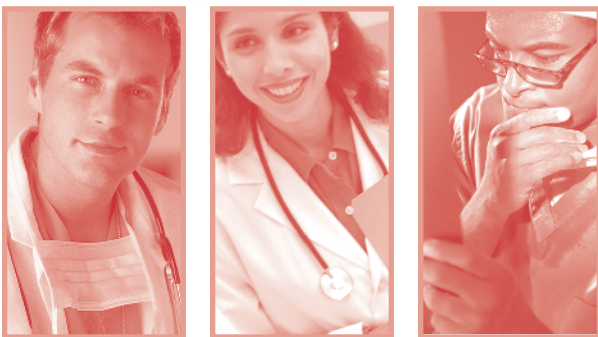


the Messenger

College of Physicians & Surgeons of Alberta

in this issue

- 3** Registrar's Report
- 3** For your information
- 4** Council highlights
- 4** CPSA makes changes in response to accidental disclosure of personal information
- 5** HPA - Disciplinary hearings
- 5** Family physicians needed to help develop new TOP tools
- 6** Office move, staff costs and enhanced programs/services drive 2007 fee changes
- 7** Financial update
- 8** Annual re-licensure
- 8** RERC 2007 meeting dates & deadlines
- 9** Pre-Authorized Payment form
- 10** Audit reveals high quality College communications
- 12** Supervised Clinical Experience
Replaces Non-University Clinical Traineeship



2006 Council

President - Dr. James Bell

Vice President - Dr. John Pasternak

Executive Member-at-large - Ms Irene Pfeiffer

Council members are available throughout Alberta to answer questions and discuss current issues. E-mail: council@cpsa.ab.ca

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District 1 - Northern	James E. Bell	(780) 459-5581	(780) 458-7515
	Peter G. Hamilton	(780) 407-8153	(780) 407-2680
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	David G. Moores	(780) 492-8102	(780) 492-8191
	Felix S. Odaibo	(780) 513-1991	(780) 513-1955
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District 2 - Southern	Robin G. Cox	(403) 943-7211	(403) 943-7606
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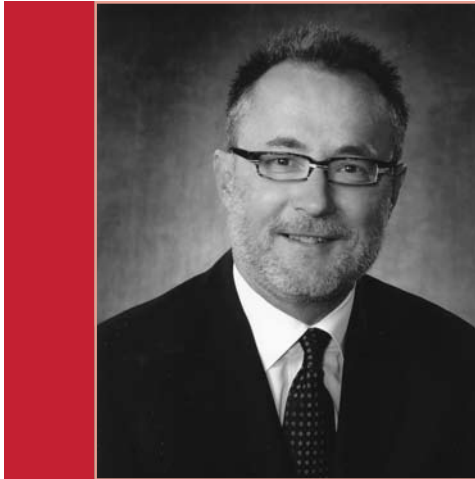
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next issue: January 2007

General Inquiries Line: 1-800-561-3899
Complaints Line: 1-800-661-4689
Physicians Only Line: 1-800-320-8624
Website Address: www.cpsa.ab.ca

The College of Physicians & Surgeons of Alberta (CPSA) is responsible for licensing physicians, administering standards of practice and conduct and resolving physician-related complaints. We also provide leadership and direction on issues of importance to the health care system such as access to services, quality improvement, patient safety and privacy.

Registrar's Report



The College, AMA and the Provincial Medical Consultant (from Alberta Health & Wellness) are invited to attend the meetings of the Council of Medical Directors. This forum offers an opportunity to discuss issues of common interest. At our most recent meeting we began discussions around physician professionalism and “professional behavior issues.” Examples include the failure or refusal by some members to assume their on-call obligations and the failure by some to complete hospital medical records. It’s the issue of incomplete medical records I will address in this report.

The number of incomplete records in some regions is staggering with estimates in the thousands. Considering that physicians have both legal and ethical obligations to complete their records, the magnitude of this problem is almost beyond belief. And beyond the legal and ethical obligations of physicians to create

records, the consequences to the patient and physicians and other healthcare workers who need access to the completed record are significant.

How do we solve this problem? How do we ensure that all physicians complete their records in a timely manner? Whose issue is this – individual physician’s, the College’s, the health regions’? Are there barriers to physicians fulfilling this obligation? What mechanisms are available to influence physicians to fulfill their documentation obligations?

I think it’s fair to say that hospitals and health regions are frustrated and feel impotent to solve the problem. Sanctioning the offender by removing hospital privileges for a period of time is, at best, an interim solution and, at worst, only creates other problems, especially in the current situation of a physician shortage. Nevertheless, doing nothing about the incomplete records doesn’t solve the problem.

We are looking at this problem provincially, with the assistance of all parties. It seems reasonable to me that there be a graduated set of increasing sanctions beginning at the local level and shifting to the College’s authority when local and regional efforts fail. While it may seem heavy handed to take a physician through a College disciplinary hearing because of failure to complete records, I am willing to pursue that step if those physicians who are problem offenders do not change their behavior. I want to remind those members at whom this message is

directed that their hospital or regional privileges come with obligations. In my view, willfully ignoring those obligations is tantamount to unprofessional conduct.

I say this not because I think this is a good solution but to point out that such an approach is possible and will be con-

Considering that physicians have both legal and ethical obligations to complete their records, the magnitude of this problem is almost beyond belief.

sidered if the problem isn’t solved. There is no acceptable rationale for not completing records and so the status quo for those who routinely ignore their obligations is not an option.

I would much prefer that physicians police themselves, with the gentle assistance of regional medical record departments and medical administrators. I seek feedback from the profession (and others who have an interest in solving this problem) – what solutions should be considered? What are the barriers to physicians completing their records? Is the approach I’ve suggested reasonable? You can write me or send an e-mail to ttheman@cpsa.ab.ca.

Dr. Trevor Theman, Registrar
ttheman@cpsa.ab.ca

For your information

Council Elections

Ballot packages for the 2007 Council election were mailed out in late October. All ballots received by the College office before 4:00 p.m. Friday, November 24, 2006 will be counted on Monday, November 27, 2006.

The Geritol Club

The Geritol Club is a group of retired or about-to-be-retired physicians who meet every third Friday at Edmonton’s Mayfair Golf for lunch and a chat.

For more information, or to join, call Rod Eidem at 436-5677.

Council highlights

Council of the College of Physicians & Surgeons of Alberta met on September 14 and 15, 2006 in Edmonton. Significant outcomes included:

2007 Operating Budget – Council approved the Finance and Audit Committee’s proposed budget for the 2007 operating year, with minor amendments. The budget projects a total of \$10.7 million in expenses, an increase of \$1.4 million from 2006.

Implementation of the budget required several bylaw amendments, including setting the annual fee at \$1,260 (an increase of \$100, or 8.6%). The College office’s move to Telus Plaza in early 2007, increased staff costs and the development of a Methadone audit program were the main cost drivers.

Council vetoed a proposed increase to honorarium rates for Councilors and Committee members. Further details on other fee changes can be found elsewhere in this edition of the *Messenger*.

Data Stewardship – Council was presented with the first version of the Data Stewardship Framework, a document designed to assist practitioners in the management of health information, particularly in an electronic environment. The document was accepted in principle and will be returned to the Medical Informatics Committee for further refinement.

Revalidation – Council was provided a report summarizing the feedback which had been gathered from the profession on the topic of revalidation. To undertake a detailed review of options and prepare recommendations, Council established a working group. This group will include a physician and public member from Council, a physician closely involved with the AMA, several practitioners not aligned with any organization, a physician-administrator from a regional health authority, and a physician-educator from a continuing education perspective. A report will be prepared for Council’s June 2007 meeting.

Direct-to-Consumer Advertising – Council endorsed the Canadian Medical Association position regarding direct-to-consumer advertising of prescription drugs. This position:

- Supports the provision of objective, evidence-based, reliable plain language information for the public about prescription drugs
- Opposes the direct-to-consumer prescription drug advertising in Canada

Council’s next open meeting is scheduled for December 1, 2006. To reserve a seat and receive a copy of the agenda, call Nicola Clarke at (780) 970-6227, 1-800-561-3899 ext. 227, or e-mail nclarke@cspa.ab.ca. Seating is limited and reservations are required.

CPSA makes changes in response to accidental disclosure of personal information

The College recently became aware that a website search on a physician’s name provided access to a CPSA website document on complaint investigation activity.

This multi-page document revealed by the search contained complaint statistics and trending information. However, it also contained a “hidden” document that was only revealed by the search. Confidential information from the College’s complaint investigation files, including names of physicians and complainants, was contained in that hidden document.

Although we are unable to disclose specific details, we wanted to share general

information about the incident to help our stakeholders understand how seriously we viewed this situation and the steps we have taken to rectify it. These include:

- We shut down the CPSA website immediately.
- We pulled the document in question from the site and removed the confidential information.
- We reviewed all other existing CPSA website documents to ensure they do not contain or are linked to confidential information.
- We made changes to our internal processes to ensure documents are more thoroughly vetted before they are placed on the CPSA website

- We sent letters to physicians and complainants who may have been affected by this situation. The letters advise how the error occurred, and what we have done to ensure the situation does not happen again.
- We contacted the Office of the Privacy Commissioner and advised them of the situation as well as our organization’s response.

Please contact me directly at 780-423-6223 or toll free via 1-800-561-3899 ext. 6223 if you require further information.

Dr. Trevor Theman
CPSA Registrar

HPA - Disciplinary hearings

In the last *Messenger*, some of the changes with respect to how hearings will be conducted under the *Health Professions Act* (HPA) were explained. In particular, Hearing Tribunals under HPA will be composed of two physician members chosen from a list of physicians appointed by Council and one public member selected from a list provided by government. Council becomes an appeal body for physicians who are not satisfied with the findings of and/or the penalty imposed by the Tribunal.

Another significant change is that hearings under HPA will be open to the public unless there is a compelling reason to hold all or part of the hearing in private such as:

- Probable prejudice to a civil action or a prosecution of an offence.
- To protect the safety of an individual or the public.
- When not disclosing a person's confidential personal, health, property or financial information outweighs the desirability of an open hearing.
- The presence of the complainant or the public could compromise a witness's ability to testify.
- Another enactment requires all or part of the matter to be heard in private.

When a hearing is held in private, the investigated member and his/her counsel may attend. The complainant may also attend

unless the Hearing Tribunal directs otherwise.

When charges of unprofessional conduct are proven, the options for penalty available to the Tribunal are similar to those that Council can currently impose under the *Medical Profession Act* (MPA), including reprimand, conditions on practice, further assessment, treatment or remediation, suspension, cancellation of registration and payment of costs. Additional penalties that are not currently available under the MPA but will be options under HPA include:

- Cautioning the physician
- Reduction in or repayment of professional fees if in the opinion of the Hearing Tribunal the fees were improper, the services were improperly rendered or required the complainant to undergo remedial treatment.
- Fines of up to \$10,000 per finding of unprofessional conduct to a maximum of \$50,000 for all findings arising out of a hearing. (The maximum fine which can currently be imposed under the MPA is \$1000.)

There are some significant changes to the way hearings will be conducted under the HPA; however, our underlying philosophy will not change. While our mandate is public safety, the College owes a duty of fairness to investigated physicians. To that end, we will continue to work hard to ensure physicians who are subjects of disciplinary hearings receive a fair and objective process.

Dr. Karen Mazurek, Assistant Registrar, Complaints
kmazurek@cpsa.ab.ca

Family physicians needed to help develop new TOP tools

Family physicians are invited to participate in two initiatives as part of the Towards Optimized Practice (TOP) Program. TOP is an AMA-administered and College-supported program that works with physicians and their teams to improve patient care.

The first initiative involves piloting a screening tool to assist in the early detection of diseases and conditions. This tool will assist in the screening that physicians already do as part of their practice with a goal to improve the process. The four

month pilot models a similar tool that was developed and pilot tested for the Breast Cancer Screening for Life project that demonstrated a significant improvement in women's health screening.

The second initiative requires physician support for the Clinical Practice Guideline (CPG) Program. Two new guidelines are being developed and physicians are needed to serve on working groups to address the following:

1. Diagnosis and management of major depression in adults, and

2. Diagnosis and treatment of urinary tract infections in adults.

This opportunity requires physicians to attend approximately three meetings over 12 months with a review of materials between meetings for each working group. Standard AMA honorarium rates apply and MAINPRO M1 credits can be applied.

To find out more or to participate, contact TOP at TOP@topalbertadoctors.org, or by phone at (780) 482-0319 or toll free at 1 (866) 505-3302.

Office move, staff costs and enhanced programs/services drive 2007 fee changes

As a self-regulating profession, the CPSA is funded primarily through physician licensing fees, with government grants and other user fees paying for specific programs and services. To allow the College to continue meeting its mandate of serving the public and guiding the medical profession, College Council recently approved various fee changes for 2007.

The main cost drivers for the 2007 operating budget are the College's upcoming office move, ensuring competitive salaries and benefits for College staff, implementation of the methadone audit program and various program/service enhancements:

Office move

Although in the long run, the move to Telus Plaza will be less expensive than staying in the current office location, there are still significant costs associated with the move. These include:

- rental costs - \$324,000 (this includes the additional costs of paying rent on both existing and new spaces during the transition)
- leasehold improvements, furniture and equipment - \$325,000
- one-time costs associated with moving - \$140,000 (these costs will be paid out of College surplus and not from physician fees)

Salaries and benefits - \$324,000

Approximately half of the College budget goes for staff salaries and benefits. Cost-of-living and step adjustments, as well as adjustments to staff benefits, are needed to keep compensation packages competitive.

Additional funding for the CPSA methadone program - \$65,500

The College has secured start-up funding from Health Canada to develop a methadone audit program. To obtain funding, we must invest about 25 cents for every dollar committed by Health Canada. The College's Methadone Program is designed to support physicians in providing safe, consistent, accessible and effective clinical care for opioid dependent patients.

The 2007 budget discussion also included:

- Increases to Research Ethics Review Program fees.
- Increases to various registration fees, including those for first time licences, physician extender and locum fees.
- Vetoing a proposed increase in honorarium rates for councillors and committee members

Physician fees help the College operate a variety of programs and services that benefit physicians and the public. This includes physician registration, complaints resolution, the Triplicate Prescription Program, monitoring unwell and impaired physicians, updating and managing the PAR program, communicating with the profession and our publics, developing guidelines and providing advice for physicians, providing input on privacy, IM/IT and health system issues, and providing the infrastructure to run these programs.

Existing initiatives that will see further development in 2007 include:

- Revalidation - a quality assurance process in which members of a profession regularly provide satisfactory evidence of their commitment to continued competence in their practice as a condition of remaining licensed. The

College has created a working group to undertake a detailed review of options and prepare recommendations.

- Physician Prescribing – The Triplicate Prescription Program (TPP) will continue in its present form until the expected transition to electronic data capture from the Pharmaceutical Information Network occurs later in 2007. Work will continue to develop suitable methods to support a quality assurance approach to physician prescribing practice review, as well as to ensure appropriate mechanisms are in place to reduce forgeries and diversion of TPP drugs.
- Boundaries – The CPSA is organizing an educational session for college staff, council and other key stakeholders to be conducted by Dr. Glen Gabbard, an expert in boundaries education. Other activities include educational activities with both universities and development of a chaperone training course
- Disruptive behavior – The College is facilitating a multi-stakeholder collaborative project to develop an approach to dealing with disruptive behavior in the health care system. Regional Health Authorities, universities, other regulatory bodies and associations have committed to participate.
- Implementation of the HPA – this includes changes in the registration and complaints processes, and the development of "Standards of Practice."

Physicians can request detailed financial statements by contacting CPSA Assistant Registrar Mr. John Swiniarski at 780-970-6226 or 1-800-320-8624 (Alberta toll-free) or by sending an e-mail to jswiniarski@cpsa.ab.ca.

Financial update

	2007 budget*		2006 budget	2005 Actual
Revenue				
Annual fee	9,039,640		8,425,680	6,861,963
Registration	407,000		290,400	264,168
Professional Corporation Fees	507,700		493,840	395,841
Data Extracts, Medical Directories & Certificates	140,000		155,000	113,257
Miscellaneous	104,100		90,100	168,054
Investment Income (net of fees)	325,000		300,000	298,262
	10,523,440		9,755,020	8,101,545
Expenditures				
Administration	4,400,350		3,463,980	2,636,660
Governance	1,413,830		1,331,000	1,093,161
Communication	558,700		526,200	421,724
College Activity ^{Note 1}		% of College Activities		
Complaints	1,526,300	36%	1,550,200	1,154,975
Physician Achievement Review (PAR)	699,200	17%	664,900	669,096
Physician Wellness	381,470	9%	317,480	231,943
Policy Development	100,500	2%	143,225	67,554
Prescribing Practices	121,500	3%	67,400	71,801
Quality of Care	94,530	2%	129,715	85,143
Research Ethics	(33,340)	-1%	(4,060)	22,833
Registration	1,293,780	31%	1,093,270	1,018,378
	4,183,940	100%	3,962,130	3,321,723
Total Expenditures	10,556,820		9,283,310	7,473,268
NET INCOME (LOSS)	(33,380)		471,710	628,277

Note 1: Some activity areas collect program fees or grants that are specific to the applicable activity. The expenditures shown are net of any such funding.

Accreditation budget

In June, Alberta Health and Wellness advised the College and Regional Health Authorities that as of January 2007, the government will no longer fund public facility accreditation. Each region will be responsible for funding these services from their own budgets.

As the College accreditation program is run on a cost-recovery basis, this decision means that the accreditation budget cannot be finalized until regional health authorities determine the level of College accreditation services they require. Once this is done, fees for both public and private facilities will be submitted to Council for approval.

Annual re-licensure

Renewal notices for 2007 were mailed in mid-October, with a payment due date of December 1, 2006. Payments can be made through the College's Pre-Authorized Payment (PAP) Plan, or by VISA, MasterCard, American Express or cheque.

Physicians practising in Alberta will also receive a Registration Information Form (RIF) with their renewal fee notice. Information contained in the RIF is essential to maintain the College's physician resource database.

The RIF must also be completed and returned to the College by December 1,

2006 as a condition of licence renewal. Please ensure that you answer all questions on the RIF.

The College now offers American Express as a payment option

Further questions on licence renewal can be directed to the College's Registration Department at (780) 471-9676, 1-800-320-8624, or e-mail annualbilling@cpsa.ab.ca.

Win your 2007 licence fee!

- Complete your renewal online; and
- Pay via Visa, MasterCard or American Express on or prior to December 1, 2006;
- And you will be entered to WIN!

Names will be drawn on December 15, 2006 and three lucky winners will receive their fee payment back prior to the New Year.

RERC - 2007 Meeting dates & deadlines

The Research Ethics Review Committee (RERC) has now scheduled its 2007 meeting dates and deadlines for submission of protocols.

The Committee requires that applications be received at the College office on or before the deadline of the meeting at which it would be presented for consideration. Submission deadlines have been adjusted to accommodate statutory holidays.

Send all submissions to:

CPSA Research Ethics Review Committee
900, 10180 – 101 Street NW
Edmonton AB T5J 4P8

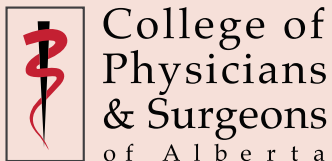
The Research Ethics Review Committee will notify investigators of the results of the review by fax and mail within one week of the meeting.

For further information or assistance, please contact:

Jody Berube, RERC Committee Coordinator at (780) 970-6236; 1-800-320-8624 ext. 236; jberube@cpsa.ab.ca, or Marcia Escaravage, RERC Secretary at 780-412-2681; 1-800-320-8624 ext. 681; mescaravage@cpsa.ab.ca.

Meeting Date	Deadline For Submission
January 19	December 26, 2006
February 9*	January 23, 2007*
March 9*	February 20*
April 20	March 27
May 11*	April 24*
June 15	May 22
July 20	June 26
August 17	July 24
September 21	August 28
October 19	September 25
November 16	October 23
December 14*	November 27*

Note: Since June 15, 2001, in accordance with Section 50(4) of the *Health Information Act*, the RERC has been providing the Information and Privacy Commissioner with copies of approvals granted by the Committee, including final letters of approval, annual re-approvals and notification of termination/completion of studies.



Pre-Authorized Payment (PAP) Authorization for Business

Pre-Authorized Debit Plan

Annual Fee

I hereby authorize the College of Physicians & Surgeons of Alberta (payee) to debit my account (as identified by the attached voided cheque) for the annual College re-licensure fee. This debit shall take place during the month of December each year, for the fee applicable for the following calendar year.

I further authorize increases to this amount, as may be established by the Council of the College.

This authorization may be cancelled at any time upon written notice to the College. Any delivery of this authorization to the College constitutes delivery by me.

Name (Payor) *print or type*:

College Registration Number:

Signature(s): (see note 2)

Date:

Note:

1. A sample cheque of the account, marked **VOID**, must be enclosed with this authorization.
2. For a joint account, if more than one signature is required, all signatories must sign this authorization.
3. If this account is closed, it is the responsibility of the physician to notify the College immediately of alternative arrangements for payment of the annual fee.
4. Only Canadian bank accounts are eligible for PAP enrolment.

Authorization for Business Pre-Authorized Debit Plan

Terms & Conditions

1. In this Authorization “we”, “us” and “our” refers to the Payor indicated on the reverse hereof.
 2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the College of Physicians & Surgeons of Alberta (the “Payee”) indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a “Business PAD”) on our account indicated on our attached void cheque (the “Account”) at the financial institution indicated on our attached void cheque (the “Financial Institution”) and we authorize the Financial Institution to honor and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
 3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
 4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Business PAD.
 5. We agree that delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee’s financial institution and agree to the disclosure of any information which may be contained in this Authorization to such financial institution.
 6. We agree to either waive the requirement of receiving written notice from the Payee of the amount to be debited and the due date(s) of debiting, or to abide by any modification to the requirement as agreed to with the Payee.
 7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions:
 - (a) the Business PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked; or
 - (c) any pre-notification required and not waived by section 6 was not received by us.
- We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such Business PAD.
8. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in the Account information provided in the Authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADs.
 9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization on the reverse hereof.
 10. We understand and agree to the foregoing terms and conditions.
 11. We agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Please complete sections on other side of this page.

Audit reveals high quality College communications

Earlier this year, the College hired a consulting firm to conduct an independent communications audit for the organization.

The main objectives of the audit were to:

- Identify/confirm CPSA communications goals, target audiences, messages, issues and priorities
- Assess effectiveness of current communications plans, processes and vehicles
- Make recommendations to improve future communications

Although the College's mandate is to "serve the public and guide the medical profession," we did not include the public as a major target audience in this audit. This helped keep overall audit costs down and allowed us to focus time and resources on gathering feedback from physicians and other key stakeholders.

The communications audit included:

- Interviews with College council members, CPSA staff and various external stakeholder representatives from the AMA, regional health authorities, Alberta Health & Wellness and media outlets.
- A mail/internet survey of 1,000 randomly selected Alberta physicians was also conducted. The overall response rate for the survey was 28%.
- Review and analysis of CPSA communications materials including brochures, newsletters, communications plans, news releases, website, previous communications audits and physician surveys.

General Findings

- The College is viewed as a strong and effective communicator and is viewed as a leader amongst medical colleges in Canada.
- Future communications plans and activities require fine-tuning and enhancement of current activities rather than drastic new directions or initiatives.
- *The Messenger* newsletter is a foundation of College communications efforts. It is widely viewed as a useful information source and highly preferred as a method of receiving information from the College.
- There is room for improvement in terms of the level of physician and public understanding of the role, mandate and activities of the College.
- New and/or young physicians have the lowest level of understanding of the College and the lowest level of support for CPSA initiatives. This group also has the lowest level of interest in College communication and the least time to spend on reviewing College information.

Specific Audit Findings - Highlights

- 49% of physicians agree the College does a good job of communicating with physicians. Another 40% were neutral in their assessment.
- 70% of physicians feel the information they receive from the College is adequate in meeting their needs.
- Areas with least adequate information include:
 - How registration fees are expended (30% rated this inadequate)
 - College wellness programs (25% rated this inadequate)
 - Issues and challenges facing physicians (23% rated this inadequate)
- The most preferred sources of information by physicians were:
 - *Messenger* newsletter – 94% somewhat or very much prefer
 - Registrar correspondence – 76%
 - College e-mails – 72%
 - Electronic newsletters – 65%
 - CPSA website 65%
- There is a continued high demand from physicians for "paper" communications.
- CPSA publications have excellent content, writing and readability, but lack dynamic appearance due to use of more traditional design/colours.
- 68% of physicians have used the CPSA website

Action Plan

A comprehensive action plan has been developed to address areas of improvement identified in the audit. The audit results and the action plan were approved by College Council at their September 2006 meeting. Priorities within the plan include:

- Engaging new/young physicians
- Enhancing existing relationships with Alberta physicians
- Enhancing communications with physicians on issues of importance
- Enhancing CPSA print publications
- Enhancing CPSA website
- Increasing positive media exposure
- Increasing proactive public communication

If you have comments/questions about the communications audit or the results, please contact: Kelly Eby, CPSA Communications Manager at (780) 412-2683, 1-800-661-4689 (toll-free within Alberta) or via e-mail at keby@cpsa.ab.ca.

Supervised Clinical Experience

Replaces Non-University Clinical Traineeship

In the past, the College entered International Medical Graduates (IMGs) on the Courtesy Register for the purpose of observing medical practice in Alberta through a “Non-University Clinical Traineeship.” Much confusion arose as to the purpose of a Clinical Traineeship. Participants often misunderstood that it could be considered as training leading to licensure or the opportunity for employment of an IMG physician.

To better assist IMGs in their quest to become licensed physicians in Alberta, Supervised Clinical Experiences (SCEs) will replace the Non-University Clinical

Traineeships. These experiences will provide both the IMG and supervising physicians with more defined roles and expectations during the experience.

Through participation in SCEs, IMG physicians will be able to have exposure to more than one doctor’s practice. As a result, they may develop a number of physician contacts who may then be able to act as referees when the participant applies to various programmes. These programmes include residency positions (through AIMG or CaRMS) or supervised positions of employment such as Clinical Assistants, Surgical Assistants, or Bedside Physicians.

These SCEs are not to be used as a means for IMG physicians to provide service in a medical practice.

SCEs may be available to other physicians who do not qualify for an independent practice licence. This includes Canadian medical graduates who went unmatched in CaRMS or have elected to take some time away before entering residency.

Please see the College’s *Supervised Clinical Experience* policy for details (www.cpsa.ab.ca/publicationsresources/attachments_policies/Supervised_Clinical_Experience.pdf).

the Messenger

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