Your Council at work
Read the December 2016 Council Highlights

MD Snapshot Report
Do you want to know more about your prescribing practice?

CPSA welcomes Dr. Jeremy Beach as newest Assistant Registrar
On December 1st, Occupational Medicine Specialist Dr. Beach joined the College as Assistant Registrar for the Physician Health Monitoring Program/Practice Conditions Monitoring Program (PHMP/PCMP).

2017 Annual Renewal – only 3 weeks left to renew!
Practice permit & PC permit renewal is due Dec. 31, 2016

General Infection Prevention & Control

On the Front Lines
Current Conversations Online

Trevor's Take On
Parallels between the US election and Medicine

For Your Information
Additional Healthcare News

• CPSA Holiday Closure

Please note that the CPSA office will be closed from December 24, 2016 – January 2, 2017. If you have questions during the closure, please call 780-423-4764 or 1-800-320-8624 and leave your full name and contact number. We will respond starting January 3, 2017. If your call is URGENT, an answering service will be available to direct your message to on-call staff as necessary.

• Change in healthcare coverage

Alberta Retired Teachers Associations member coverage will change January 1, 2017. Plan members taking medications impacted by Therapeutic Alternative Reference Pricing (TARP) and/or members who have a
Policy & Procedure Templates now available
Read More

If you work in Sleep Medicine, your job
may change in 2017
CPSA to be responsible for accrediting private and public
Sleep Medicine facilities in 2017
Read More

Regional Tour visits Lethbridge and
Medicine Hat
Regional Tour, the College’s community outreach program,
wrapped up its 5-year plan to cross the province with visits
to Lethbridge and Medicine Hat on November 30th, 2016.
Read more

Are you up to Standard?
Dealing with unsolicited patient email
by Dr. Jacques Romney, Chair, CPSA Medical Informatics
Committee
Read More

Out-of-Country Health Services Appeal Panel
Alberta Health is seeking four physician members to serve on
the Out-of-Country Health Services Appeal Panel.
More information:
http://bit.ly/2h0jH4g

Health Disciplines Board seeking member
Alberta Health is recruiting for a physician member to serve on its
Health Disciplines Board. The board is responsible for hearing
appeals related to disciplinary and registration decisions
affecting members of the College and Association of
Acupuncturists of Alberta and the College of Midwives of
Alberta.
More information:
http://bit.ly/2gA8POc

Prevention and Longevity Conference
This full day conference will bring together highly regarded
healthcare professionals to support and empower family
physicians, specialist physicians, allied healthcare
professionals and others with specific non-pharmacological
recommendations to maintain health, prevent disease and
where possible, extend longevity.
More information:

Edmonton Dialectical Behaviour Therapy Skills Training Workshop
Covenant Health is hosting a 3-day Dialectical Behaviour
Therapy (DBT) workshop
February 15 – 17, 2017. This
unique opportunity will give
doctors and other clinicians the
tools to teach coping skills to
patients with Borderline
Personality Disorder.

Registration details:

**Patient Safety Courses**

The Health Quality Council of
Alberta (HQCA), in partnership
with the University of Calgary
and W21C, is hosting two patient
safety courses available in early
2017. Credits available.
More information:

**Connecting
Researchers to
Resources**

The Northern Alberta Clinical
Trials and Research Centre
(NACTRC) supports clinical
research in the province by
connecting researchers to
sponsors and members of the
public. To learn about how
clinical research in Alberta is
changing lives, visit:

http://bit.ly/2qJ7Xto

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College of Physicians & Surgeons of Alberta | 2700 - 10020 - 100 Street NW, Edmonton, Alberta, T5J 0N3, Canada
TREVOR’S TAKE ON: PARALLELS BETWEEN THE US ELECTION AND MEDICINE

DINA BARAS / DECEMBER 6, 2016

I am still reeling in response to the US election, trying to understand what it means (how did it happen?) and what the impact will be on Canada and the rest of the world.

One article I read suggested that, during the campaign, the media took Mr. Trump literally but not seriously, while his supporters took him seriously but not literally.

Others have opined that we are now in the post-truth world, where facts or evidence become much less relevant, perhaps irrelevant, and are replaced by personally-chosen opinion and revisionist history: “I don’t care what the facts are. I choose to believe differently”.

In medicine, such a shift in thinking would be a disaster.

But we must be prepared to react and respond, as it is likely some of that behavior and thinking will leak across the border. How will we (the health system, not just doctors) address the need to increase childhood immunization rates? To reduce pollution? To address global warming? Recently we’ve heard that Mr. Trump has an open mind on some of these questions. That is better than a
closed mind, I suppose, but it begs the question where his mind has been for the past 10 years, what he's been reading and who he's been listening to.

What is also becoming ever more apparent is the enormous set of conflicts of interest Mr. Trump's business interests create in his impending role as President and Commander-in-Chief. In my experience, people are readily able to identify potential conflicts in others, but not very good at identifying conflicts of interest in themselves. Rather than putting his business interests into a blind trust, Mr. Trump has indicated he will turn over the running of his businesses to his children. I am sure Dad and the kids never talk, so that should alleviate any issues...Why is this important? The question the American people may have to ask themselves is: is this decision in the American interest or in Mr. Trump's business interests? What if the two interests are not aligned?

Are there parallels in medicine? I think so.

Are we truly able to interpret the evidence behind new devices, drugs and treatments? Do we critically evaluate what we do (and what we offer patients) against current evidence? Do we abandon treatments, drugs and technologies shown not to have benefit? Do we delay adopting new and innovative techniques until there is evidence to support their adoption? Or, in the absence of evidence, do we attempt to produce the evidence?

How prone are we to recognize or act on conflicts of interest? How many of us think that drug detailing by pharmaceutical representatives has no impact on our prescribing choices? Can we see that some conflicting interests are non-financial – examples include prestige and secondary benefits?

How willing are we to step up and speak out against behaviors that are unacceptable – swearing at co-workers, denigrating colleagues, laughing at patients’ misfortunes, threatening when we don't get our way?

Recently I had the opportunity to hear a very experienced lawyer/politician express her views about the Trump election. In part, her message was that words matter and that, as a civil society, we need to stand up and object (and correct) when words are used in ways that violate our sense of fairness, of right and wrong, and our desire to have an inclusive society.
I believe the same is true in our profession. Words and actions matter. There is no better time to stand up and object (and correct) when we see and hear things that are unprofessional, hurtful and untrue. Thankfully, we are guided by mores and ethics, including by a shared sense of purpose. The problems we face in health care in Alberta and in medicine specifically are our collective problems; we don’t need a disruptive figure (a misogynistic, xenophobic, racist, philandering and groping figure at that) to force change. We can make the changes ourselves, while remaining professional as we do so.

Offering Thanks

The December meeting of Council will be Jim Stone’s final act as the President of the Council and chair, as his six years on Council comes to an end.

I have had the good fortune to work with a stellar group of Council presidents, and Jim has been one of the best. Not only has he been incredibly supportive to me and our team at the College, he has been a true consensus-builder at Council and, when necessary, the moral center for Council.

Jim has dedicated many extra hours and days to the College, which, considering his other roles as cardiologist/clinician and cardiovascular SCN medical director, is more than we could reasonably ask. While we will continue to benefit from Dr. Stone’s experience and expertise on the Governance Committee (where the past-president plays a role), I will miss his leadership at Council and his counsel and friendship to me.

To all of you, I hope the holiday season brings you time with family, time to recharge and reflect, and time to be thankful for the blessings we all have as Albertans and Canadians.

Trevor Theman
Read the December 2016 Council Highlights:

**Council election:** The following physicians were elected to Council for 3-year terms starting January 1, 2017:

- Dr. Carrie Kollias, Orthopedic Surgeon, Lethbridge
- Dr. John O’Connor, General Practitioner, Fort McMurray
- Dr. Pauline Alakija, Pathologist, Edmonton (re-elected)
- Dr. Richard Martin, Family Physician, Grande Prairie (re-elected)

Ms. Kate Wood, public member, will take over from Dr. James Stone as Council President effective January 1, 2017, while Dr. Alakija will serve as Vice-President. Council thanked Dr. Stone and Councillor Dr. Ann Crabtree for their six years of service each as their terms come to an end.

**Appointments:** Council made the following appointments, effective immediately:

- Mr. David Kay (staff) as Hearings Director, replacing Dr. Kate Reed
- Ms. Janet Blayone (public member) as representative to the Rural Physician Action Plan (RPAP), replacing Dr. Karen Lundgard

**Public member recommendations:** An ad hoc committee of Council presented a shortlist of potential candidates to be submitted for government consideration, to facilitate the appointment process.

**Strategic Plan Refresh:** Council approved draft Vision, Mission and Goals statements (with revisions) for circulation and comment by the membership in early 2017.

**Referral Consultation amendment:** Council considered feedback received following approval of this amendment in September 2016. No further changes were made to the standard or implementation date, however an Advice document will be published in January 2017 to help members make the necessary changes to their practices as the standard takes effect.

**Opioid Prescribing Forum:** Council reviewed the many positive outcomes of this College-led forum, held in October 2016. The forum provided an opportunity for stakeholders to coordinate their efforts to address opioid overuse and related issues, and several joint initiatives are now underway.

**Regulation of Clinical Doctoral Scientists:** Council supported the Clinical Doctoral Scientists’ application for regulation by this College.

**Highlights of the Finance and Audit Committee Report:** The Building Reserve fund has reached its target level and no further levies will be collected. With the rental market expanding, plans to build or buy office space are suspended for now, to be revisited annually. The FAC also reported the College will have a surplus this year at a
revised annually. The FAC also reported the College will have a surplus this year at a level appropriate for contingencies. Full FAC report

**Publication of Hearing Tribunal Decisions:** To improve transparency, Council agreed to start publishing hearing decisions as soon as available rather than after the appeal process is exhausted. Further, the names of complainants and witnesses will no longer be redacted in published decisions. However, the Hearing Tribunal may choose to hold proceedings in private or use initials only to protect the privacy of individuals.

**Professional Courtesy:** Council reviewed a draft Advice document intended to clarify the application of professional courtesy. The document responds to Recommendation #3 in the 2013 *Health Services Preferential Access Inquiry Report*, and will be refined and circulated for input from other health professions before publishing.

[Return to the newsletter](#)

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College of Physicians & Surgeons of Alberta | 2700 - 10020 - 100 Street NW, Edmonton, Alberta, T5J 0N3, Canada
MD Snapshot Report

This month, the CPSA will send every Alberta physician who prescribed an opioid or benzodiazepine between July 1, 2016 and September 30, 2016 a customized prescribing report.

Using data from Alberta’s Triplicate Prescription Program, MD Snapshot outlines your opioid and benzodiazepine prescribing as well as how your prescribing of these drugs compares to other Alberta physicians during the same time period. It also includes details on average daily doses, multi-doctoring situations and patients on multiple medications.

The CPSA developed MD Snapshot as a quality assurance/quality improvement initiative. It is intended to increase your awareness of your prescribing practices and may help you identify opportunities to help your patients. NOTE: If you are the primary prescriber, abruptly stopping or rapidly tapering the dose is usually not appropriate as this will often result in negative consequences for your patient.

Approximately one week after receiving your MD Snapshot, the CPSA will send you an email survey asking for feedback. Please take 2 minutes to share your thoughts.

Questions/comments about MD Snapshot? Please call the CPSA’s Continuing Competence department at (780) 969-4935 or email your questions and comments to CC.Inquiries@cpsa.ab.ca.

Need additional resources?

• Opioid prescribing for chronic non-cancer pain
• Physician Prescribing Practices

Return to the newsletter

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CPSA welcomes Dr. Jeremy Beach as newest Assistant Registrar

On December 1st, Occupational Medicine Specialist Dr. Jeremy (Jerry) Beach joined the College as Assistant Registrar for the Physician Health Monitoring Program/Practice Conditions Monitoring Program (PHMP/PCMP).

Dr. Beach’s work within PHMP/PCMP includes providing executive leadership in assessing and monitoring of physicians with health issues and practice conditions. The PHMP helps ensure physicians with health conditions are able to maintain or improve their own health while providing safe and effective care for their patients. The PCMP ensures those physicians who have practice limitations or conditions are following CPSA requirements appropriately.

Dr. Beach’s credentials include an MBBS and an MD from the University of Newcastle upon Tyne (United Kingdom) as well as recognition as a specialist in Occupational Medicine in both the UK and Canada. He is a Fellow of the Royal Colleges of Physicians of both Edinburgh and London in the UK, as well as the Royal College of Physicians and Surgeons of Canada.

NOTE: With the recent retirement of Assistant Registrar Dr. Kate Reed (Registration), Assistant Registrar Dr. Susan Ulan (PHMP/PCMP) has taken on responsibility for Physician Registration and Practice Readiness Assessments. To see contact information and portfolios for all members of the CPSA Executive, go to http://www.cpsa.ca/about/contact-us/ and click on “Senior Leadership Team”.

Return to the newsletter

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2017 Annual Renewal - only 3 weeks left to renew!

If you have already completed your annual renewal, thank you.

If not, you have just three weeks left to renew your practice permit and/or professional corporation (PC) permit before late fees apply. Note: only the designated physician completes the PC renewal on behalf of all shareholders. Late fees are $400 for your practice permit and $150 for your professional corporation permit.

We must receive both your completed forms and payment by Dec. 31. If paying by cheque, please allow enough time for mail delivery.

Not sure if your 2017 renewal is complete? Log in to the physician portal. Any outstanding items will be listed.

Need help? Email or call us Mon-Fri, 8:15 a.m. – 4:15 p.m. MT at 780-969-4925 (Edmonton and area) or 1-877-629-3787 (toll-free in North America).

*Note holiday office hours below.

CPSA Holiday Office Hours

Our office will be closed December 24, 2016 - January 2, 2017.

Please note we will not be able to respond to your inquiries or post permits to the physician portal during this time.

After you complete your renewal, it takes three (3) business days to post your permit and receipt in the physician portal. If you renew during our office closure, please allow extra days.

If you have questions during the closure, please call 780-423-4764 or 1-800-320-8624 and leave your full name and a contact number. We will respond immediately upon our return Jan 3, 2017.
responda starting January 3, 2017. This includes physicians who encounter problems and cannot complete their annual renewal. Please note practice permits will still be valid, and any waiving of late fees due to technical difficulties will be discussed and assessed when we reopen.

Return to the newsletter

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College of Physicians & Surgeons of Alberta | 2700 - 10020 - 100 Street NW, Edmonton, Alberta, T5J 0N3, Canada
General Infection Prevention & Control

The College's Infection Prevention & Control (IPAC) program has published draft templates to help medical offices create their own policy & procedure documents to support best practices for general infection prevention and control.

Please do not simply print and use these templates as written as some sections are incomplete and others may require amendments to reflect your specific clinic operations and actual practices.

These templates support the IPAC Program’s release of standards for general infection prevention and control in private, non-governmental medical facilities not accredited by the CPSA (effective date: June 16, 2016).

More information | Questions? Email ipac@cpsa.ab.ca

Return to the newsletter

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If you work in Sleep Medicine, your job may change in 2017

The College of Physicians & Surgeons of Alberta (CPSA) will soon be responsible for accrediting private overnight and home-study (Level 1 and 3) Sleep Medicine facilities. To help ensure quality care and patient safety in these facilities, the College has drafted accreditation standards that include procedural expectations, quality management, and personnel qualification requirements. Going forward, these standards must be met, and accreditation fees must be paid, in order to operate a sleep medicine facility.

If you work in Sleep Medicine, these draft Standards may have an impact on your work. We’d like your feedback. Sign up at http://bit.ly/SleepSurveySignup by December 31, 2016 and we’ll send you a survey early in the New Year. Feedback from all stakeholders will be taken into account before the new standards are finalized in Spring 2017.

Questions? Please contact Arla Maier, Program Manager, Clinical Accreditation at sleep.testing@cpsa.ab.ca.
REGIONAL TOUR VISITS LETHBRIDGE AND MEDICINE HAT

DINA BARAS / DECEMBER 6, 2016 /

CPSA (HTTP://WWW.CPSA.CA/CATEGORY/CPSA/).
REGIONAL TOUR (HTTP://WWW.CPSA.CA/CATEGORY/COMMUNITY-RELATIONS/REGION

Regional Tour, the College's community outreach program, wrapped up its 5-year plan to cross the province with visits to Lethbridge and Medicine Hat on November 30th, 2016. Physicians, the public and healthcare leaders came out to discuss: What are obstacles to good medical care delivery in your city and how can the CPSA help to overcome them?

Physicians in both communities raised similar concern including limited access to specialists, physician recruitment to rural Alberta, and practice issues such as the College's new Standard of Practice...
on Referral Consultation. The new standard will require physicians to meet new timeframes to acknowledge and respond to referral requests.

“We do not expect doctors to be available 24/7, 365 days a year,” noted CPSA Registrar Trevor Theman. “We do expect them to work with their medical colleagues to help patients access care in their community.” Lethbridge physician, Dr. Charlotte Haig, noted patients simply want to be able to plan their lives. “Patients just want to get a consultation date.”

The visit to Lethbridge and Medicine Hat marks the 18th Regional Tour location visited by the College. If you would like the CPSA to visit your community, please contact marian.stuffco@cpsa.ab.ca (mailto:marian.stuffco@cpsa.ab.ca)
Are you up to Standard?
Dealing with unsolicited patient email

by Dr. Jacques Romney, Chair, CPSA Medical Informatics Committee

As part of establishing a patient-physician relationship, a physician should make clear to patients how he/she should be contacted to make appointments, review results, for urgent advice and so on, to meet the requirements of the CPSA standard of practice for Continuity of Care.

But what if a physician’s email address is available in the public domain? Unsolicited email from patients or the public can easily be sent to physicians and/or their administrative staff, and may contain confidential health information. In addition, the physician may not want to be contacted by email for patient care related issues.

A physician is under no obligation to respond to unsolicited email or other unsolicited electronic communication. However, a physician who does respond is responsible for any subsequent re-transmission of information, and must ensure that the transmission and/or storage of confidential health information conforms with:

• the roles and responsibilities legislated by the Health Information Act (HIA);
• the policies of the facility from which the email is sent (e.g., Alberta Health Services facilities, university medical faculties, etc.); and
• the CPSA Patient Record Retention standard of practice.

Tips for dealing with patient email:

1. If a patient-physician relationship has already been established but the physician doesn’t want to continue emailing with the patient, the physician should respond with a message such as the following, deleting the patient “thread” in the reply to prevent further transmission of the patient’s information:

"Thank you for your email. However, the content and/or the transmission of email typically is not secure (e.g., use of encryption) and so may compromise your privacy. As such, I do not use email for patient communication. Please telephone my office and make an appointment or leave a message with my staff."

2. If there is no existing patient-physician relationship, the physician has no obligation to respond and the email should be securely deleted (not just archived).

3. If the physician has previously made arrangements with a patient to use email and both parties fully understand the risks of use, the physician is responsible to meet all requirements of the HIA, the facility and the CPSA, as noted above. Remember, any email communication with patients regarding their care must also be added to their medical record.
In time, electronic medical record patient portals should support secure electronic messaging between patients and providers. Meanwhile, it’s important to consider the risks of using email with patients, establish a policy on email use and ensure that any devices that store email, such as mobile devices, are sufficiently secure.

Resources
- Office of the Information and Privacy Commissioner: Communicating with Patients via Email
- CMPA Using email communication with your patients: legal risks
- CPSA Advice to the Profession: Electronic Communications and Security of Mobile Devices
- AHS Guide to Clinical Email (requires login)

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