

## Addendum No. 3-16 to *CPSA Bylaws*, Issued January 1, 2016

In keeping with standard practice, the bylaws are not revised and re-issued every time there is a change. Instead, changes will be consolidated and updated bylaws will be issued at the beginning of each calendar year.

- THAT section 3, Annual Elections, of the Bylaws be amended by adding the following subsection, and the following subsections be renumbered accordingly:

- (14) Despite subsection (13) (c), a regulated member with a past finding of unprofessional conduct may, no later than six months prior to the next election day, apply in writing to Council for a reduction of the 10 year period, and Council shall receive information from the Registrar in reply to the member's application and after which Council shall issue a written decision regarding the application.

Motion C-29-17, May 6, 2017

- THAT:
  - Section 36 (6) (m) iii) of the Bylaws be amended by adding the following under "Gynecologic":
    - Laparoscopy with minor surgical interventions:
      - Ovarian Biopsy\*
    - Transvaginal ovarian cyst aspiration\*
    - Embryo Transfer\*
    - In Vitro Fertilization\*
  - Section 36 (6) (m) ix) of the Bylaws be amended by adding the following under "Urologic":
    - Percutaneous Epididymal Sperm Aspiration\*
    - Testicular Sperm Extraction\*
    - Testis biopsies\*
    - Rectal electroejaculation\*
    - Varicocelectomy\*
    - Vasoepididymostomy\*
    - Vasovasostomy\*

\*Denotes inclusion with an ART program

Motion C-30-17, May 6, 2017

- THAT the following section be added to the Bylaws as section 39 and the following section renumbered accordingly:

### 39 Filing Deadlines and Length of Submissions on Appeal to Council

- (1) At least six weeks before the date on which the appeal is set to be heard by Council, the appellant in an appeal must file with the Hearings Director one complete electronic copy in PDF format of their written submissions and authorities for Council, and serve a copy on the respondent party to the appeal.
- (2) At least four weeks before the date on which the appeal is set to be heard by Council, the respondent in an appeal must file with the Hearings Director one complete electronic copy in PDF format of their written submissions to Council or a letter of intention not to file written submissions; and serve one additional copy on the appellant party to the appeal.
- (3) A party may request the President of Council, with notice to the other party, to authorize a different date for the filing deadline applicable to the party.
- (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.
- (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.
- (6) A party may request the President of Council, with notice to the other party, to authorize written submissions in excess of the 30 page limit applicable to the party.
- (7) Oral argument must not exceed 60 minutes for each party in the appeal.
- (8) A party may request, in advance of the date of the appeal, the President of Council, with notice to the other party, to authorize oral submissions in excess of the 60 minute limit applicable to the party.

Motion C-31-17, May 6, 2017

## Addendum No. 2-16 to *CPSA Bylaws*, Issued January 1, 2016

In keeping with standard practice, the bylaws are not revised and re-issued every time there is a change. Instead, changes will be consolidated and updated bylaws will be issued at the beginning of each calendar year.

THAT the Bylaws of the College of Physicians and Surgeons be amended as follows:

- Section 3, Annual Elections, subsections 11 through 24 be deleted in their entirety and replaced with the following:

### 3 Annual Elections

(11) 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.

(12) A regulated member of the College shall be in good standing only if:

- a. no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College;
- b. the member has a valid and current practice permit that is not currently suspended; and
- c. the member is in compliance with all orders or directions made pursuant to the Act.

(13) A regulated member who:

- a. is currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act;
- b. has been formally charged with unprofessional conduct that has not yet been determined by a Hearing Tribunal; or
- c. has been found guilty of unprofessional conduct within the preceding ten (10) years;

is not eligible to be nominated for or elected as a member of Council.

- (14) If the number of nominations received is equal to or less than the number of vacancies on Council, then each nominee shall be elected by acclamation.
- (15) Voting shall be by a secure electronic process approved by Council.
- (16) A regulated member entitled to vote shall have one vote for each vacancy on Council.
- (17) The results of the voting shall be reported promptly following the day of the election.
- (18) The candidate or candidates with the largest number of votes shall be declared elected by the Council.
- (19) If there are an equal number of votes for two or more candidates, the Registrar shall, within a reasonable period of time, hold a by-election in the same manner as an annual election, all necessary modifications implied, for the candidates with the equal number of votes.
- (20) The Registrar shall notify the candidates of the number of votes cast in favor of each candidate.
- (21) The Registrar shall publish the ratified results of the election promptly following the declaration of Council under subsection (18).
- (22) If, at any time, there is a vacancy of a position on Council to be held by a regulated member, the Council may, in its discretion:
  - a. invite the first runner-up from the most recent election for Council to assume the vacant position on Council;
  - b. hold a by-election in the same manner as an annual election, all necessary modifications implied; or
  - c. elect to leave the position vacant until the next scheduled election for Council members, if the remaining portion of the term is less than 12 months.
- (23) In the event a vacancy of a position on Council is filled under subsections 22 (a) or 22 (b), the term of that position will be the remaining portion of the term of the member who vacated.
- (24) The term of office for an elected member of Council shall be a period of three (3) years commencing on the first day of January of the year following the election in which that member was elected.
- (25) An elected member of Council may:
  - a. be removed
  - b. have the member's voting rights suspended for a period of time determined by

Council, or

- c. be prohibited from attending and participating in a meeting of Council for a period of time determined by Council

by a two-thirds (2/3) majority vote at a meeting of Council.

(26) Before a vote under subsection (25) may be held, the President of Council, or the Vice President of Council if the member facing the vote is the President, shall give the members of Council seven (7) days' notice of the date on which the vote is to be held and the member facing the vote shall have the opportunity to make submissions to Council before the vote is held.

(27) Council may also, by simple majority vote, decide to publish a report of the meeting when the vote was held and the decision made under subsection (25).

- THAT section 4 – Officers – subsection (5) be deleted in its entirety.
- THAT section 6 – Committees – clause (5) (a) be deleted in its entirety and replaced with the following:
  - (a) an appointment shall be for a three (3) year term, except for members of the Executive who are appointed annually,

- THAT section 6 – Committees – subsection (9) be deleted in its entirety and replaced with the following:

(9) Standing committees shall include, but are not limited to:

- (a) Executive Committee,
  - (b) Governance Committee,
  - (c) Finance and Audit Committee,
  - (d) Competence Committee, and
  - (e) Appeals Committee.
- THAT section 24 – Non-regulated Members – clauses (1) (c) and (d) be deleted in their entirety.
  - THAT the following be added to section 24 – Non-regulated Members – as subsection 24 (2) and the following subsections be renumbered accordingly:

24 (2) Each applicant for registration as a retired member must notify the College in writing of the effective date of retirement.

- THAT section 35 – Publication – clause (1) (d) be deleted in its entirety and replaced with the following:

- (d) any order or direction made under Part 4, Division 4 and Division 5 of the Act, including the reasons and the testimony given before the hearing, except the part of the testimony that was given while the hearing was held in private.

Motion C-14-17, March 3,2017

## Addendum No. 1-16 to *CPSA Bylaws*, Issued January 1, 2016

In keeping with standard practice, the bylaws are not revised and re-issued every time there is a change. Instead, changes will be consolidated and updated bylaws will be issued at the beginning of each calendar year.

- THAT subsection 36 (6) (a) of the Bylaws of the College of Physicians & Surgeons of Alberta be deleted in its entirety and replaced with the following:  
36 (6) (a) Diagnostic imaging services; except for unaccredited point-of-care ultrasound\* on a physician's own patient;  
Motion C-8-15, March 3, 2016
- THAT the following be added to Section 36 (6) (m) of the Bylaws:
  - x) OTHER
    - Adipose-Derived Stem/Stromal Cells (ADSC)
    - Bone Marrow Aspirate Concentrate (BMAC)Motion C-9-16, March 3, 2016

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\*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 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.

# Bylaws of the College of Physicians & Surgeons of Alberta

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# **Bylaws of the College of Physicians & Surgeons of Alberta**

## **Issued January 1, 2016**

### **1 In These Bylaws**

- (9) “Act” means the Health Professions Act;
- (10) “College” mean the College of Physicians & Surgeons of Alberta;
- (11) “Council” means the Council of the College;
- (12) “Electronic signature” means electronic information that a person creates or adopts in order to sign a record and that is in, attached to or associated with the record;
- (13) “Election Officer” means a member of the College appointed under these bylaws;
- (14) “President” means the President of Council as appointed by Council;
- (15) “Registrar” means the Registrar of the College;
- (16) “Regulations” means regulations relating to the College made under the Act;
- (17) “Vice-President” means the Vice President of Council;
- (18) Terms that are defined in the Act and the regulations have the same meaning in these bylaws.

### **2 Council**

- (1) The voting members of Council shall consist of:
  - (a) Eleven (11) regulated members elected by the regulated members of the College,
  - (b) Four (4) public members appointed by the Lieutenant Governor in Council, and
  - (c) The Dean of the Faculty of Medicine (or designate), on an alternating basis, from the University of Alberta and the University of Calgary.

### **3 Annual Elections**

- (1) There shall be an election for any regulated member vacancy on Council each year on a date set by the Registrar.
- (2) Council may establish rules for the conduct of an election, including campaigning and the resolution of disputes arising from the election.
- (3) Regulated members on Council are elected from one electoral district, being the entire Province of Alberta.
- (4) The Registrar shall, at least sixty (60) days before the date on which the election is to be held, forward information regarding the nomination process and the date of the election to each regulated member entitled to vote.

- (5) The information to be provided under subsections (4) and (10) may be sent to members electronically or by other means determined by the Registrar.
- (6) A regulated member of Council may serve a maximum of two (2) consecutive terms.
- (7) A regulated member of Council may return as an acclaimed or elected member after at least three hundred and sixty-five (365) days have passed since the regulated member's last day as a previous member of Council.
- (8) A nomination form will be valid if it is signed by three (3) other regulated members eligible to vote and by the nominee indicating acceptance of the nomination.
- (9) The Registrar shall not accept any nomination that is not received at least thirty-five (35) calendar days before the date fixed for the election.
- (10) If more than one nomination is received for a vacancy, the Registrar, no less than 28 calendar days before the date fixed for the election, shall send information regarding the instructions to vote and the list of persons nominated for the election to each regulated member eligible to vote.
- (11) A physician, surgeon or osteopath member on the General Register, the Provisional Register (Conditional Practice) or the Limited Practice Register, who is in good standing, and a physician assistant on the General Register or Provisional Register, who is in good standing, may stand for nomination, be a nominator, and vote in an election.
- (12) If the number of nominations received is equal to or less than the number of vacancies on Council, then each nominee shall be elected by acclamation.
- (13) Voting shall be by a secure electronic process approved by Council.
- (14) A regulated member entitled to vote shall have one vote for each vacancy on Council.
- (15) The results of the voting shall be reported promptly following the day of the election.
- (16) The candidate or candidates with the largest number of votes shall be declared elected by the Council.
- (17) If there are an equal number of votes for two or more candidates, the Registrar shall, within a reasonable period of time, hold a by-election in the same manner as an annual election, all necessary modifications implied, for the candidates with the equal number of votes.
- (18) The Registrar shall notify the candidates of the number of votes cast in favor of each candidate.
- (19) The Registrar shall publish the ratified results of the election promptly following the declaration of Council under subsection 16.

- (20) If, at any time, there is a vacancy of a position on Council to be held by a regulated member, the Council may, in its discretion:
  - (a) invite the first runner-up from the most recent election for Council to assume the vacant position on Council;
  - (b) hold a by-election in the same manner as an annual election, all necessary modifications implied; or
  - (c) elect to leave the position vacant until the next scheduled election for Council members, if the remaining portion of the term is less than 12 months.
- (21) In the event a vacancy of a position on Council is filled under subsection 17 or 20, the term of that position will be the remaining portion of the term of the member who vacated.
- (22) The term of office for an elected member of Council shall be a period of three (3) years commencing on the first day of January of the year following the election in which that member was elected.
- (23) An elected member of Council may be removed by a two-thirds (2/3) majority vote at a meeting of Council.
- (24) Before a vote under subsection (23) may be held, the President of Council 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.

#### **4 Officers**

- (1) Council shall elect a President and Vice President from among the members of Council.
- (2) The President shall preside as Chair in Council.
- (3) In the absence of the President, the Vice President shall preside as Chair in Council.
- (4) In the absence of the President, the Vice President shall have the powers and duties of the President.
- (5) The President is an ex-officio member of all committees appointed by Council unless excluded by the Act.

#### **5 Council Meetings**

- (1) There shall be at least four (4) regular meetings of the Council during the calendar year.
- (2) All members of Council shall receive at least fifteen (15) days' notice of regular meetings.
- (3) The agenda and order of business at a meeting of the Council will be determined by Council, and may be amended at Council's discretion.

- (4) A special meeting of the Council may be held at the call of the President.
- (5) All members of Council shall receive at least seven (7) days' notice of a special meeting.
- (6) The President may call an emergency meeting of the Council.
- (7) A member of Council may call an emergency meeting of Council with the agreement of two-thirds (2/3) of the members of Council.
- (8) All members of Council shall receive at least twenty-four (24) hours' notice of an emergency meeting.
- (9) A record of a Council meeting will be maintained in the form of minutes.
- (10) Council may make the minutes publicly available in a form determined by Council.
- (11) Council may determine procedures to be used at any meeting.
- (12) If Council has not determined a procedure to be used at a meeting, Robert's Rules of Order shall apply.
- (13) A meeting of Council shall be open to the public except when Council moves in camera.
- (14) Quorum shall be fifty (50) percent of Council.
- (15) A decision of Council may be made by consensus or motion.
- (16) Council may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.
- (17) Unless otherwise required by these bylaws, a majority vote of Council members present at a meeting decides any vote.
- (18) The Chair does not vote unless there is a tied vote, in which case the Chair's vote decides the matter.
- (19) Subject to section 78 of the Act, Council may determine to conduct any portion of a meeting in-camera.

## **6 Committees**

- (1) Subject to the Act, Council may appoint standing committees to assist Council in carrying out its duties and responsibilities.
- (2) Council shall approve terms of reference for all standing committees.
- (3) All standing committees shall meet at least annually.
- (4) Council shall appoint a chair for each standing committee.
- (5) Council shall appoint members for each standing committee, and the membership list for complaint review committees and hearing tribunals, subject to the following:

- (a) an appointment shall be for a term not to exceed three (3) years,
  - (b) there shall be an optional further appointment of an additional three (3) year term for a total of six (6) years,
  - (c) there shall be a minimum period of one (1) year off the membership list for complaint review committees and hearing tribunals or a standing committee prior to an additional re-appointment to the list or the same standing committee,
  - (d) despite subsections (b) and (c), the Council may, in its sole discretion, extend the member's appointment on the membership list for complaint review committees and hearing tribunals or a standing committee for a period of time, and
  - (e) a person who is not a member of the College may be appointed by Council to sit on a standing committee.
- (6) A vacancy on the membership list for complaint review committees and hearing tribunals or on a standing committee shall be filled at the next meeting of Council subject to the following;
- (a) should a member be unable to complete his term of appointment, a new member will be appointed to complete the unexpired term,
  - (b) further appointment at the end of this term shall be in accordance with subsection (5).
- (7) A member of a standing committee may be removed on a two-thirds (2/3) majority vote of the Council members participating and eligible to vote at a meeting of Council.
- (8) Before a vote under subsection (7) may be held, the President of Council 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.
- (9) Standing committees shall include, but are not limited to:
- (a) Executive Committee,
  - (b) Governance Committee,
  - (c) Finance and Audit Committee, and
  - (d) Appeals Committee.
- (10) Subject to sections 19 and 20 of the Act, Council or a standing committee may at its discretion appoint a sub-committee.
- (11) Subject to the Act, the Council may appoint an ad hoc committee as necessary to perform specific functions.

(12) Where Council has delegated a power or duty to a person or committee, that person or committee may not delegate that power or duty to any other person or committee unless expressly authorized to do so.

(13) Subsection (12) does not apply to delegation to the Registrar.

## **7 Awards**

(1) Certificates of Merit may be awarded by Council to individuals who have provided outstanding service to the profession, the community or both.

## **8 Bylaws**

(1) A bylaw, or an amendment to a bylaw, under section 132(1) of the Act may be passed at any meeting of the Council provided:

(a) A notice of motion has been:

(i) given at a previous meeting; or

(ii) sent to all members of Council at least fourteen (14) days prior to the meeting.

(2) A notice of motion may be waived by a unanimous vote of the Council.

(3) Despite section 5(17), a bylaw or an amendment of a bylaw requires a two-thirds (2/3) majority vote of the Council members participating and eligible to vote at a meeting of Council.

(4) Whenever an amendment is made to the bylaws, any consequential editorial changes to the bylaws as required are implied.

## **9 Code of Ethics and Standards of Practice**

(1) At least sixty (60) 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 Act.

(2) A person receiving notice under subsection (1) may make submissions in writing to the Registrar within the time period stipulated by the Registrar.

(3) Council shall review and consider any submissions made under subsection (2).

(4) Despite section 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 and, on a majority vote of members of Council present at a meeting, adopt or amend standards of practice.

(5) Whenever amendments are made to the code of ethics or standards of practice, any consequential editorial changes as required are implied.

**10 Expenses and Remuneration**

- (1) Members of Council and members of committees when attending or conducting business on behalf of the College may claim expenses and per diem amounts as determined by resolution of Council.

**11 Head Office**

- (1) The head office of the College is located in Edmonton, Alberta or at such other location as may be determined by the Council.

**12 Seal**

- (1) The Registrar shall:
  - (a) have custody of the seal of the College; and
  - (b) affix the seal to all documents requiring the seal.
- (2) Council may amend the design of the seal.

**13 Fiscal Year**

- (1) The fiscal year of the College commences January 1 and ends the following December 31.

**14 Auditors**

- (1) Council shall appoint one or more chartered accountants registered in the Province of Alberta as auditor for the College.
- (2) The Auditor shall, at least once each year, examine the accounts, books, and securities of the College, and provide a written report to the Council.
- (3) The Registrar shall publish annually a copy of the audited financial statements.

**15 Money on Deposits**

- (1) All funds of the College shall be deposited in the banking institution designated by the Registrar.
- (2) The Registrar shall designate the individuals authorized to withdraw and pay out the funds of the College.

**16 Investments**

- (1) Investments made by the College shall be made in the name of the College of Physicians & Surgeons of Alberta.
- (2) Council shall establish an investment policy and amend it from time to time.

**17 Documents, Records and Forms**

- (1) The Registrar is authorized to determine such forms, certificates, permits or other documents that may be required for the purposes of the Act, the Regulations and the bylaws.

- (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.
- (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.
- (4) For the purpose of subsection (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.

## **18 Grants**

- (1) The Council may make grants as it determines from time to time.

## **19 Notices**

- (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 Act or these bylaws may be given by:
  - (a) mail;
  - (b) electronic mail;
  - (c) fax;
  - (d) posting on the website of the College; 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.

## **20 Use of Electronic Documentation**

- (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.
- (2) Unless otherwise specified, a requirement for “writing” or “written” in these bylaws may be satisfied by electronic form of such requirement.
- (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 the College;
  - (b) an electronic interface hosted by the College or an agent of the College; or
  - (c) electronic mail.

## **21 Registrar**

- (1) Council shall appoint a Registrar.
- (2) The Registrar shall perform all duties required of, and exercise the powers provided to, the Registrar in the Act, the Regulations and these bylaws.

- (3) Subject to section 19 of the Act, Council may delegate any of its duties or powers to the Registrar.
- (4) Council may impose conditions upon any delegation made under subsection (3).
- (5) Subject to section 20 of the Act, the Registrar may delegate any of the powers or duties of the Registrar to any other member of the College staff or to a committee or working group appointed under subsection (6).
- (6) The Registrar may appoint such committees and working groups as the Registrar considers necessary to assist in performing the duties or exercising the powers of the Registrar.

## **22 Acting Registrar**

- (1) If the office of the Registrar becomes vacant or the Registrar otherwise becomes incapable of acting for any reason, Council may appoint an Acting Registrar, who shall have all the powers and duties of the Registrar under the Act, the Regulations and these bylaws.
- (2) The Acting Registrar holds office until:
  - (a) The Registrar again becomes capable of acting;
  - (b) Council appoints a new Registrar; or
  - (c) Council terminates the appointment of the Acting Registrar.

## **23 Fees, Charges and Levies**

- (1) The fees, charges and levies of the College shall be determined by resolution of Council.

## **24 Non Regulated Members**

- (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 the College on the date of retirement.
- (2) Each applicant for registration as a retired member must:
  - (a) notify the College in writing of the effective date of retirement; and
  - (b) submit the annual fee.
- (3) A retired member shall not practise medicine in Alberta.
- (4) The Physician Assistant register includes the names of non-regulated members who are:
  - (a) A graduate of a Physician Assistant training program meeting one of the following criteria:
    - i) provided through the Canadian Forces Medical Services School,

- ii) accredited by the Canadian Medical Association Conjoint Accreditation Process in Canada, or
  - iii) accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States of America, and
- (b) A certified Physician Assistant with one of the following credentials:
  - i) Canadian Certified Physician Assistant (CCPA), granted by the Physician Assistants Certification Council of the Canadian Association of Physician Assistants, or
  - ii) Physician Assistant – Certified (PA-C), granted by the National Commission on Certification of Physician Assistants in the United States of America.
- (5) Each applicant for registration as a Physician Assistant must:
  - (a) complete the application form to the satisfaction of the Registrar, and
  - (b) submit the registration fee.
- (6) A Physician Assistant shall only work under the supervision of a regulated member on the General Register or the Provisional Register Conditional Practice, and that regulated member will take responsibility for the clinical performance of the Physician Assistant.
- (7) If the Registrar determines that a Physician Assistant has not paid the registration fee or an annual fee, has not worked only under the supervision of a regulated member, has provided incomplete or inaccurate information to the Registrar or no longer qualifies for registration as a Physician Assistant, the Registrar may cancel the registration of the Physician Assistant.
- (8) If the Registrar cancels the registration of a Physician Assistant under subsection (7), the Registrar may publish the information as the Registrar determines is required in the circumstances.

## **25 Practice Permits**

- (1) The Registrar shall determine any decision on issuance or renewal of a practice permit.
- (2) A practice permit:
  - (a) is effective on January 1 or on the actual date that it is issued, whichever is later, and
  - (b) expires on December 31 following the date of issue of the practice permit.
- (3) A regulated member shall submit to the Registrar a completed annual form for the renewal of a practice permit along with the required annual renewal fee by December 31 in the year in which the practice permit expires.

- (4) A regulated member whose registration or practice permit has been suspended or cancelled for a reason other than under Part 4 of the Act, may apply in writing for the practice permit to be issued or the registration to be reinstated in accordance with these bylaws.
- (5) An application under subsection (4) shall be in the form determined by the Registrar along with the required fee, any outstanding fees, charges or levies, and any other information required by the Registrar.
- (6) The Registrar shall, within a reasonable period of time, consider a completed application under subsection (4) in accordance with section 30 or section 40 of the Act, as the case may be.

**26 Limited Liability Partnership**

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

**27 Professional Corporation Application**

- (1) An applicant for approval under section 108 of the Act shall provide to the Registrar:
  - (a) an application in the form determined by the Registrar,
  - (b) a copy of the articles of incorporation; and
  - (c) payment of the required fee.

**28 Professional Corporation Annual Permit**

- (1) Subject to sections 108 and 109 of the Act, a professional corporation annual permit:
  - (a) is effective on January 1 or on the actual date that it is issued, whichever is later, and
  - (b) expires on December 31 following the date of issue of the annual permit.

**29 Renewal of Professional Corporation Annual Permit**

- (1) The Registrar shall, on or before November 1 in each year, mail to each professional corporation then holding an annual permit, a written notice respecting the renewal of its permit.
- (2) Every professional corporation that wishes to have its annual permit renewed for the following calendar year shall provide to the Registrar on or before November 30 in each year:
  - (a) a statement of particulars in the form determined by the Registrar; and
  - (b) the required fee.

- (3) When a professional corporation has provided the material under subsection (2) and has paid the required renewal fee, the Registrar shall, if he is satisfied with respect to the matters described in section 109 of the Act, issue a renewal of the annual permit to the professional corporation in the form determined by the Registrar.

### **30 Records**

- (1) In addition to the requirements of section 113 of the Act, the Registrar shall keep and maintain a register of professional corporations containing the following information:
  - (a) name of all shareholders,
  - (b) the number and type of shares held by a shareholder, and
  - (c) the name of the directors.
- (2) The Registrar shall:
  - (a) enter on the appropriate register a memorandum with respect to the name of a professional corporation whose permit has expired; and
  - (b) notify the professional corporation and regulated member concerned and all other parties considered necessary by the Registrar that the permit of the professional corporation has expired.
- (3) The Registrar shall determine the notification form for the purpose of section 112 of the Act.
- (4) The Registrar may provide to the registrar of corporations, pursuant to section 115(3) of the Act, any other information that the Registrar, in his sole discretion deems relevant.

### **31 Names**

- (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 the College who are shareholders of the corporation followed by "Professional" and "Corporation" and an appropriate descriptive term such as "medical" or "surgical".
- (2) Except as provided in subsection (3), a professional corporation shall carry on the practice of medicine under its corporate name.
- (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 the firm name is in accordance with the code of ethics and standards of practice established by the Council.

- (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.

**32 Reissue after Revocation**

- (1) An annual permit of a professional corporation that has been cancelled by the Registrar may be reissued if the Registrar is satisfied that the applicant has complied with sections 108 and 109 of the Act.

**33 Removal of Information**

- (1) Subject to the Act, the Registrar, in his sole discretion, may amend or delete any information on any register or record of the College which is irrelevant, inaccurate or outdated.

**34 Publication of Ratified Settlement**

- (1) For the purpose of section 60 of the Act, and subject to the terms of a ratified settlement, the Registrar may publish information regarding the ratified settlement.

**35 Publication**

- (1) The Registrar may publish or distribute information regarding:
  - (a) Part 2 or Part 4 of the Act,
  - (b) any condition imposed on a regulated member's practice permit under Part 2 or Part 4 of the Act,
  - (c) any direction made pursuant to section 118(4) of the Act,
  - (d) any order or direction made under Part 4, Division 4 and Division 5 of the Act, including the reasons and the testimony given before the hearing, except the part of the testimony that was given while the hearing was held in private, at the expiry of the appeal period.
- (2) For the purpose of section 119(1)(f) of the Act, the Registrar may omit from publication or distribution any individually identifying information about any person identified in an order made by a hearing tribunal or the Council under Part 4 of the Act.
- (3) The Registrar shall consider the following factors in any decision regarding publication of information described section 119(1) of the Act:
  - (a) the public interest, including transparency of the College's discipline process,
  - (b) the education of regulated members, and
  - (c) any other factors that the Registrar considers relevant to the matter.

## 36 Accreditation of Medical Facilities

- (1) The Council does hereby constitute a standing committee to be known as the Medical Facility Accreditation Committee.
- (2) For the purposes of this section, the definitions set out in section 8 of Schedule 21 of the Act shall apply.
- (3) For the purpose of the Health Care Protection 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.
- (4) For the purpose of the Health Care Protection 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.
- (5) For the purpose of the Health Care Protection Act, minor surgical procedures are those which may be performed in a physician's general office.
- (6) In this section and for the purposes of Section 8(g) of Schedule 21 of the Act "prescribed health services" include:
  - (a) diagnostic imaging services, except for unaccredited point-of-care testing on a physician's own patient;
  - (b) medical laboratory services, except for unaccredited point-of-care testing on a physician's own patient;
  - (c) pulmonary function testing, except for unaccredited peak flow measurement or vitalometry on a physician's own patient;
  - (d) neurophysiologic diagnostic services;
  - (e) sleep medicine diagnostic services;
  - (f) vestibular diagnostic testing;
  - (g) 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;

- (h) the use of drugs by injection which are intended or may induce a major nerve block, or spinal, epidural, or intravenous regional block;
- (i) 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;
- (j) Hyperbaric oxygen therapy.
- (k) Cardiac exercise stress testing,
- (l) Hemodialysis, and
- (m) the following surgical and endoscopic procedures:
  - i) DERMATOLOGIC
    - Liposuction to a maximum of five (5) litres total aspirate
    - Lipolysis by percutaneous application of any form of energy
    - Mohs micrographic surgery
  - ii) GENERAL SURGICAL
    - Upper gastrointestinal endoscopy with or without biopsy
    - Colonoscopy with or without biopsy or minor polypectomy
    - Simple mastectomy
    - Segmental resection of breast and sentinel node biopsy
    - Resection of large or deep soft tissue lesions
    - Deep lymph node biopsies – up to but not including full axillary dissection
    - Inguinal hernia repair, including femoral
    - Minor abdominal wall hernia repair, including umbilical hernia repair
    - Varicose vein ligation and stripping
    - Hemorrhoidectomy beyond simple single excision
    - Trans-anal excision of rectal polyps
    - Laparoscopic procedures
      - Diagnostic
      - Biopsies – peritoneal
      - Laparoscopic Adjustable Gastric Band procedures
    - Endovenous ablation (including, but not limited to, laser ablation, radio frequency ablation, mechano-chemical ablation)
  - iii) GYNECOLOGIC
    - Perineoplasty not requiring extensive dissection
    - Marsupialization of Bartholin cysts
    - Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control

- Dilatation and curettage of uterus
- Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance regulation
- Cystoscopy
- Minimally invasive incontinence procedures: injectables, percutaneous slings
- Laparoscopy with minor surgical interventions:
  - Diagnostic
  - Tubal sterilization
  - Aspiration of cysts
  - Minor adhesiolysis
  - Diathermy for endometriosis (AFS Stages I and II)
  - Abortions – as per the general Non-hospital Surgical Facilities Standards and Guidelines and the Supplementary Standards for the Termination of Pregnancy
- Oocyte retrieval
- Tumescant anterior and posterior vaginal repair
- Hysteroscopic tubal sterilization

iv) **OPHTHALMOLOGIC**

- Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:
  - the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant)
  - the lens and implants
  - the iris
  - the sclera
  - the vitreous
- Eyelid procedures requiring implants or dissection of the orbital septum or beyond
- Lacrimal procedures requiring incision into the nasal passages.
- Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:
  - orbital tumor excision
  - insertion of an implant
  - enucleation/evisceration with or without implant
  - socket reconstruction requiring implant, transplant or exposure of bone

[Note: Minor anterior orbital procedures are considered office procedures.]
- Strabismus procedures
- Rheopheresis for patients enrolled in a research study approved by a research ethics review body acceptable to the College

- v) ORTHOPEDIC
- ARTHROSCOPY
    - diagnostic
    - repair and reconstruction of ligaments
    - meniscectomy, meniscal repair and arthroplasty
    - excision meniscal cysts, loose bodies and foreign bodies
  - AMPUTATION
    - finger through MCP or IP joints, hand
    - toe – through TP or IP joints foot
    - single ray amputation hand or foot
  - ARTHRODESIS
    - hand and wrist
    - foot and ankle
  - ARTHROPLASTIES
    - acromio-clavicular and sterno-clavicular joints
    - radial head arthroplasty
    - wrist and hand joints
    - foot
  - OSTEOTOMIES
    - hand/wrist/foot/ankle
  - LIGAMENT REPAIR
    - shoulder
    - elbow
    - wrist
    - hand
    - knee
    - ankle and foot
  - TENDON OR MUSCLE REPAIR OR TRANSPLANT OR TRANSFER
    - transfers repairs and transplants at or distal to elbow or knee
    - decompression/repair rotator cuff at shoulder
  - FASCIA OR TENDON SHEATH
    - plantar fasciotomy or fasciectomy of hand or foot
    - release or excision Dupuytren's contracture
    - excision of minor hand tumors including ganglions
    - carpal tunnel release
    - excision tendon sheaths: wrist, forearm or hand
  - ARTHROTOMY OR SYNOVECTOMY
    - shoulder
    - elbow
    - wrist and hand
    - knee
    - ankle and foot

- excision Baker's cyst
- **EXCISION OF BURSA OR GANGLIA**
- **MUSCULOSKELETAL TUMORS**
  - biopsy of peripheral tumors
  - needle biopsy only of tumors of the spine
  - excision of minor tumors
- **DISLOCATIONS**
  - open reduction acromio-clavicular joint
  - closed or open reduction of joints of upper extremity
  - closed reduction of dislocated total hip
  - closed or open reduction of patello-femoral joint
  - closed or open reduction of ankle, hindfoot, midfoot or forefoot
- **FRACTURES**
  - closed and open reduction clavicle, humerus, radius/ulna, wrist and hand
  - closed reduction of scapula
  - closed and open reduction of patella, fibula, ankle and foot
  - closed reduction of tibia
- **OTHERS**
  - single level lumbar discectomy and/or decompression – uncomplicated
  - procedures listed under podiatric surgery
  - removal of hardware including plates, pins, screws, nails and wires
  - peripheral nerve surgery – repairs, decompression or grafts
  - saucerization
  - sequestrectomy
  - joint manipulation under general anesthesia or intravenous sedation
  - harvesting of bone graft
  - Microdiscectomy
  - Minimally invasive lateral recess and central decompression – 3 levels or less
  - Minimally invasive lumbar foraminotomy (with or without central stenosis)
  - Posterior minimally invasive foraminotomy (or laminoforaminotomy)
  - Posterior minimally invasive laminotomy for decompression of focal cervical canal stenosis – 2 levels or less
- **PROCEDURES LIMITED TO FACILITIES APPROVED FOR EXTENDED STAY**

- hip arthrotomy and primary arthroplasty (including total joint replacement)
- conversion of partial hip arthroplasty to total hip arthroplasty
- knee arthrotomy and primary arthroplasty – (including total joint replacement)
- tibial osteotomy
- shoulder arthrotomy and primary arthroplasty – (including total joint replacement)
- lumbar posterior spinal fusion – not exceeding two disc-space levels
- lumbar spinal laminectomy – not exceeding two disc-space levels
- ankle arthrotomy and primary arthroplasty (including total joint replacement)
- below knee amputation

vi) OTOLARYNGOLOGIC

- Deep\* biopsy of the nasopharynx
- Deep excision of intraoral papilloma
- Major\* excision of lip, nasal, ear or neck lesions
- Lip shave procedures
- Major partial glossectomy limited to anterior 2/3 of tongue
- Adenoidectomy
- Rigid laryngoscopy
- Rigid trans-oral nasopharyngoscopy
- Complete esophagoscopy – flexible only
- Complete bronchoscopy – flexible only
- Caldwell Luc procedure
- Intranasal antrostomy
- Intranasal complete ethmoidectomy
- Turbinate resection
- Sphenoidotomy
- Nasal septum reconstruction
- Nasal septum submucous resection
- Nasal polypectomy in conjunction with complete ethmoidectomy
- Rhinoplasty
- Complicated\* nasal fractures

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\*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.

- Biopsies of the parotid beyond needle aspiration or sampling the tail of the gland
- Excision of submandibular gland
- Excision of sublingual gland
- Otoplasty
- Complicated myringoplasty
- Dissection of neck beyond the platysma muscle
- Deep cervical node biopsy
- Endoscopic soft-tissue surgery

vii) PLASTIC

- SKIN AND SUBCUTANEOUS
  - Excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply
  - Grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids
  - Liposuction to a maximum of 5 litres total aspirate.
  - Lipolysis by percutaneous application of any form of energy
  - Lipectomy
  - Brachioplasty
  - Facial implants
  - Fat grafting
  - Thigh lift
  - Buttocks (Gluteoplasty) lift
- HEAD AND NECK
  - Grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring.
  - Eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty)
  - Browlift, facelift (rhytidectomy), necklift
  - Nose (SMR, rhinoplasty, turbinectomy, reduction of fractures)
  - Ears (otoplasty)
  - Genioplasty
- BREAST
  - Reduction mammoplasty
  - Augmentation mammoplasty

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\*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.

- Mastopexy
- Mastectomy without chest wall, muscle or axillary node dissection
- Capsulotomy and capsulectomy
- Gynecomastia surgery
- Reconstruction of breast or nipple
- ABDOMEN
  - Repair of abdominal wall hernia
  - Abdominoplasty not requiring overnight monitoring of blood or third space fluid loss
- OTHERS
  - Tendon – repairs, transfers or grafts
  - Peripheral nerve – repairs, decompression or grafts
  - Muscle – flaps or repairs.
  - Fascia – flaps, decompression or excision
  - Bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures
  - Joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ
  - Minor treatment of surgical complications such as hematoma or wound separation

viii) **PODIATRIC**

- Amputation
  - single ray of the foot only
- Arthrodesis of joints of the foot and ankle
  - Lisfranc's joint procedures
- Arthroplasty of joints of the foot and ankle
  - foot procedures requiring significant exposure of the joint
  - ankle procedures which do not require tibial or fibular osteotomy for exposure
- Arthroscopy
  - ankle/subtalar joint/mid-tarsal joint
- Fractures and dislocations
  - uncomplicated closed fractures and dislocations of the foot
- Incision/excision/transfer/repair of tendons and ligaments
  - tendons and ligaments proximal to Lisfranc's joint but not of the rear-foot/leg via the interosseous route
- Neoplasms
  - benign neoplasms of the cuneiforms
  - benign neoplasms of soft tissues below deep fascia
- Neurolysis/neurectomy
  - deep nerves including and distal to the tarsal tunnel and proximal to Lisfranc's joint

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**Issued January 1, 2016**

Replaces January 1, 2015

- Osteotomy of bones of the foot
  - osteotomy of the calcaneus, mid-tarsus and cuneiforms

ix) UROLOGIC

- Inguinal canal surgery
  - Open procedures on scrotal contents
  - Penile procedures up to but not including implants
  - Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair
  - Minimally invasive incontinence procedures, including injectables and percutaneous slings
  - Cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction.
- (7) In addition to subsection (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.
- (8) 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.
- (9) Notwithstanding subsection (8), a medical laboratory that is operated by a health authority in Alberta may designate a certified clinical laboratory doctoral scientist with qualifications as set out in the accreditation standards.
- (10) For the purposes of this section, the term “medical director” includes an acceptable clinical laboratory doctoral scientist under subsection (9).
- (11) 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.
- (12) 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.

- (13) Any accreditation granted by the accreditation committee under Section 8.3(2) of Schedule 21 of the Act 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.
- (14) The accreditation committee shall be composed of not more than nine (9) members all of whom shall be appointed by the Council.
- (15) The accreditation committee shall report to the Council on its activities and programs of assessment at such times and in such manner as the Council may from time to time direct.
- (16) 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.
- (17) 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.
- (18) 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 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;
  - (e) 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
  - (f) assess the business and professional relationships between regulated members conducting the practice of medicine and the owners of the medical facility.
- (19) The accreditation committee shall determine the specific provisions of the accreditation standards which apply to a specific medical facility or class of medical facility.

- (20) 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.

**37 Responsibilities of a Medical Director of a Medical Facility**

- (1) Subject to section 8.4 of Schedule 21 of the Act, 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 clause (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;
  - (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.
- (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 section 36(16).
- (3) Any suspension or conditions imposed under section 37, subsection (2) shall be cancelled once the accreditation committee is satisfied that medical director has co-operated fully pursuant to section 37, subsection (1).

**38 Accreditation Standards**

- (1) Despite sections 8 and 9 of these bylaws, the accreditation standards for accreditation of all medical facilities required under this section and section 8.1(1) of Schedule 21 of the Act are determined, and amended from time to time, by simple majority resolution of Council.

**39 Bylaws Under The Medical Profession Act**

- (1) The Bylaws of the College under the Medical Profession Act are hereby repealed.