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Dr. G.N. (Gerry) Kiefer

The President's Letter

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September 21, 2007

Dear Member:

Two pieces of legislation could substantially impair the ability of you, your profession and your professional organizations to put Patients First®.

Bill 41, *Health Professions Statutes Amendment Act, 2007*

Self-regulation of your medical profession may very soon be abolished! This unprecedented intrusion by the Alberta Government is outlined in the *Health Professions Statutes Amendment Act, 2007*.

Both the Alberta Medical Association (AMA) and the profession's regulatory body, the College of Physicians and Surgeons of Alberta (CPSA), take this threat very seriously.

Although the college may continue to exist (and continue to be funded by physicians), it would do so under the threat of political interference.

The AMA has submitted a brief to the Legislature's Standing Committee on Community Services, which will be holding public hearings October 1. (The AMA's brief is available at <http://www.albertadoctors.org/PresLetter/Index>.)

Bill 41 would only affect medicine and health care professions. It would not impact other professions that have self-regulation such as law, dentistry, engineering, architecture and accounting.

In 2005, Alberta's centennial, the medical profession celebrated *100 Years of Medicine*. As the AMA stated in our brief:

"In the main, Alberta and Albertans have been well served by professional self-regulation. Initiatives in recent years to improve public representation, accountability and transparency - where the College of Physicians and Surgeons of Alberta was a leader - have enhanced this."

However, Bill 41 would empower the minister of health and wellness to impose his or her will. As the AMA's brief summarizes, the minister would have the power to direct CPSA:

"to develop or amend its code of conduct according to direction and directives imposed by the minister, direct the college to make bylaws or regulations directed by the minister and dictate the procedures to be followed in developing said code of conduct, bylaws or regulations."

Bill 41 would empower the minister "to appoint administrators for a college." The minister or cabinet could impose their direction without any oversight by the Legislative Assembly, and this direction could be imposed "without the benefit of the full range of knowledge of the profession impacted."

Therefore, in its brief the Alberta Medical Association seeks:

- "explanation as to the need for the proposed changes
- "assurance that the changes are justifiable and in accordance with the laws of natural justice
- "assurance that the proposed changes neither constitute nor encourage political interference
- "explanation as to why the health care professions have been singled out by the Government of Alberta"

Bill 1, the *Lobbyists Act*

The Alberta Medical Association, as well as many other non-profit organizations and associations, is very concerned about the red tape and administrative overload that could result from Bill 1, the *Lobbyists Act*.

In its August 8 letter to the Legislature's Standing Committee on Government Services, which is holding public hearings September 27, the AMA "seeks reassurance the proposed act will not impair the effective functioning of non-profit organizations and associations." (The letter is available at <http://www.albertadoctors.org/PresLetter/Index.>)

Depending on how the legislation is interpreted, Bill 1 could impose an onerous administrative burden just to comply with the recording and reporting of contact and communications with MLAs and government officials.

The reporting and filing requirements of Bill 1 could impact the profession's advocacy for, and with, the public. For example, provisions regarding "grassroots communication" such as the requirement to report any subject on which an organization "expects to lobby during the next 6-month period."

“Bill 1 would create an early warning system for government ministers and departments. It would provide them with ample time and opportunity to introduce policies and programs to blunt, or perhaps nullify, the focus of any grassroots communication, i.e., it would provide government with sufficient lead time to launch a pre-emptive strike.”

The Alberta Medical Association has asked that “all regulations, definitions, interpretations, applications, etc., associated with the *Lobbyists Act* be released prior to third reading” and for “a clear understanding” of the act before it becomes law.

Physician On-Call Programs

The Physician On-Call Programs (POCP) Committee has advised the regional health authorities (RHAs) it is accepting requests for new programs in 2007-08, as well as hearing appeals.

Changes to the Specialist On-Call Program became effective September 1. A number of programs were delisted effective September 1 as a result of the program redesign and the information provided by the program audit. Delisted programs may submit appeals to be reinstated if the involved physicians believe they satisfy new eligibility criteria.

Requests for new programs or reinstatements must provide the required supporting information: a 30-day call log and a two-month call schedule with the physician contact key. Programs appealing only the full-time equivalent level, provided they do not impact other programs, are only required to submit the two-month call schedule with the physician contact key.

Physicians must work with their RHA representatives, who will review and assess a submission prior to forwarding it to the POCP committee. Required supporting information is to be collected during September and October and submitted to RHA representatives in early November.

Further information is available on the AMA website on the member-only page at <http://www.albertadoctors.org/OnCallPrograms/Index>. You will be prompted to sign in with your AMA member number and password. The information includes: new Specialist On-Call eligibility criteria, the list of eligible programs effective September 1, the 30-day call log (there are separate call logs for clinical and diagnostic/imaging programs) and the call schedule.

The POCP committee is also currently reviewing the Rural On-Call Program for possible changes.

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AGM and Representative Forum

The AMA's annual general meeting (AGM) and Representative Forum (RF) will be held next Friday and Saturday, September 28-29, at the Hyatt Regency Hotel in Calgary. "Reports to the Annual General Meeting" were previously distributed. The meeting, which includes the president's valedictory, is scheduled for 10 a.m., September 29.

The RF schedule includes:

- September 28: 8:45 a.m., Board of Directors' Report; 9:45 a.m., Fee Equity; 2 p.m., Allocation Processes and Outcomes, Part I; 3 p.m., Negotiations 2008, Part I.
- September 29: 9 a.m., Allocation Processes and Outcomes, Part II; 2:15 p.m., Negotiations 2008, Part II.

The new president of the Canadian Medical Association, Dr. Brian Day, will attend and speak at the Saturday luncheon. For a complete schedule and to register, please visit the AMA's website at <http://www.albertadoctors.org/RFAGM/Index>.

I hope to see you next weekend.

Yours truly,

G.N. (Gerry) Kiefer, MD, FRCSC
President