

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta ("CPSA") are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. *Standards of Practice* are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the *Standards of Practice*.

Reporting Requirements

- (1) A regulated member **must** report the following circumstances to the complaints director of the relevant college as soon as they have reasonable grounds to believe a regulated health professional of any college¹:
- is engaging in behaviour that constitutes **sexual abuse or sexual misconduct** with a patient (as defined under the [Health Professions Act \(HPA\)](#)²);
 - presently has a physical, cognitive, mental and/or emotional³ condition⁴ that negatively impacts, or is reasonably likely to negatively impact⁵, their work⁶ in the future⁶;
 - is charged with or convicted of a criminal offence⁷;
 - is demonstrating a repeated inability to provide patients with what is reasonably considered competent care¹;
 - is demonstrating an unwillingness or inability to address behaviour that interferes with patient care or negatively impacts the ability of other regulated members, learners or healthcare workers to provide patient care; or

Commented [CD1]: Reporting of other health professionals has been the expectation under the [Code of Ethics](#); adding them to this standard clarifies the expectation.

Commented [CD2]: Per the update to the *HPA* based on [Bill 21: An Act to Protect Patients](#).

Commented [CD3]: Language in this clause is based on that used in the Health Law Institute's report on physician health conditions.

Commented [CD4]: Updated per reporting requirements under Section 127.1(4) of the *HPA*.

Commented [CD5]: Clarified from [current clause 2\(d\)](#).

Commented [CD6]: Added based on pre-consultation feedback.

¹ Please refer to Section 127.2(1) of the [Health Professions Act \(HPA\)](#).

² Please refer to Section 1(1) (nn.1), (nn.2) and (nn.3) of the [HPA](#).

³ Per Recommendation 5 of the [Health Law Institute's "Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients."](#)

⁴ Conditions would include, but not be limited to, the following:

- blood borne viral infections
- conditions affecting primary senses: vision, hearing etc.
- neurological conditions affecting cognition, motor or sensory function, seizure disorder
- psychiatric conditions
- substance use disorder
- physical disability
- metabolic conditions

⁵ "Negative impact" is defined as harm to patients or others as a result of the practice of medicine. The practice of medicine includes research, education and administration, in addition to the practice associated with patients. (Per Recommendation 3 of the [Health Law Institute's "Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients."](#))

⁶ The practice of medicine includes not only patient care, but all activities, such as working with other health care workers, teaching, research and administrative work done in the context of medical practice.

⁷ Please refer to Section 127.1(4) of the [HPA](#).

Terms used in the Standards of Practice:

- "Regulated member" means any person who is registered or who is required to be registered as a member of CPSA.
- CPSA regulates physicians, surgeons and osteopaths.
- "Must" refers to a mandatory requirement.
- "May" means that the physician may exercise reasonable discretion.
- "Patient" includes, where applicable, the patient's legal guardian or substitute decision maker.

(f) is behaving in a manner outside of providing patient care that could reasonably be considered unprofessional conduct under the [HPA](#)⁸;

Commented [CD7]: Clarified from [current clause 1](#).

(2) Notwithstanding clause 1(a), if information pertaining to [sexual abuse of or sexual misconduct](#) toward a patient by a regulated health professional of any college is obtained in the course of providing professional services to the regulated health professional, the regulated member of CPSA is **not required, but is permitted**, to report this matter to the complaints director of the relevant college in the interest of confidentiality in the physician-patient relationship per the [HPA](#)⁹;

Commented [CD8]: Based on Section 127.2(2) of the [HPA](#).

(3) When a patient discloses information that leads a regulated member to reasonably believe a colleague committed a [sexual boundary violation](#)² against a patient, the regulated member **must**:

- (a) provide the patient with information on [how to file a complaint](#) with CPSA;
- (b) document the account of the sexual boundary violation in the patient's record; and
- (c) advise the patient of the regulated member's duty to report the incident to CPSA;

Commented [CD9]: Added per feedback from pre-consultation.

(4) Notwithstanding subclause 3(c), the name of a regulated member who is reasonably believed to have engaged in sexual abuse or sexual misconduct with a patient **must** be reported to CPSA per the [HPA](#)¹⁰ and **can** be done without providing the name of the patient;

Commented [CD10]: Clarification of [current clause 3\(c\)](#) based on pre-consultation feedback.

Duty of Treating Physicians and Physicians Working in the Context of a Physician Health Program to Report a Physician to CPSA

Commented [CD11]: The two standards were combined based on pre-consultation feedback.

(5) A regulated member treating another physician, or a regulated member working within a provincial [Physician Health Program](#) in a non-treating capacity (e.g., the AMA's [Physician and Family Support Program](#)), **must** make all reasonable efforts to understand the nature and scope of the physician-patient's practice and, with the consent of the physician-patient, seek information regarding the impact of any medical condition on their practice.

Commented [CD12]: Attempted to clarify this does not apply to any/all provincial health facility by capitalizing the name and including the example of the current existing Physician Health Program.

(6) The treating physician **must** report to CPSA when the physician-patient **presently** has a physical, cognitive mental and/or emotional³ [condition](#)⁴ where it is reasonably foreseeable¹¹ that patients, or others within the context of the physician-patient's medical practice⁶, could be harmed¹² (physically or psychologically) as a result of the medical condition;

Commented [CD13]: Language in this clause is based on that used in the Health Law Institute's report on physician health conditions.

Commented [CD14]: Definitions of "reasonably foreseeable" and "harm" added per pre-consultation feedback.

⁸ Please refer to Section 1(1)(pp) [HPA](#).

⁹ Please refer to Section 127.2(2) of the [HPA](#).

¹⁰ Please refer to Section 127.2(1) of the [HPA](#).

¹¹ The determination of what is "reasonably foreseeable" requires a judgment call from the physician, based on what a reasonable physician would do given the same set of circumstances. Consider the following factors:

- a. whether the physician's condition is appropriately managed and harm is only anticipated if such management was not maintained;
- b. whether there is sufficient information available to make a judgment about the physician-patient's management of their health condition;
- c. whether there is sufficient information to suggest that appropriate management will only occur with monitoring or oversight mechanisms in place; or
- d. whether the harm anticipated, if it materializes, would be irreversible and whether the harm anticipated, if it materializes, would cause more than minimal pain (physical or psychological) or other injury.

(Per Recommendation 6 on page 4 of the [Health Law Institute's](#) "Physicians with Health Conditions: Law and Policy Reform to Protect the Public and Physician-Patients.")

¹² "Serious harm" is defined as that which is either irreversible or would result in more than minor pain or injury (psychological or physical).

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- (7) If information pertaining to sexual abuse of or sexual misconduct toward a patient by the physician-patient is obtained in the course of providing professional services to the physician-patient, the regulated member is **not required, but is permitted**, to report this matter to CPSA in the interest of confidentiality in the physician-patient relationship per the *HPA*¹³.
- (8) Notwithstanding clause (7), the treating physician **must** advise the physician-patient of their duty to [self-report](#) to CPSA and document this advice in the physician-patient's record.
- (9) If the regulated member is unsure if they should report a colleague or physician-patient, they **must** seek appropriate advice (e.g., the [Canadian Medical Protective Association](#) or CPSA).

Commented [CD15]: Based on Section 127.2(2) of the [HPA](#).

Commented [CD16]: Added per pre-consultation feedback.

¹³ Please refer to Section 127.2(2) of the [HPA](#).

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