cpsa

COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

HPCM Information Guide

Expectations and Resources for Independent Medical Examinations



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Overview

The HPCM Information Guide outlines CPSA's expectations for service providers conducting an independent medical examination (IME) of a regulated member who is engaged with CPSA's Health & Practice Conditions Monitoring (HPCM) program.

If a regulated member has a health condition, an IME may be necessary to objectively determine diagnosis, treatment and whether the condition adversely impacts their ability to practise.

CPSA's role

Regulated members whose health or competence may require further assessment, support, oversight or monitoring may be directed to participate in CPSA's HPCM program.

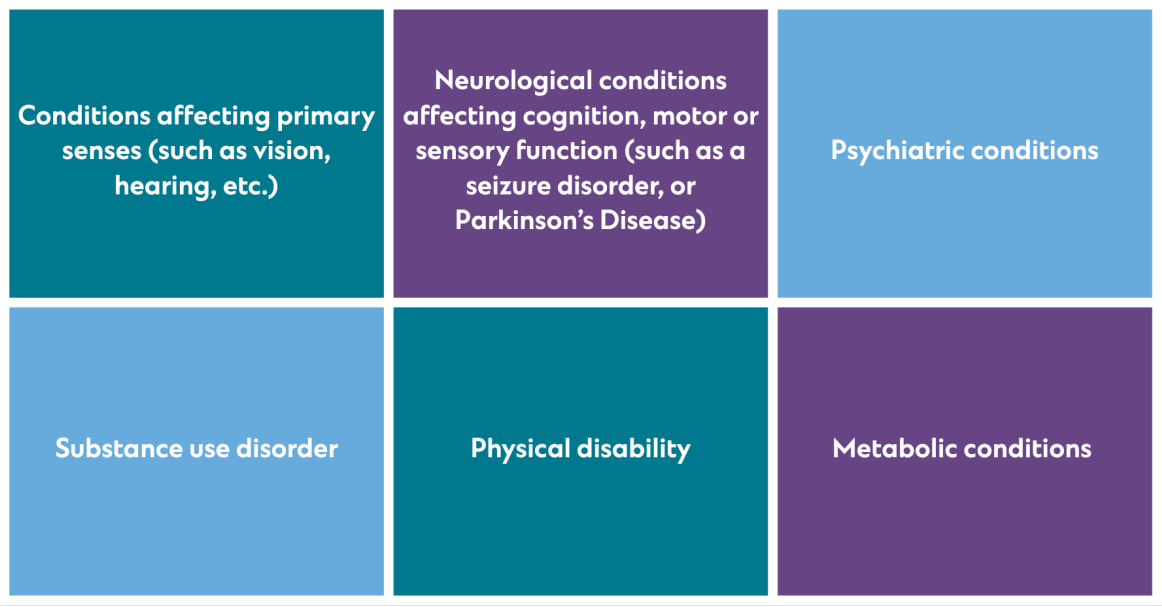
When directed, participation in an assessment is mandatory under CPSA's *Continuing Competence* standard of practice.

Arrangements related to IMEs, as well as any recommended modifications, limitations, restrictions or monitoring arising from an IME are coordinated through HPCM.

Health conditions

A health condition is a physical, cognitive, mental and/or emotional condition that negatively impacts, or is likely to negatively impact the regulated member's work. An IME may be required to objectively assess the impact of the condition on the regulated member's fitness to practise.

Health conditions include, but are not limited to:



Role of the IME provider

Recommendations from IME providers play an important role in CPSA's regulatory decision making and assist CPSA in fulfilling its mandate to protect the public.

Key functions include determining fitness to practise, and whether there is a medical basis for practice modifications (or accommodations to duties), limitations, restrictions, or any required, ongoing monitoring.

Assessments must be conducted in a manner consistent with:

- Established best practice guidelines
- Applicable legislation
- Prevailing approaches to physician health programs across North America
- Standards relevant to safety-sensitive professions
- The specific referral questions provided by HPCM

Responsibilities of the IME provider

1. Ensure you have received and reviewed the HPCM referral package before the IME appointment with the regulated member.

2. If needed, obtain collateral information where required to complete the assessment, which may include:
   - Medical information from the regulated member, including diagnosis, treatment history and previous assessments.
   - Information from treating providers, where appropriate.
   - Reports or information from colleagues, workplaces, external statkeholders, and/or family members, where relevant.

3. Ensure any required collateral information, records or reports have been reviewed before submitting the IME Report to HPCM.

If the IME appointment proceeds before all required information is available, the IME provider should clearly identify any limitations this creates in their report, and confirm whether additional information is required before finalizing recommendations.

Completing the HPCM IME Report Form

HPCM will provide the IME provider with a link to the standardized IME Report Form.

The IME provider may be contacted by HPCM should further clarification be required regarding recommendations made, anticipated duration, monitoring and any applicable timelines or criteria.

Definitions

Modifications or accommodations to duties

If applicable, provide a general guideline on any modifications or accommodations to duties to support the regulated member in their return to work (i.e., hours, scope of practice).

Limitations

Please indicate whether there are specific activities, duties, settings, procedures or responsibilities the regulated member should **not** perform due to reduced capacity, or elevated risk.

Restrictions

Any restrictions on a member's practice may be implemented by CPSA in the form of a condition on the member's practice permit. Examples of practice conditions include:

- A requirement to have a chaperone present during patient encounters
- Restrictions on scope of practice (e.g., limited to family medicine only)
- Prescribing limitations
- Restrictions on the types of patients seen (e.g., adult patients only)
- Limits on the number of hours worked
- Practice setting requirements (e.g., must work in a group practice)

Other assessments or recommendations to support a return to practise

Please indicate whether additional assessments or supports are recommended to inform safe practice or a return to practice. This may include:

- A repeat IME
- A neuropsychological assessment
- A psychiatric assessment
- An occupational medicine assessment
- An addiction medicine assessment
- Completion of treatment or rehabilitation
- Workplace supports

- Graduated return-to-work planning

Monitoring

If a regulated member has a health condition, **formal** monitoring may be required to support the regulated member's safe medical practice. This is over and above any follow up from the regulated member's treating practitioners, and may include reporting from treatment providers, workplace monitors, and biological monitoring.

HPCM engages approved, external service providers/health monitors to implement and administer monitoring plans, based on the recommendations provided in HPCM's IME Report Form.

A health monitor will follow up with the regulated member's treating practitioners, arrange for a practice/workplace monitor and, if required, arrange biological monitoring. Health monitors report directly to HPCM on a member's compliance with monitoring and fitness to practise.

Regulated members are required by HPCM to provide the full copy of their IME to their monitoring service provider.

You may be contacted by the monitoring provider for clarification on your IME recommendations. With consent, HPCM encourages direct communication between IME providers and health monitors.

IME outcomes and next steps

When completing the report form, the IME provider is asked to address the referral questions and provide clear recommendations, as outlined below:

IME recommendation	What this means	HPCM action
Fit to practise. No modifications, limitations, restrictions, or monitoring required.	Your assessment indicates that the member is fit to practise and no additional measures are required.	HPCM will notify the member and/or their legal counsel directly.
Fit to practise with modifications, limitations, restrictions, and/or monitoring.	Your assessment indicates that the member is fit to practise, provided certain supports, safeguards, or practice conditions are in place.	HPCM will advise the member of any required modifications, limitations, monitoring, and/or restrictions recommended from your report.
Monitoring	Formal monitoring (health monitoring, practice/workplace monitoring or biological monitoring) is an additional level of oversight and is separate from the member's regular treatment providers.	HPCM will communicate this directly to the member and engage with external service providers who can implement the required monitoring. Any costs associated with monitoring are the member's responsibility.
	If the member does not require formal monitoring of their health condition by an external service provider and can be monitored by their own treating practitioners, please note this in the IME Report Form. Please note: Biological monitoring is a part of formal monitoring.	HPCM will communicate any recommended follow up by treating practitioners to the regulated member
Not fit to practise	Your assessment identifies that the member is not currently fit to practise.	HPCM will advise the regulated member of any next steps and/or requirements for reassessment or return to practice.

Cost of the IME

The regulated member is responsible for all costs associated with the IME.

Payment arrangements are between the regulated member and the IME provider. The regulated member must remit payment to the service provider **before** the IME Report Form is released to HPCM.

Fees for an IME should be reasonable and should align with the Alberta Medical Association's guidelines and applicable CPSA standards of practice:

- The Alberta Medical Association (AMA)'s *Uninsured Services Guide*
- CPSA's *Charging for Uninsured Professional Services* standard of practice

Timelines

Please inform HPCM if the report is expected to take more than 15 days from the date of the assessment to complete and submit.

Please ensure you have any collateral information (e.g. reports from treating practitioners, etc.) before providing HPCM with your report.

Important reminders

A quick guide on what to do before the IME appointment, after the assessment and once your recommendations are ready:

1

Receive the referral package

Ensure you have received HPCM's Referral Letter. This package includes the member's consent and collateral information from HPCM.

2

Confirm payment

Ensure payment has been received from the member before the appointment.

3

Submit the form

Submit your IME Report Form to HPCM, using the link provided.

4

HPCM follows up

HPCM will contact the member and/or their legal counsel directly, to discuss the recommendations from your IME Report Form.

5

Share report copies

Provide a copy of the full IME Report and IME Report Form directly to the member and/or their legal counsel.

Resources

- Federation of State Physician Health Programs (FSPHP) Guidelines
- Best Practices for the Independent Medical Examination of Mental and Behavioral Disorders
- Independent Medical Evaluation Best Practices
- American College of Occupational and Environmental Medicine Guidelines
- American Society of Addiction Medicine (ASAM) Criteria
- Best Practices for IMEs (S. Straub)
- *Health Professions Act* (Schedule 21 – Definition of Medical Practice)
- The Alberta Medical Association's Physician and Family Support Program (PFSP)
- The Canadian Medical Protective Association (CMPA)
- Preparing treating physician reports and IME reports (CMPA)
- Providing access to independent medical examinations (CMPA)

Additional questions?

Email physicianhealth@cpsa.ab.ca.