
- d. posting on the website of CPSA, 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.

Use of Electronic Documentation

48.1 Unless otherwise specified, a requirement for a signature in these bylaws may be satisfied by an electronic signature that reliably identifies the person signing.

- 48.2 Unless otherwise specified, a requirement for “writing” or “written” in these Bylaws may be satisfied by electronic form of such requirement.
- 48.3 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 CPSA;
 - b. an electronic interface hosted by CPSA or an agent of CPSA; or
 - c. electronic mail.

Removal of Information (*Approved, March 2024; Repealed, May 2025*)

PART 4 - COMMUNICATION WITH THE PUBLIC

Publication of Ratified Settlement

49.1 For the purpose of section 60 of the HPA (Settlement), and subject to the terms of a ratified settlement, the Registrar may publish information regarding the ratified settlement.

Publication (Approved, March 2024; Repealed, May 2025)

PART 5 – COLLEGE ACCREDITATION PROGRAMS

Section A – Medical Facilities

Accreditation of Medical Facilities

- 50.1 For the purposes of this section, the definitions set out in section 8 of Schedule 21 of the HPA (Definitions) shall apply.
- 50.2 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.
- 50.3 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.
- 50.4 For the purpose of the *Health Facilities Act*, minor surgical procedures are those which may be performed in a physician's general office.
- 50.5 In this section and for the purposes of section 8(g) of Schedule 21 of the HPA (Definitions) "prescribed health service" includes:
- a. diagnostic imaging services; except for unaccredited point-of-care ultrasound¹⁴ on a physician's own patient;

¹⁴ 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

- 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;

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.

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 (insertion or removal).
- 13) Endovenous ablation (including, but not limited to, laser ablation, radio frequency ablation, mechano-chemical ablation).
- 14) Procedures limited to facilities approved for extended stay – as per the Standards for Non-Hospital Surgical Facility Accreditation: Bariatric Surgery
 - a. Laparoscopic Sleeve Gastrectomy
 - b. Laparoscopic Roux-en-Y Bypass (RYGB)
 - c. Laparoscopic Single Anastomosis Duodenal–Ileal (SADI)

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,*¹⁵
- 13) Transvaginal ovarian cyst aspiration,*
- 14) Embryo Transfer,*
- 15) In Vitro Fertilization.*

¹⁵ (*) Denotes inclusion in an ART program

iv. Ophthalmologic

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

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*¹⁶ 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,
- k. Caldwell Luc procedure,
- l. intranasal antrostomy,
- m. intranasal complete ethmoidectomy,
- n. turbinate resection,
- o. sphenoidotomy,

¹⁶ (*) 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.

- 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.
 - cc. Canalplasty
 - dd. Type 1 Tympanoplasty with Autologous Graft
 - ee. Tympanoplasty
 - ff. Myringoplasty
 - gg. Type 1 Tympanoplasty with Non-Autologous Material
 - hh. Parotidectomy Surgery (Non-Cancer)
 - ii. Submandibular Gland Resection (Non-Cancer)
 - jj. Hemithyroidectomy
 - kk. Parathyroidectomy
 - ll. Functional Endoscopic Sinus 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),
- 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
 - a. 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,*¹⁷
 - 8) testicular sperm extraction,*

¹⁷ (*) Denotes inclusion in an ART program

- 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)

50.6 In addition to Bylaw 50(5), “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.

50.7 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 doctoral scientist with the qualifications as set out in the accreditation standards as a medical director.

50.8 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.

50.9 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.

50.10 Any accreditation granted by the accreditation committee under Section 8.3(2) of Schedule 21 of the HPA (Application for accreditation) 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.

- 50.11 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.
- 50.12 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.
- 50.13 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.
- 50.14 The accreditation committee shall determine the specific provisions of the accreditation standards which apply to a specific medical facility or class of medical facility.
- 50.15 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.

Responsibilities of a Medical Director of a Medical Facility

- 51.1 Subject to section 8.4 of Schedule 21 of the HPA (Inspections of medical facilities), 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, and
 - 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.
- 51.1 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.
- 51.2 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(15).

51.3 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

Accreditation Standards

52.1 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 HPA (Requirement for Accreditation) are determined, and amended from time to time, by simple majority resolution of Council.

PART 6 – APPEALS

Delegation of Council Reviews and Appeals to a Review Panel

- 53.1 Council delegates its duty and authority to hear and determine:
- a. a request for review under section 31 of the HPA (Review application);
 - b. a request for a review under section 41 of the HPA (Review by council);
 - c. a request for a review under section 38 of the Regulations;
 - d. an appeal under section 87(1) of the HPA (Appeal to council);
 - e. an appeal under section 118(6) of the HPA (Assessing incapacity); and
 - f. an appeal under section 8.5 of Schedule 21 of the HPA (Appeal of accreditation committee’s decision); to a panel (Review Panel) of the Council.
- 53.2 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.
- 53.3 An appeal or review for all matters other than an appeal under section 87(1) of the HPA (Appeal to council) 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.
- 53.4 An appeal under section 87(1) of the HPA (Appeal to council) 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.
- 53.5 A Review Panel shall select a chair from its members.
- 53.6 A Review Panel cannot delegate the duty or authority to conduct the review or appeal to any other person.
- 53.7 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.

Filing Deadlines and Length of Submissions to the Review Panel

- 54.1 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.

- 54.2 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.
- 54.3 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.
- 54.4 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.
- 54.5 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.
- 54.6 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.
- 54.7 Oral argument must not exceed 60 minutes for each party in the appeal or review.
- 54.8 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.

SCHEDULE 1

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