

## **Terms of Reference Medical Facility Accreditation Committee Approved – December 2020**

### **Purpose**

The Medical Facility Accreditation Committee (MFAC) is a standing committee of Council and the oversight committee of the CPSA's accreditation programs. Overseeing six advisory committees, MFAC advises Council on matters of policy related to the accreditation of facilities. This oversight improves the consistency of standards and their application across all programs.

### **Membership**

Council appoints the chair and the members of the Medical Facility Accreditation Committee for a three year term which is renewable once. Consideration is given to geographic location and public versus private representation.

Voting members are:

- nine (9) registered members from diverse disciplines in clinical and diagnostic medicine, at least one of whom is a physician member of Council and one of whom is a non-physician member of Council with a relevant background (i.e. healthcare, quality, safety, legal etc.)
- and Council President as an ex-officio member

### **Authority and Accountability**

MFAC is established under Schedule 21, Section 8.2(1) of the Health Professions Act . As such, the committee must:

- “(a) carry out its duties under this Schedule, the regulations and the bylaws of the college, and
- (b) advise the council on any matter relating to the accreditation of a medical facility or to the accreditation process generally. ”

## **Roles and Responsibilities**

Many of the Roles and Responsibilities for MFAC are delineated in the Health Professions Act – Schedule 21 and include, but are not limited to:

1. Advise Council on accreditation standards for the ownership and operation of the following diagnostic and treatment facilities in Alberta;
  - Diagnostic imaging
  - Medical laboratory
  - Pulmonary function testing
  - Neurodiagnostic testing
  - Non-hospital surgical facilities
  - Sleep disorders testing
  - Cardiac stress testing
  - Hyperbaric oxygen facilities
2. Oversee the investigation and inspection of the ownership and operation of such facilities;
3. Establish, develop, and administer a program of review and assessment of such facilities;
4. Confirm that the practice of medicine conducted in such facilities and the financial arrangements pertaining thereto are in accordance with the CPSA's Bylaws and Standards;
5. Grant approvals for physicians requesting privileges to work within accredited facilities and to interpret diagnostic testing modalities as required in the standards;
6. Advise Council on procedures to be identified as prescribed health services under the CPSA bylaws as per Schedule 21, Section 8 (g) of the Health Professions Act.
7. Advise Council on matters referred to the Committee regarding the qualifications of physicians for medical practice in addition to their recognized specialties.

The Committee may do the following in conducting its business and preparing advice for Council:

- receive and review minutes, reports, and recommendations of consultants and accreditation subcommittees
- review scientific literature
- review standards in other jurisdictions
- receive written and oral presentations from stakeholders

## Meetings

### Frequency

- Meetings are held four times a year and at the request of the Chair. Additional meetings may be called as required.

### Procedures

- Meetings are in-person or virtual at the discretion of the CPSA/Chair.

### Decision Making

- General decisions are reached by consensus of the members present.
- Decisions supported by motions require that a minimum of half of the voting members are in attendance in-person or by audio or video-conference.
- The Chair is included in the quorum count.
- The Chair does not vote, except in the event of a tie; the Chair will cast the deciding vote.

### Records of the Committee

- Meeting minutes are made available to all Committee members within 14 business days of Committee Meeting via CPSA secure SharePoint site.
- CPSA Council does not approve the minutes from the Committee meetings, however if a Council member wishes to see the minutes, the minutes can be provided to them.
- The Medical Facility Accreditation Committee reports to CPSA Council on its activities after each meeting.
- Copies of meeting minutes are retained for a minimum of 10 years.

### Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except that information deemed necessary to communicate the decision to stakeholders.
- All Committee members are required to sign confidentiality agreements on an annual basis.

## Subcommittees

- Six (6) standing advisory committees, composed of peer professionals (both physician/technical), identify the needs and realities of Alberta stakeholders based on local practice to inform the work of MFAC.

These advisory committees include:

- Advisory Committee on Diagnostic imaging
- Advisory Committee on Laboratory Medicine
- Advisory Committee on Pulmonary Function Diagnostics
- Advisory Committee on Clinical Neurodiagnostics
- Advisory Committee on Non-hospital Surgical Facilities
- Advisory Committee on Sleep Medicine Diagnostics

## Committee Resources:

- Council approves the budget for the Medical Facility Accreditation Committee. Committee Members are paid expenses and honoraria as per CPSA's Honoraria and Expense Policy. The following CPSA Staff attend meetings in a supportive role to the Committee:
  - Assistant Registrar, Accreditation
  - Senior Medical Advisor, Accreditation
  - Director, Accreditation
  - Accreditation Program Coordinator
  - Program Manager, Clinical Accreditation
  - Program Manager, Laboratory Medicine
  - Program Manager, Sleep Medicine and Pulmonary Function Diagnostics
  - Program Manager, Diagnostic Imaging Accreditation

## Next Review Date - 2023