COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

August 18, 2020

Andrew Douglas
Director, Health Professional Regulation

sent via e-mail to: Andrew.douglas@gov.ab.ca

Dear Mr. Douglas,

SUBJECT: Proposals to amend the Health Professions Act

Thank you for the opportunity to provide feedback on the proposals to amend the *Health Professions Act* (HPA). CPSA supports amendments to the HPA that provide regulators with improved authority to more effectively respond to the public's growing expectations, for both stronger patient protection and increased public involvement in the health system. However, we believe there is value in having more fulsome discussions between your staff and CPSA regarding these proposals. It is difficult to provide a response without understanding the issues that are to be solved by the proposals.

CPSA is concerned some of the proposals will increase costs and be less efficient for patients and the public. If we had a better understanding of the government's foundational concerns, we believe we could address these concerns together, without adding layers of complexity for Albertans. Specifically, we believe there is tremendous risk related to proposals 1, 4 and 5, including significant financial implications for the government.

In addition to providing commentary on the potential amendments identified in the Discussion Paper (see Appendix I), we have included summaries of real-life scenarios, highlighting current legislative gaps that constrain our regulatory authority to act.

We support the government's efforts to prioritize public protection and quality assurance. Our priorities are consistent with these efforts and fall under the following three themes:

1. Strengthen regulatory powers and processes to expedite responsiveness and thoroughness, while providing alternative remediation solutions, administered in a timely and cost-effective manner.

2. Endorse information sharing between regulatory colleges, including interprovincial colleges, Alberta Health Services (AHS), other employers and the Health Quality Council of Alberta (HQCA), to optimize public protection and patient safety.

3. Enable regulatory colleges to access information for quality assurance and quality improvement purposes.

We provide detailed commentary on these three themes in Appendix I (please see comments on Proposal 5, as well as our comments on the proposals set out in Attachment II of the Discussion Paper).

We thank you for this opportunity to provide our perspective on these proposals. There is tremendous opportunity to enhance the HPA in ways that will allow Alberta's regulatory authorities to improve how we protect the public. That said, we do have significant concerns

some of the proposals will overcomplicate the regulatory process. We suggest additional opportunities be provided, to allow us to gain a better understanding of the government's concerns and discuss options that will allow us to address those concerns together.

Yours truly,

Scott A. McLeod, MD, CCFP, FCFP
Registrar

/gcj

Appendix I – Comments on "Proposals to Amend the Health Profession Act to Improve Regulatory Effectiveness and Efficiency: Discussion Paper"

Appendix II – CPSA Registration and Registration Assessments

CC: Dona Carlson, Health Profession Regulation, dona.carlson@gov.ab.ca

Appendix I: Comments on "Proposals to Amend the *Health Professions Act* to Improve Regulatory Effectiveness and Efficiency: Discussion Paper"

In our cover letter, we provided an overview of CPSA's legislative priorities to enhance our role in protecting the public. In this document, we provide detailed commentary on the proposals set out in the Discussion Paper. As requested, we have included additional ideas for improving the effectiveness and efficiency of the current regulatory system.

Proposal #1: Enhance the ability of government and regulated health professionals to respond to public health emergencies.

(a) Power to Vary HPA or to Direct Actions Regarding Standards of Practice

CPSA observes that the power to direct amendments to standards of practice is addressed in the current legislative structure. The Minister has the authority, under Part 8.1 of the HPA, to request the Lieutenant Governor in Council direct a college to amend its standards of practice. The Consultation Regulation, Alberta Regulation 133/2008, already includes a process for expediting the process when there are issues of patient safety, quality of care, public interest, or a critical workforce shortage (s. 3). If the required involvement of the Lieutenant Governor in Council is viewed by the government as causing too many delays in the process, we suggest that any new Ministerial powers be time-limited and only come into effect upon the declaration of a public health emergency under the *Public Health Act*.

As an alternative, CPSA proposes that upon declaration of a public health emergency under the *Public Health Act,* colleges be empowered to create or amend standards of practice without following the normal consultation process, other than an expedited consultation process with the Minister. This power would enable colleges to react nimbly to protect the public during situations such as a pandemic.

With respect to the power to modify legislative provisions, we note that s. 52.1 of the *Public Health Act* already provides that, upon declaration of a public health emergency, the Minister has the power to suspend or modify the application or operation of all or part of an enactment. Given these provisions, we are uncertain what additional powers are required to amend the HPA during a public health emergency.

(b) Regulation of Health Care Aides

Given the importance of health care aides to the long-term care system and the health care system generally, CPSA is supportive of the proposal to regulate health care aides under the HPA by one of the existing colleges.

Proposal #2: Mandate the separation of colleges from professional associations and labour unions and enhance the operation of governing councils and hearing tribunals.

(a) colleges will not be able to function as professional associations

CPSA does not, in any way, function as a professional association and is instead focused solely on advancing and protecting the public interest. However, CPSA is concerned about the potential for unintended consequences from this proposal. Our concern arises primarily from the lack of clarity as to what might be considered "association activities" and therefore prohibited for colleges to perform. If colleges are restricted from performing any activities not expressly required under the HPA, then many would have to cease some activities that advance the public interest. For example, many colleges facilitate continuing education activities for their members, which are not part of a formal continuing competence program. Many colleges also provide practice advice to members facing challenging professional situations. These types of services are in the members' interest but such programs are provided by colleges because they also advance the public interest. If colleges do not provide such services, there will not be any organization available to do so for some professions.

If the government proceeds with this proposal, being very specific about what type of activities colleges would or would not be able to provide is key to avoid unintended consequences. This is an area CPSA believes requires additional dialogue between the Department and colleges to improve any further legislative proposals.

There is a wide spectrum among colleges with respect to whether they provide association activities. Some, like CPSA, do not function as a professional association at all. Some colleges engage in some association activities, while others have active member services areas. As an interim step, the Department may wish to consider obtaining more detail on what exactly is being done by colleges that might be considered to be association activities, then assess which activities are causing concern. In order to increase transparency about this issue, the Minister could direct that the Annual Report submitted by colleges include information on the association activities provided by each college. Such information could also be published on the college's website.

(b) Prohibiting Representatives from Associations and Unions from Serving on Council or Statutory Committees

Many colleges address these conflict of interest issues in their bylaws. CPSA supports this proposal, which would prevent officers and senior employees from either professional associations or labour unions representing members of that college from sitting on Council or serving on regulatory committees.

Proposal #3: Enable and enhance the regulation of multiple professions within regulatory colleges (amalgamation).

The proposal suggests amendments to the HPA to enable amalgamation of existing colleges. CPSA support this amendment, provided amalgamations can only take place with the agreement of each of the colleges being amalgamated.

Proposal #4: Establish a centralized registration of health professionals in Alberta.

(a) Establish central registry

CPSA supports this proposal in principle. However, if we had additional information on the concerns being addressed by this proposal, we could provide a more fulsome response. For instance, if the concern is that patients do not know who regulates an individual health professional, the simplest solution is to ensure all health professionals make information about their regulatory authority readily available to members of the public. CPSA believes that there could be value in establishing a central registry and perhaps this could be done in conjunction with some of the information already provided to the Department through the Provincial Provider Registry (PPR). However, there is personal information provided to the PPR (such as date of birth) that would be inappropriate to include in a public registry. If a central registry is established, the public should be able to access the same information as set out in the public register under s. 33(3) of the HPA.

(b) Create a single agency to oversee registration of all professionals

CPSA is strongly opposed to this proposal. It is a core function of every college to protect the public interest by ensuring only those with the appropriate level of competence and ethical standards be admitted to the profession. CPSA's registration process is complex, time-intensive and focused on protecting the public interest while also being fair to applicants. Attached as Appendix II – CPSA Registration and Registration Assessments is a document which provides additional information about CPSA's registration process. As this document demonstrates, an in-depth knowledge of the medical profession is required to conduct the necessary assessments. If the government were to assume the registration function for all health professions, it would need to create a massive new agency at a time of spending restraint and red-tape reduction. Most importantly, we are not aware of any empirical evidence demonstrating that centralizing registration in a new government agency would better advance and protect the public interest. Increased public oversight of the registration processes is already addressed with the proposed increases to public representation on college councils and appeal panels. We also note that the Ombudsman's office can be engaged in a review of registration processes and the recently enacted *Fair Registration Practices Act* further enhances the registration process.

Another serious concern CPSA has with this option is the impact on our predictive analytics program that uses registration data to identify high-risk practice behaviours. Losing this registration information would dramatically decrease our ability to identify high-risk practices and intervene prior to the public being harmed.

Proposal #5: Revise the current professional complaints and discipline processes.

(a) Establish a centralized agency to receive and triage complaints

CPSA understands it is often challenging for a patient or member of the public who wishes to raise a concern to navigate between various colleges and agencies, including Alberta Health Services. CPSA's Patient Advocates frequently work with patients and help them informally navigate the health care system when they don't want to file a complaint, but need some direction on who to contact with concerns about their experiences. If the government decides to potentially pursue the option of a centralized agency to receive and triage complaints, then CPSA could share the expertise of its Patient Advocates in more detail if that would be of assistance.

If the government pursues this option, it will also be important to be clear about what "triage" means. From our perspective, directing a patient to the appropriate college or agency is acceptable, but the duties under Part 4 of the HPA should not be split between CPSA and the central agency. Any splitting of duties is likely to result in duplication and confusion, which could lead to additional delays. Furthermore, if patients are able to file a complaint through a central portal, they should also be entitled to file a complaint directly with the affected college.

Another option to consider is to enhance and promote the services provided by Alberta Health Advocates, as well as increase their role as navigators for patients. The Alberta Health Advocates website states one of their key roles is "Referring Albertans to the appropriate complaints resolution process." If this role is enhanced and better promoted, it would support the complaints process without creating another agency and adding additional complexity to the process. CPSA's Patient Advocates currently preform this role, thus we have significant expertise and insight and would be pleased to collaborate with the Alberta Health Advocates office to enhance their capabilities.

(b) Establish a centralized agency to address patient concerns/complaints

CPSA is strongly opposed to this option. Details as to how this would work are sparse but essentially, this agency would deal with the complaint at the initial stages and then refer the matter to the appropriate college if a dismissal was appealed, an investigation was necessary, or disciplinary action was required. This would go far beyond helping the patient navigate the system and would result in splitting responsibilities under Part 4 of the HPA between the central agency and CPSA. We are very concerned about potential duplication, inefficiencies and increased costs. This is inconsistent with the government's red-tape reduction initiative and most importantly, there is no empirical evidence that this would enhance the protection of the public.

(c) Establish a centralized complaint and discipline agency

CPSA is strongly opposed to this proposal. It is a core function of every college to protect the public interest by having a strong professional discipline process. An in-depth knowledge of the medical profession is required to conduct investigations and hearings. If the government were to assume the

discipline function for all health professions, it would be required to create a massive new agency at a time of spending restraint and red-tape reduction. Most importantly, we are not aware of any empirical evidence demonstrating that centralizing the discipline process in a new government agency would better protect the public or be in the public interest. Public oversight of the discipline process is already provided through the proposal to increase the number of public members on Council to 50 per cent. Additional oversight is provided by the Ombudsman as well. If government decided to remove the registration and discipline processes from the colleges, there is no reason for colleges to exist.

CPSA is deeply concerned the proposals to have a single agency for registration and complaints would fracture the manner in which regulatory colleges integrate data and develop programing to help protect the public. As an integrated organization, CPSA learns from its complaints work which then improves our work with standards of practice, continuing competence, physician health and registration. The information gained is cyclical and impacts how we prevent issues or deal with poor performance. To remove those functions from a regulatory body would limit a regulators ability to continuously learn and improve its processes to protect Albertans.

(d) Enhance current HPA provisions to be more patient centered

CPSA has the following comments on the proposals set out in Attachment 2 of the Discussion Paper:

- 1(a): No concerns.
- 1(b): These duties seem consistent with role of CPSA's Patient Advocates, but further clarity is required to determine what type of assistance must be provided. The person assisting the complainant should be someone other than the Complaints Director so that the perception of impartiality is not undermined.
- 1(c): This is already addressed in the amendments introduced by Bill 21, *An Act to Protect Patients*. Complainants must be updated every 60 days on the status of the investigation (s. 61(1)(c).
- 2(a): This is an important and useful proposal. However, in the view of CPSA, it does not go far enough in that regulatory colleges should be able to not only share information, but also access information for quality assurance and quality improvement purposes. See our detailed commentary included at the end of the section, with respect to the three themes referenced in our cover letter.
- 2(b): CPSA is very concerned about this proposal. Informal resolution is integral to the professional conduct process. Restrictions could result in limiting options for informal resolutions that are in the public interest. Also, it is unclear what would be considered "significant". Currently, many significant complaints are successfully resolved by CPSA. Also, requiring formal adjudication of all complaints is not necessarily a patient-centered approach and some patients do not want to participate in a formal public hearing.
- 2(c): Release of an investigation report for the purposes of resolution can be useful, but disclosure to the complainant as a matter of course may be problematic and lead to the report being used in other proceedings. If this is introduced, the language in s. 125 regarding admissibility in other proceedings should be amended to reflect that information obtained by the complainant pursuant to the HPA is not admissible in other proceedings.

- 2(d): No concerns.
- 2(e): No concerns.
- 3: ACR Provisions
  - General: The ACR process in the HPA has always been cumbersome and for that reason is not well-used. For example, why should the Complaint Review Committee (CRC) have to approve all resolutions? Wouldn't it be more efficient if the Complaints Director approved the resolutions? Also, it isn't clear whether the intention is to try to limit the use of s. 55(2)(a.1). CPSA is strongly opposed to any restrictions on the use of informal resolution under s. 55(2)(a.1), as CPSA uses its power under this section to resolve many complaints in a timely, cost-effective, and patient-centered manner, which protects the public interest.
  - (a): No concern.
  - (b): No concern, but if the complainant does not participate, their agreement to the resolution should not be required.
  - (c): If the complainant is not participating, they should still be provided with updates.
  - (d): Publishing the names of individuals involved in without-prejudice resolutions will likely result in individuals not agreeing to resolutions. Currently, the name of the investigated person is identified only if the parties have agreed to this in the ratified settlement.
  - (e): Impact statements are usually made after a finding of unprofessional conduct and there wouldn't be such a finding in an ACR process. However, having the complainant advise how the matter affected them might assist the CRC in assessing whether they should approve the resolution.
- 4: No concerns.
- 5: CPSA would need to know more about what role Health Advocates would play. With respect to an enhanced role for the Ombudsman, the Ombudsman already has broad powers under the HPA. CPSA is not certain what additional roles are being considered, however is open to pursuing this further.
- 6: CPSA cannot comment since the miscellaneous amendments are not identified.

Additional Comments on the Professional Conduct and Regulatory Processes

As requested, we make these additional suggestions to strengthen the regulatory process as related to the themes identified in our covering letter.

Theme 1
Strengthen regulatory powers and processes to expedite responsiveness, thoroughness, and provide alternative remediation solutions, administered in a timely and cost-effective manner.

Background
In professional regulation, the need to balance public safety against the rights of individual regulated members is paramount. When reasonable grounds identify public risk during the investigation of a complaint, an inspection or a practice visit, the public interest **must** be placed ahead of individual rights. As the scenario below demonstrates, when regulatory decisions are appealed, the courts

often place more emphasis on the rights of individual health professionals than on public safety. We propose the HPA be amended to make it clear that public interest trumps the rights of individual regulated members, borrowing on a similar concept from the *Saskatchewan Medical Profession Act* related to interim suspensions, discipline and competence proceedings.

We propose enhancing the inspection and practice visit provisions of the HPA to allow the Registrar to prescribe conditions on a member's practice permit when the Registrar determines the member's behaviors are not in the public interest or are a risk to public safety. This would reduce the red tape associated with the current requirement to deal with significant patient safety issues through the complaints process. We also believe it is important to add legislative provisions that direct colleges to regulate in a manner that prioritizes the protection of, and minimization of risk to, the public over the interests of an individual regulated member. This will mitigate the likelihood of regulatory decisions being overturned, as courts often place more emphasis on members' rights than on potential public risk.

The scenarios provided are real and information on these cases is publically available on our website, however we have removed the names so not to single out one specific physicians. If Alberta Health would like to discuss the specific cases in more detail, we would be happy to meet.

Scenario I

CPSA's Registrar suspended the practice permit of a pediatrician, Dr. A in May 2019, pending resolution of criminal charges for sexual assault and sexual interference with a minor, to ensure that vulnerable pediatric patients were not placed at risk. With the passing of Bill 21, An Act to Protect Patients, Albertans made it very clear that they expect egregious deviation from professional behavior such as sexual abuse and misconduct to be swiftly addressed, with public protection taking precedence over individual member's interests. Dr. A's suspension was aligned with that expectation in mind.

Dr. A appealed to Alberta's Court of Queen's Bench and the court stayed CPSA's suspension, allowing Dr. A to continue practising with the requirement that a chaperone be present when examining/interviewing all patients. When a health college imposes a suspension or condition on a regulated member's practice permit, the member has the right of appeal to the court. The court must carefully weigh the public interest against the rights of an individual member, especially when the judicial or quasi-judicial process is not yet concluded. As was the case with Dr. A, court decisions often place a greater emphasis on the member's rights. Regulatory suspensions and conditions are stayed pending the decision of a hearing tribunal which can take many months. Other jurisdictions, such as Saskatchewan, have included language in legislation to ensure that appeal bodies place the public interest before the interests of an individual member and we propose that similar language be included in the Health Professions Act.

Scenario II

Consider also the case of Dr. B, where CPSA conducted a series of practice visits to assess quality of practice after a discipline proceeding. The practice visitors found the level of care provided by Dr. B did not meet the CPSA's standards, despite efforts to remediate Dr. B. Dr. B disagreed with the CPSA's assessment of his competence and would not agree to withdraw from practice. Since there is

no ability currently in the inspection or practice visit provisions of the HPA to impose a condition on a member's practice permit, the matter was referred to the Complaints Director in October 2017. In 2018, a neuropsychological evaluation determined Dr. B suffered from mild cognitive impairment. The practice of medicine requires above average cognitive ability and the combination of below standard care, mild cognitive impairment and Dr. B's refusal to voluntarily withdraw from practice led to his suspension by the Complaints Director as a result of incapacity on July 31, 2018. CPSA Council upheld the suspension in appeal. Dr. B subsequently obtained his own neuropsychological assessment which concluded he did not have a health condition that would render him unfit to practice medicine and he appealed the suspension to the Court of Appeal. Ultimately, the judge accepted Dr. B expert's opinion over the CPSA's expert opinion and did not appear to take into consideration the evidence of bad practice. The suspension was overturned and the courts allowed Dr. B to return to practice. This true story highlights the need for more effective regulatory tools. It took almost a year to conduct the processes and gather the evidence to suspend Dr. B. During that time, he continued to practice and place patients at risk. A provision allowing the Registrar to impose a condition on the practice permit when a problem is identified in a practice visit or inspection is needed to avoid the red tape that regulators currently have to go through to take action to keep patients safe. This case is also another example of courts placing greater emphasis on the rights of a physician than on the interests of the public.

Theme 2
Endorse information sharing between regulatory colleges, including interprovincial colleges, Alberta Health Services (AHS), other employers, and the Health Quality Council of Alberta (HQCA) to optimize public protection and patient safety.

Background
Regulators must be able to share information between one another (provincially and interprovincially), with AHS (and other employers when applicable) and with the HQCA at any time during the resolution of a concern.

As healthcare is a team-based service, it is common that poor patient experiences are due to multiple factors involving different providers. Due to current constraints in the HPA, regulators are unable to share information until an onerous threshold is met, wherein a regulated member has been charged with unprofessional conduct and/or a suspended, or conditions or restrictions on a practice have been imposed. As a result, regulators address complaints and inspection findings in isolation without legitimate authority to involve other colleges, AHS or other employers. As virtual care expands, regulated members are providing care across jurisdictions, with interprovincial collaboration between regulators occurring with increased frequency.

Registrars and complaints directors must be given authority to share or disclose relevant information obtained during an inspection or an investigation with another college, within Alberta and interprovincially, with AHS, and/or with HQCA.

The threshold for mandatory reporting to the complaints director by employers should be lowered, to enable employers to inform colleges of concerns earlier. In this way, the public is offered protection during a sometimes lengthy inspection and investigation process. There is also a need for more

clarity in this provision, to ensure AHS and other employers understand that an employee includes a regulated member, privileged through Medical Staff Bylaws or other similar privileging processes. This provision should further extend to cover any situation in which health services are provided, such as a Primary Care Network or a private facility run by a non-regulated person.

Scenario I

CPSA received a complaint from a family who regrettably had a very poor experience with the health care system in the final days of their father's life. There were a number of issues raised that were troubling, including the availability and care of the primary care physician and the attitude of a nurse toward the family. Poor communication between healthcare providers and lack of empathy to the family complicated the already disjointed care being delivered in a long-term care setting and an emergency department. When CPSA received the complaint, the family had already lodged a complaint with AHS and was contemplating a complaint to the College and Association of Registered Nurses of Alberta. Eventually, the family felt it necessary to initiate complaints with several agencies and associations, which had different scopes and standards for discipline. There were gaps between the agencies and associations and it was almost impossible to have a thorough investigation of the matter. Had the colleges involved in this matter been able to share information with each other, it would have afforded the family an expedited and perhaps simpler process as they looked for resolution to a deeply emotional situation.

Theme 3

Enable regulatory colleges to access information for quality assurance and quality improvement purposes.

Background

Currently, regulators only intervene *after* a patient has been harmed, a reactive response regulators find unacceptable. If regulators could gain access to specific clinical data held by AHS, Alberta Health (AH) and other entities holding patient care information, it would open opportunities to assess quality assurance and quality improvement practice measures, so members' outcomes could be reviewed and corrected *before* the potential for patient harm occurs. Currently, the only data available to regulators to assess regulated members is information gathered during practice visits and inspections.

Access to this information will enable colleges to:

- monitor the compliance of individual members with practice standards,
- identify practice outliers, and
- identify practice trends for the purpose of quality improvement at a systemic level.

Scenario I

The following scenario is hypothetical, however it is unfortunately a scenario that is not uncommon in Alberta. A 62-year-old woman is diagnosed with metastatic breast cancer and has only a few months to live. Her surgeon is appalled that she had never been offered a screening mammogram, which might have resulted in a much earlier diagnosis and a cure. She has been seeing the same family physician regularly for 28 years and that physician never talked to her about screening for any kind of cancer or disease. Best practice recommendations state that all women between the ages of 50 and 69 should have a mammogram every two years so the patient complains to CPSA.

CPSA audits the physician's practice and finds the physician has no protocols in place to ensure his patients are screened. While we can educate or discipline the physician, there is nothing we can do for this patient or the other patients who may have had a similar outcome. Access to data would allow regulators to monitor the compliance of individual members with practice standards, identify outliers and intervene before harm occurs.

We have prepared detailed, proposed amendments to the HPA that we feel will address the issues raised in the preceding scenarios. If it would be helpful, we are happy to provide our proposed amendments along with our rationale and make ourselves available for a follow-up discussion to answer any questions.

Proposal #6: Strengthen existing laws aimed at banning Female Genital Mutilation or Cutting (FGM/C) in Alberta.

CPSA has no concerns with this proposal, provided the legislative provisions are drafted to ensure medically-necessary procedures are not inadvertently included in the definition of sexual abuse.

Proposal #7: Authorize the performance of restricted activities through government regulation (LGIC), rather than professional regulations.

CPSA is supportive of this proposal.

Proposal #8: Move the provisions for restricted activities as set out in Schedule 7.1 in the Government Organization Act into the HPA and repeal Schedule 7.1.

CPSA is supportive of this proposal.

Proposal #9: Amend the common provisions of the HPA to address matters that are currently addressed uniformly among health professional regulations.

CPSA is supportive of this proposal.

Proposal #10: Enable colleges to address the operation of their continuing competence programs in standards of practice.

Moving the details of the continuing competence program out of the regulations is an important and useful amendment, given the current difficulties to amend regulations and there are a variety of legislative structures that could be used as a replacement. The program could be set out in a SOP as suggested or alternatively, Council could be empowered in the legislation to establish a continuing competence program and the SOP would indicate that regulated members must comply.

The provisions in the HPA should not be prescriptive about the type of continuing competence program required. For example, the Discussion Paper indicates there be self-directed professional development AND an assessment process through practice visits, examinations, interviews, or other means. There should be flexibility on the type of program developed by colleges.

Adding the power to impose suspensions/conditions at any time during the process would be useful, rather than just at renewal.

Proposal #11: Enable colleges to address the use of professional titles within standards of practice.

CPSA is supportive of this proposal.

Proposal #12: Provide for the approval of professional regulations by the Minister rather than the Lieutenant Governor in Council (LGIC).

CPSA is supportive of this proposal.

Proposal #13: Enable colleges to propose to the Minister that the HPA be amended to enable their regulated members to provide professional services through a professional corporation.

CPSA has not identified any concerns with this proposal, except for the stated rationale. The Discussion Paper indicates the absence of Professional Corporations prevents colleges from regulating members' business practice. PC's are established largely for tax planning reasons. The ability or lack of ability to regulate business practices is not dependent on the existence of a PC.

Proposal #14: Address other HPA amendments that have been proposed over the past several years but have not been acted upon.

The Discussion Paper references proposals made by the Federation, colleges and other stakeholders over the years. The Discussion Paper indicates that some of the proposals are addressed elsewhere in the paper. It is not clear to us if there are additional changes being considered that are not specifically identified in the Discussion Paper.

The Discussion Paper also states: "The additional changes proposed by the AFRHP are listed in Attachment 4." This is a typographical error. The reference should be to "Attachment 5". Attachment 5 is described as: "Other HPA amendments that have been proposed but not implemented." CPSA interprets these statements as meaning that the government does not intend to consider advancing the proposals in Attachment 5. Item 2 in Attachment 5 concerns sharing and accessing information in order to enhance regulatory performance. This is a high-priority item for CPSA and is addressed earlier in this response.

Proposal #15: Provide that the *Health Information Act* (HIA) will apply to all regulated health professionals under the HPA.

CPSA has not identified any concerns with this proposal. We do note the reference to taking responsibility for abandoned patient records. We do not understand whether the current proposal was intended to make this mandatory for colleges. CPSA already deals with abandoned patient records as required, but some further clarity of the intent of this proposal would be useful.

Proposal #16: Enable the Minister to establish adhoc advisory committees under the HPA.

We don't have any concerns with this proposal. CPSA is very supportive of efforts to build strong, collaborative relationships between the Minister, colleges, and the Department. CPSA would be prepared to make volunteers available for adhoc advisory committees as requested by the Minister or the Department.

Proposal #17: Formally establish the Alberta Federation of Regulated Health Professions (AFRHP) under the HPA.

CPSA greatly values its relationship with the Federation, which creates opportunities for regulators to collaborate in the pursuit of regulatory excellence. Without understanding the intent behind this proposal, CPSA cannot take any position on whether the Federation's role should be explicitly addressed in the legislation or whether its role should be expanded. It should however be noted that CPSA would not support this proposal if the intent was that the Federation become the only body able to interact with the Department.

Additional Comments:

As regulatory items such as virtual care and national registration have been significant topics of discussion as of late, CPSA recommends Alberta Health consult with the Federation of Medical Regulatory Authorities of Canada and the Medical Council of Canada on these proposals. CPSA would be pleased to provide the appropriate contacts for these organizations and collaborate in those discussions.

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Appendix II-CPSA Registration and Registration Assessments

One of the core mandates of the CPSA is to ensure that all registered physicians have the knowledge, clinical skills and competency to practice medicine safely in Alberta. The CPSA Registration Department oversees the registration of medical students, physicians in postgraduate training, physician clinical/surgical assistants and physicians for independent practice in Alberta. In addition to the initial registration of regulated members, this department coordinates the annual renewal process and issues practice permits which may include practice conditions. Registration related assessments such as the Practice Readiness Assessments, Return to Practice Assessments, Change in Scope of Practice Assessments and the Summative Assessment process are all organized through the CPSA Registration Department.

Registration Process for Independent Practice

1. Review of Qualifications:

    - Physicians who are interested in applying for registration in Alberta submit their applications and documentation through the Medical Council of Canada (MCC) PhysiciansApply website. The initial step is to submit a "Review of Qualifications" form so physicians can provide information on their medical degree, postgraduate training, credentials and clinical practice experience. The CPSA does an initial assessment of their qualifications to determine if they are eligible to apply for registration to practice independently in Alberta.
    - Physicians who have their Canadian credentials which include both the Licentiate of the Medical Council of Canada (LMCC) and either certification in Family Medicine through the College of Family Physicians of Canada (CFPC) or their specialty certification through the Royal College of Physicians and Surgeons of Canada (RCPSC) are eligible for the General Register.
    - Physicians who don't have their Canadian credentials but are assessed to have substantively equivalent training, credentials and clinical experience to that of a Canadian trained graduate are eligible to apply for registration for independent practice on the Provisional Register. In order to be eligible for registration on the Provisional Register, physicians must obtain Alberta Health Services (AHS) sponsorship for a clinical position so that physicians are recruited to work in areas of workforce need.

2. Application and Verification of Documents:

    - The application process ensures that all the requirements outlined in section 28 of the *Health Professions Act* (HPA) are obtained as part of the registration process. These requirements include evidence of medical education and postgraduate training, clinical competency, good character and reputation, criminal record checks, certificates of professional conduct from other jurisdictions and other information such as English

language proficiency when appropriate. The collection of the documentation is tracked through the CPSA and documents are source verified through the Medical Council of Canada (MCC) and the Educational Commission for Foreign Medical Graduates (ECFMG).

- Physicians who don't have their Canadian credentials must obtain AHS sponsorship for a clinical position in order to be eligible for the Provisional Register. Once AHS provides confirmation of sponsorship, the CPSA will arrange the Practice Readiness Assessment (PRA) to ensure that the physician has the knowledge, skills and competency to practice medicine independently in the Alberta health care system and in the setting that they have been recruited to work in.

3. Registration and Practice Readiness Assessment:

    - Physicians who are eligible for the **General Register** – once the application process is completed, the physician completes an online orientation session that is hosted by the CPSA, pays their registration fees and the practice permit is issued through the CPSA member portal. Physicians who are eligible for the general register do not require a PRA.
    - Physicians who are eligible for the **Provisional Register** – Once AHS sponsorship is obtained, physicians complete an orientation process through the University of Calgary to ensure they are familiar with the Alberta health care context prior to starting their PRA. The PRA is a high stakes pass/fail process to ensure that physicians who don't have their Canadian credentials, have the knowledge and skills to practice medicine safely in Alberta. The CPSA uses trained, qualified and independent assessors to ensure that the process is fair, objective and transparent.
    - The PRA is done over six months and composed of two parts, the Preliminary Clinical Assessment (PCA) and the Supervised Practice Assessment (SPA). Both the PCA and the SPA must be passed in order to be successful on the PRA and registered on the Provisional Register.
        - The PCA is three months in duration and the physician being assessed is under direct supervision by a trained and experienced assessor in a setting that is independent of the location that the physician has been recruited to work in. The physician is not the most responsible physician and they are not able to bill the Alberta Health Care Insurance Plan (AHCIP) during this part of the assessment.
        - The SPA is the second part of the assessment and it also lasts three months. The physician is under indirect supervision of a supervising physician it is usually completed in the setting that the physician has been sponsored to work in. During the SPA, the physician is the most responsible physician and is able to bill AHCIP for seeing patients.
        - If the physician is successful in the PRA, they must complete the online orientation session hosted by the CPSA and they are placed on the Provisional Register Conditional Practice which enables them to practice independently in Alberta.

- If a physician is unsuccessful in their PRA and denied registration, there is an appeal mechanism available through section 31 of the HPA.

Provisional Register Transfer to the General Register Process

Section 7 of the *Physicians, Surgeons and Osteopaths Profession Regulations* ("the Regulations") stipulates that registration on the Provisional Register is valid for six years. In September 2014, the CPSA Council approved the criteria for physicians on the Provisional Register to be transferred to the General Register in alignment with the Federation of Medical Regulatory Authorities of Canada Model Registration Standards.

Physicians on the Provisional Register (PR) have five years to obtain their Canadian credentials or to undergo a Summative Assessment in order to be transferred to the General Register (GR). The Summative Assessment is organized through the CPSA in alignment with national best practices and assessment tools.

- The Summative Assessment is a high stakes pass/fail assessment of a physician's medical knowledge, procedural skills, clinical decision making, communication and professionalism to ensure that the physician is fully competent to be transferred to the General Register. The assessment will take place over 3 to 4 days at the physician's practice location(s) by a CPSA assessor and uses a variety of standardized assessment tools.

The registration criteria and assessment processes have changed significantly over the years due to legislative changes, alignment with national registration standards and the changing needs of the Alberta healthcare context. The CPSA collaborates extensively with Alberta Health, Alberta Health Services, the universities and others to ensure that we fulfill our mandate to only register physicians who have the skills and competency to practice medicine safely in Alberta.