

AGENDA

Council Meeting - Public

24 May 2018 from 9:15 a.m. and 25 May 2018 from 9:45 a.m. CPSA Offices - (Council Chambers)

Teleconference

Local: 780 421 1483, code 87114#

Calgary: 403 232 0994, code 87114#

Toll-free: 1 877 385 4099, code 87114#

Council Members:

Ms. K. Wood, President
 Dr. L. Francescutti, Vice President
 Dr. P. Alakija
 Ms. R. Bethune (student observer)
 Dr. J. Bradley Executive Member at Large
 Dr. R. Fedorak
 Dr. M. Foster (PARA observer)
 Dr. K. Jones
 Dr. C. Kollias

Ms. L. Louie
 Ms. C. MacDonald
 Dr. R. Martin
 Dr. J. Meddings
 Ms. M. Munsch
 Dr. J. O'Connor
 Dr. J. Stone (Past President, non-voting)
 Dr. L. Savage
 Dr. N. Yee
 Dr. PJ White

Additional Attendees:

Dr. S. McLeod, Registrar
 Dr. J. Beach, Assistant Registrar
 Dr. M. Caffaro, Assistant Registrar
 Mr. D. Kay, Assistant Registrar, COO & Hearings Director
 Dr. S. Ulan, Assistant Registrar

Mrs. G. Jones, Senior Executive Assistant (Recording Secretary)

Regrets:

Dr. G. Campbell (on May 24)
 Dr. K. Mazurek, Deputy Registrar (both days)

Thursday 24 May 2018

Time Allotted			
9:15 – 9:20 a.m.	1.0	Call to Order (President, Kate Wood)	
		1.1	Approval of Agenda for 24 and 25 May and Approval of Consent Agenda items (MOTION): <ul style="list-style-type: none"> • Minutes: 1 March 2018 • Medical Faculty Accreditation Committee Report ACTION: For Approval
		1.2	Conflict of Interest Declarations
	2.0	Reports	
9:20 – 9:40 a.m.		2.1	President's Report (President Kate Wood) ACTION: Receive as Information

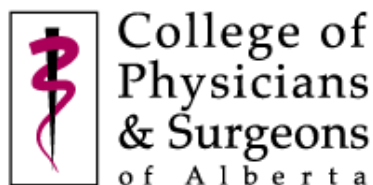
9:40 – 10:00 a.m.		2.2	Registrar’s Report (Dr. Scott McLeod) ACTION: Receive as Information	
10:00 – 10:15 a.m.		2.3	2017 Annual Report (Barb Krahn, Communications Team) (MOTION) ACTION: Approval of the 2017 CPSA Annual Report	
10:15 – 10:30 a.m.	COMFORT BREAK			
	2.0	Reports (Continued)		
10:30 - Noon		2.3	Governance Committee Report (Dr. Pauline Alakija) ACTION: Receive as Information	
			2.3.1	Mentorship (Dr. Pauline Alakija) (MOTION) ACTION: For Approval
			2.3.2	Revisions to Election Process (Dr. Pauline Alakija) (MOTION) ACTION: For Approval
			2.3.3	Representative to CMA General Counsel in August in Winnipeg (Dr. Pauline Alakija) (MOTION) ACTION: For Approval
			2.3.4	Skills Matrix (Dr. Pauline Alakija) ACTION: Receive as information
	3.0	Adjournment of public meeting until 9:45 a.m. on Friday, 25 May 2018		
Noon to 1:00 p.m.	Lunch			

On Thursday afternoon and Friday morning, Council will be engaged in Educational Sessions as noted on separate agendas

Friday 25 May 2018

Time Allotted			
9:45 – 9:50 a.m.	1.0	Call to Order (President Kate Wood)	
9:50 - noon	2.0	Decision Items	
		2.1	Sanctions and Transparency in Matters Related to Sexual Misconduct (Dr. Scott McLeod) (MOTION) ACTION: For Approval and Endorsement

		2.2	Standards of Practice (MOTION): <ul style="list-style-type: none"> Boundary Violations (Dr. Jeremy Beach) Responsibility for a Medical Practice (Dr. Gordon Giddings) ACTION: For Approval
Noon – 1:00 p.m.	LUNCH		
	3.0	Reports	
1:00 – 1:15 p.m.		3.1	Legislation Committee Report (Dr. Graham Campbell) ACTION: Receive as Information
1:15 – 1:45 p.m.		3.2	Finance and Audit Committee Report (Dr. Graham Campbell)
	4.0	Information Items	
1:45 – 1:55 p.m.		4.1	Adopting the FMRAC Model for Standard English Proficiency (Dr. Susan Ulan) ACTION: Receive as Information
	5.0	Adjournment	
	6.0	In Camera (Council Only)	



MINUTES Council – Public

A meeting of the Council of the College of Physicians & Surgeons of Alberta was held in the Council Chamber at 2700, 10020 100 Street, Edmonton, Alberta, from 9:32 a.m. to 3:17 p.m. on Thursday, 1 March 2018.

Council Members:

Ms. K. Wood, President
 Dr. L. Francescutti, Vice President
 Dr. P. Alakija
 Ms. R. Bethune (student observer)
 Dr. J. Bradley
 Dr. G. Campbell
 Dr. M. Foster (PARA observer)
 Dr. K. Jones
 Dr. C. Kollias
 Dr. D. Kunimoto
 Ms. L. Louie
 Ms. C. MacDonald
 Dr. R. Martin
 Ms. M. Munsch
 Dr. J. O'Connor
 Dr. J. Stone (Past President, non-voting),
 via conference call
 Dr. L. Savage
 Dr. N. Yee
 Dr. PJ White

Absent, with regrets:

Dr. Jon Meddings

Additional Attendees:

Dr. S. McLeod, Registrar
 Dr. K. Mazurek, Deputy Registrar
 Dr. J. Beach, Assistant Registrar
 Dr. M. Caffaro, Assistant Registrar
 Mr. D. Kay, Assistant Registrar, COO & Hearings Director
 Dr. S. Ulan, Assistant Registrar

 Mrs. G. Jones, Senior Executive Assistant (Recording Secretary)
 Ms. T. Giamberardino (observer)

1.0	Call to Order Ms. Wood called the public session to order at 9:32 a.m.
	1.1 Approval of Agenda A Council member asked that discussion of an upcoming vacancy on Council be added to the agenda as item 4.2. <u>MOTION (C-04-18):</u> Moved by Dr. Martin and seconded by Ms. Louie – That the agenda of 1 March 2018 be approved as amended. Carried.
	1.2 Conflict of Interest Declarations No additional conflicts of interest were declared.

2.0	<p>Councillors' Oath</p> <p>Ms. Wood indicated that at the first meeting of the calendar year Councillors are asked to reaffirm their commitment. This can be done through a motion; there is no formal oath.</p> <p><u>MOTION (C-05-18):</u> Moved by Ms. Louie and seconded by Ms. MacDonald –</p> <p>That members of Council reaffirm their commitment to the College Mission, Vision, Strategic Plan, College Bylaws and Council Policies. Carried.</p>
3.0	<p>Approval of Items on Consent Agenda</p> <p>It was noted that the minutes contained a typographical error, the retreat took place at the Royal Mayfair Club. Council members were reminded that if they wish to remove an item from a consent agenda, it is recommended that they do so in advance of the meeting to allow administration an opportunity to address concerns prior to the meeting.</p> <p><u>MOTION (C-06-18):</u> Moved by Dr. Martin and seconded by Dr. Francescutti to approve the items on the consent agenda as amended:</p> <ul style="list-style-type: none"> • Approval of Minutes, 30 November and 1 December 2017 • Council Retreat, Endorsement of Actions, 1-2 February 2018 <p>Carried.</p>
4.0	<p>Reports</p>
	<p>4.1 President's Report</p> <p>Ms. Wood reported on a recent meeting she and Dr. McLeod attended with the President and Chief Executive Officer for the College of Family Physicians of Canada and the President and Executive Director of the Alberta College of Family Physicians, noting she found the discussions beneficial as they addressed areas of common interest and overlap with the goal to better align the work of all groups going forward.</p> <p>Following one on one phone conversations between members of the Executive Committee and Council as discussed at the recent Council Retreat, six themes were developed as follows:</p> <ol style="list-style-type: none"> <u>Communication between meetings.</u> Councillors expressed an interest in improvements to e-mail communication between meetings and to share information beyond the use of private e-mail accounts. Consideration may be given to using a message board or to have a moderator to collect items, or other options as available in the college SharePoint system. Some agreed etiquette will be required to manage this but there needs to be a more organized way to track these discussions and any decisions that are made as a result. <p><u>ACTION:</u> Mr. Kay will explore options for a communication tool that will meet the needs of Council.</p> <ol style="list-style-type: none"> <u>Building Trust</u> During the conversations it became apparent that concerns exist regarding past differences that keep surfacing and that Council needs to avoid the perception that they may be voting as a block. It was noted that lobbying of individual Councillors by other Council members can have a destructive influence. Everyone needs to hear the same information at the same time. There

needs to be more attention paid to attendance at meetings. Have respect for the governance principle of “nothing about us without all of us”. Some of these concerns may be addressed through election reform. It was also noted that there is a possibility that conflicts of interest are not being declared openly enough and frequently enough.

c. Governance Review

Council members have agreed that a Governance Review conducted by an outside expert is not required at this time.

d. College/Council Role

Councillors would like to see more focus by Council on support for registrants. They would like to have a discussion of their role, if any, in terms of representing physicians and would like to have better communication with members and Alberta Health Services. It was also noted that there is a potential for conflicts between public members and the elected members and, as a group, Council needs to understand their primary purpose and role. Dr. McLeod added that it is important to recognize this potential for conflict and demonstrate that Council is consciously thinking about it. Council needs to demonstrate that it has taken measures to prevent the potential for conflict of the role to support physicians while protecting the public. If this is not done, he cautioned, there is a risk to self-regulation. Dr. Francescutti referred the Council members to the handout distributed referencing the habits of a high functioning board. He suggested this be adapted and referenced regularly. Council decided to put this matter on a future agenda for fulsome discussion.

ACTION: Additional discussion on the role of the College and Council members will be included on the next Council agenda.

e. Public Members

Public members are appointed through a government process and they are not demographically representative. During the phone conversations, some comments were shared regarding the ratio of public and elected members. Ms. Wood would like to discuss this further and suggested that the Governance Committee may present additional information in a written report.

ACTION: Ms. Wood suggested that the Governance Committee may bring forward a written report on Council composition at the May meeting.

f. Other

Other topics discussed as part of the follow up phone calls included: the need to discuss evidence-based care, quality of care, increased transparency in public reporting of physician practice, shortening up the complaint process, future proofing, getting ahead of where practice is going, staying ahead of the public regarding access to physicians and dealing with medical data generated by smart watches.

ACTION: These topics will be discussed on upcoming agendas.

Ms. Wood noted that the meeting evaluation data collected through SurveyMonkey was also used in developing the above themes. All in the room agreed that the process of contacting Councillors individually was valuable and felt that the aforementioned themes capture comments shared.

As part of next steps, this information will be used to inform agenda building.

		<p>Council discussed the relatively short notice (two weeks) to condense the March Council meeting to one day instead of two. It was agreed that in the future, additional information will be given to Councillors to explain the reasons behind such decisions and, if possible, allow more input into the decision.</p>
4.2	Upcoming Vacancy on Council	<p>Dr. Kollias announced that she will be vacating her position on Council early (at the end of May 2018) as she has accepted a clinical position in Melbourne, Australia. The May Council meeting will be her last attendance. Dr. Kollias was congratulated and thanked for her contributions to the College.</p> <p>As per the College Bylaws, a vacancy can be filled through a by-election to appoint a physician member until December 2019 or the Council could refer to the most recent election and take the person who would be next in line based on votes received. Council discussed both options, including timing and costs related to a by-election as well as the time that would be invested in orienting a newly elected member. Council noted that the decision was about these options and not about individuals. Council discussed how vacancies were previously managed and recognized that the option to appoint a physician member based on the earlier elections results might not be considered appropriate in all circumstances.</p> <p><u>MOTION (C-07-18)</u> Moved by Dr. Alakija and seconded by Ms. Munsch –</p> <p>That, as per Section 23 (a) of the Bylaws, the first runner-up from the most recent election for council will be asked to assume the vacant position on Council. Carried (3 opposed).</p> <p><u>ACTION:</u> Ms. Wood will reach out to the first runner up.</p>
4.3	Registrar's Report	<p>The report from the Registrar highlighted the upcoming changes in Communications, including the retirement of Kelly Eby, Director. She was thanked for her service and acknowledged with a round of applause. The recruitment of the new director is underway, but there will not be an opportunity for the two positions to overlap. As a result, the staff have divided up the various responsibilities, but patience is requested as the team develops. Steve Buick will manage all media inquiries.</p> <p>Regarding Standards of Practice, Dr. McLeod noted a potential vulnerability with regards to the development, monitoring and enforcement of the Standards. Consequently, after an internal review an external review has been initiated using a reputable law firm with extensive experience in regulatory matters to review the function and provide recommendations for improvements which are expected to come forward in July.</p> <p>The College Human Resources function and programming recently underwent an independent external assessment. The scope of this review included all aspects of the College's HR functions and strategies - except the College pension plan which is the subject of a separate review, and College compensation (salaries) which is reviewed every three years (next 2019) and defining the College's Human Resource Philosophy which informs its People Strategy and Human Resource practices.</p> <p>An action plan will be forthcoming. Any Council members interested in reviewing the report can contact Mr. Kay.</p> <p>Dr. McLeod indicated that he expects additional information about regulation in the digital health environment, including the role of the regulator, will come forward in May.</p>

As reported previously, work is ongoing to turn the Strategic Plan into action. All departments are reviewing activities and considering what needs to be done and what actions are no longer required.

Dr. McLeod noted that receiving feedback on the Standards of Practice is one of the ways the College engages with regulated members and the public. He noted the feedback received on the recent standards requires additional review and he would like to ensure that the feedback given is incorporated into any revised document. He has also received feedback to his Messenger article and indicated that this feedback demonstrates that there is a perception that the College is only about discipline. This is a perception Dr. McLeod would like to change but knows this will take time and trust must be built first.

As noted in his report, the College is working with the Alberta Medical Association, Alberta Health Services, Health Quality Council of Alberta and representatives from the Faculties of Medicine in Edmonton and Calgary to manage Disruptive Physician Behavior. Together, the groups have hired a consultant who will bring forward a report in May. As part of this project the College has supported Dr Jane Lamaire to do an environmental scan regarding physician wellness. Council suggested that it would be important to ensure that Dr Lamaire not only connects with primary care physicians, but also with the specialists. Mr. Kay advised that regulated members in all specialties will be engaged in the second part of this study. It was also noted that physician wellness needs to be addressed in medical school as well. Dr. McLeod indicated that talks included resiliency training and discussions of life as a resident.

Dr. McLeod provided an overview of some of his recent strategic interactions, including meetings with the Deputy Minister, the Alberta Ombudsman and the Registrars from the College and Association of Registered Nurses of Alberta, Alberta College of Pharmacists. He is exploring a number of opportunities to work together with other organizations. At a recent meeting with Alberta Health Service, the Alberta Medical Association, and the Colleges of Medicine at the U of C and U of A, three topics were discussed: system-wide physician leadership development, usage of data and sharing of data to enhance quality of care and disruptive physician behaviour. He expects an announcement in the near future from the minister regarding Physician Resource Planning. Other work involves health technology, appropriateness of care and prioritizing care initiatives.

Council inquired about the public member appointment that is outstanding. Dr. McLeod indicated that he reviewed and was given an opportunity to comment on a list of potential candidates as provided to him by the Public Agency Secretariat. It is anticipated that an appointment may be made in May.

Regarding Physician Resource Planning, Council wondered if the number of required net new positions is known. Dr. McLeod responded that this work is in its early stages and a review is underway to understand needs, including the number of physicians and the distribution of physicians. In an ideal world, succession planning would be underway given the expectation that a number of physicians are considering retirement.

Council discussed leadership development of physicians and the importance of encouraging physicians to become involved earlier in their careers. Dr. Kunimoto indicated that leadership training will be included in the residency program. He noted that there is other leadership training that is occurring as part of the residency program, but it may not be explicit. Leadership training also needs to be supported and valued.

Dr. McLeod shared a visual representation of his thoughts around what the College does and why they do it. As part of this, all departments are developing an action plan to realize key goals from the strategic plan, including timelines. The plans will include key performance indicators (KPI), priorities and resources required to meet those. Council will be engaged in shaping the priorities. As this work is being done in

		<p>addition to regular work routines, it may take some time to develop fully. Council noted that this will align with the Council's evaluation of the Registrar by providing some criteria to evaluate. Dr. McLeod added that the KPIs may or may not be measured quarterly as some can only be reviewed annually.</p>
4.4	Governance Committee Report	<p>Dr. Alakija presented the Governance Committee Report. The Committee has met on two occasions since the last Council meeting, on 16 January and 6 February 2018. She referred Council to the minutes for details of these meetings. Regarding the Performance Evaluation of the Registrar, the Committee looked at previous evaluations and noted the majority of questions were subjective ones. Going forward, the Committee plans to have some more objective data to review and will look to the key performance indicators in the Strategic Plan to see if they can be connected to the performance evaluation.</p> <p>A sub-committee met to discuss the role of the past president to lay the groundwork to evaluate that role. The recommendation from the sub-committee was included in the agenda package for consideration by Council. Council expressed concern that the past president role would be a non-voting member of the Governance Committee. They concurred that the past president could not vote on Council if his term as a Councillor was complete. However, it was agreed that the past president should be a voting member on the Governance Committee.</p> <p><u>MOTION (C-08-D18):</u> Moved by Dr. Alakija and seconded by Dr. Francescutti—</p> <p>That the role description for the immediate Past President, as amended, be approved. Carried.</p> <p>The Governance Committee plans to bring forward additional information for mentors in May to provide clarity for this role.</p> <p>Information and a recommendation regarding a new election process will also come forward in May.</p> <p>At the December meeting, Council discussed the hearing tribunal selection process. The Governance Committee reviewed the feedback and have committed to be more explicit when communicating to Council regarding the proposed slate for Complaint Review Committees/Hearing Tribunals when it is brought forward for approval.</p> <p>Responding to a question about how hearing CRC/tribunal members are chosen, Mr. Kay indicated that a roster of registered and public members is maintained as a pool of potential CRC/hearing tribunal members to draw upon for individual CRCs/hearing tribunals. Public members to the roster are appointed by Lieutenant Governor in Council, and registrants are solicited in a variety of means. Administration reviews that registrant applicants for any conflicts before bringing names forward to the Governance Committee and also tries to ensure there will be sufficient diversity amongst the group. Administration provides a recommended list greater than the number of available slots on the roster. It was suggested that, given the nature of a hearing tribunal and the potential risks to self-regulation and engagement that could result from the actions of this group, it may be time to re-evaluate the process.</p> <p>Mr. Kay welcomed the suggestion to evaluate the CRC/hearing tribunal selection process within legally permissible boundaries and requested Council members provide him with suggested criteria or specific suggestions to frame this review. He noted that he may add this exercise to another process review which is currently underway. A Council member commented that Council needs to be given more information than a list of names to approve and suggested that potential tribunal members could</p>

		<p>complete a questionnaire which could be used by Council to filter the candidates. More checks and balances should be in place to ensure candidates do not have an ulterior motive. Other suggestions included the need for Council to be objective, transparent and open in determining members of the CRC/hearing tribunal.</p> <p><u>MOTION (C-09-18):</u> Moved by Dr. Kollias and seconded by Dr. Jones -</p> <p>That the complaint review committee/hearing tribunal registrant roster selection process be re-evaluated. Carried (1 opposed and 1 abstention).</p> <p>The Governance Committee reviewed the feedback from Council meeting evaluations and determined that, going forward, this should be a responsibility of the Executive Committee. If any issues related to governance are shared through the evaluations, those will be brought back to the Governance Committee.</p> <p>The Governance Committee has talked to the executive about an external governance review and may revisit this idea in the future.</p> <p>Council was advised that some process changes were piloted for this meeting and the Executive Committee would like feedback on those changes for discussion at the next Governance Committee meeting. Specifically, Council was asked provide comments about the seating arrangement, speaker tracking and any follow-up regarding the document, "Habits of High Functioning Boards" which was distributed at the meeting. Additionally, Ms. Wood shared that she and the Registrar will discuss Council's debrief of the meeting and she asked that management meet with Dr. McLeod to debrief as well and for him to share pertinent feedback with her as well.</p>
4.5	2018 Council Retreat Report and Retreat Feedback	<p>Council was directed to the Council Retreat report included in the agenda package. Dr. Stone will coordinate the 2019 retreat and will provide additional information in May 2018.</p> <p>Council discussed the adoption of the <i>Principles of Good Governance</i> that were shared at the retreat. Given that there could be some redundancies and overlap of these principles with the core principles of the institution that are already in place, it was suggested that the Governance Committee consider this idea further and see if there are any merits to formally adopting these principles.</p> <p>ACTION: Governance Committee to review <i>Principles of Good Governance</i> for possible inclusion in Council governing policies.</p>
4.6	LGBTQ Round Table Update	<p>Dr. Francescutti and Ms. MacDonald had agreed to represent Council on this working group. The Round Table meeting was well attended and timely. It is apparent that there are a lot of unmet needs in this vulnerable population. Council suggested that the medical schools should also be involved in this work. Marian Stuffco indicated that outreach to medical schools was one of the meeting outcomes and will be included in the next steps for this working group. Dr. Foster shared that she participated in a course at University on the subject which suggests there is already movement in this area. Dr. Foster was asked to share information about the course directly with Ms. Stuffco.</p>

		<p>ACTION: Dr. Foster will share information with Marian Stuffco about the course she participated in regarding LGBTQ issues.</p> <p>Dr. McLeod indicated that this is an area where the College can act as a leader. The initial meeting demonstrated that the College has a lot to learn as it considers how to meet the needs to this population.</p>
5.0	Information Items	
	5.1	<p>Transferring from the Provisional Register to the General Register</p> <p>Dr. Ulan presented information in follow up to the discussions at the December 2017 Council meeting regarding registrants on the Provisional Register. A decision has been made to align the College's registration criteria with those of FMRAC. To manage the current registrants, summative assessments will need to be carried out. Given the volume and resources required for this work, a process is being developed to manage current registrants on the Provisional Register. Going forward, new registrants to the Provisional Register will be provided with clearer expectations and information on the requirements to leave the Provisional Register within 6 years. Responding to a question about the assessors, Dr. Ulan noted that assessors must be independent and as such, she is talking with the colleges in Saskatchewan and British Columbia about their assessment processes with an eye to using some of their resources to conduct the assessments. Dr. Ulan added that there is also consideration for a national strategy or a national summative assessment that could align to the top medical schools.</p>
	5.2	<p>Prescribing Update</p> <p>Before beginning her presentation, Dr. Mazurek distributed an MD Snapshot to the physicians on Council. She indicated that the information will be given to physicians across the province in the Spring and asked Council members to provide their feedback on the report to Ed Jess. Her presentation reviewed the data regarding opioid prescriptions to the end of 2017 noting that work to deal with the opioid crises is continuing. Some of the issues discussed include the need for national consultation and standards, better supports for those with substance use issues and better supports for physicians to care for patients with substance use issues. It was noted that the MD Snapshot does not capture opioids that are dispensed in the emergency departments as they are tracked through a different system. Dr. Mazurek was encouraged by Council members to stay the course. While the work has been challenging, it has been positive overall. Once physicians see the group norm, there will be a tendency to get to the norm.</p> <p>ACTION: Council members will contact Ed Jess with their feedback on the MD Snapshot.</p> <p>Ms. Wood thanked Dr. Mazurek for the update.</p>
6.0	Decision Items	
	6.1	<p>Council Appeal Committee, Bylaw Change</p> <p>Mr. Kay brought forward a recommendation to amend the College bylaws regarding the matters heard before the Council Appeals Committee and the size and selection of members for a Review Panel. The motion also included some housekeeping matters required for the bylaws. Mr. Kay recommended that if the Council Appeals Committee is comprised of a smaller number of Councillors, tailored orientation could be provided. The proposal also recommended that Review Panels be comprised of 3 members from the Council Appeals Committee.</p>

Council deliberated extensively on these recommendations. Given the gravity of matters which would be appealed/reviewed, some Councillors felt that a 3 member panel was too small. The requirement that 25% of the panel be comprised of public members would necessitate 2 public members on a 5 member panel. Opposition to reducing the size of the pool from which to draw from noted that the actions of the Appeal Committee and issues coming out of that process affect Council so the entire Council needs to have some involvement in the process. Responding to a question about why administration is recommending these changes, Mr. Kay noted the benefits of having a dedicated, trained pool and with fewer members required for a panel which could also expedite the scheduling of an appeal. Council members noted that challenges could arise with a smaller pool if some members had to be recused due to a conflict of interest. Regarding additional training, Council suggested that all Councillors should receive training.

MOTION (C-10-18): Moved by Dr. Martin and seconded Dr. Yee –

That the CPSA bylaws be amended as follows:

- Repeal Council motion C34-13 which currently reads:

THAT:

- 1) Council delegates its duty and authority to hear and determine:
 - a) a request for review under sections 31 and 41 of the HPA and section 38 of the Regulations, and
 - b) an appeal under section 118(6) of the HPA and section 8.5 of Schedule 21 of the HPA, to a panel (Review Panel) of the Council Appeals Committee, which is to be comprised of three members of the Council Appeals Committee.
- 2) Any member of the Council Appeals Committee whose participation would not be prevented by a conflict of interest or reasonable apprehension of bias may sit on a Review Panel.
- 3) A Review Panel will select a chair from the members of the Review Panel.
- 4) A Review Panel cannot delegate the duty or authority to conduct the review or appeal to any other person.
- 5) A Review Panel may be comprised of up to two public members of Council.
- 6) Council may revoke or amend this delegation at any time; however such revocation or amendment would not apply to a Review Panel having started, but not yet completed a review or appeal.

- Add section 39 *Delegation of Council Reviews and Appeals to Panels* to the Bylaws to read:

Delegation of Council Reviews and Appeals to a Review Panel

- 1) Council delegates its duty and authority to hear and determine:
 - (a) a request for review under section 31 of the Act,
 - (b) a request for a review under section 41 of the Act,
 - (c) a request for a review under section 38 of the Regulations,
 - (d) an appeal under section 87(1) of the Act,
 - (e) an appeal under section 118(6) of the Act, and
 - (f) an appeal under section 8.5 of Schedule 21 of the Act, to a panel (Review Panel) of the Council
- 2) Any voting member of the Council whose participation would not be prevented by a conflict of interest or reasonable apprehension of bias may sit on a Review Panel.
- 3) An appeal or review for all matters other than an appeal under section 87(1) of the Act shall be heard by a Review Panel of three voting members of Council as selected by the Hearings Director. One of these three members shall be a public member.

- 4) An appeal under section 87(1) of the Act shall be heard by a panel of five voting members of the Council as selected by the Hearings Director. At least two of the five members shall be a public member.
- 5) A Review Panel shall select its chair from the members of the Review Panel.
- 6) A Review Panel cannot delegate the duty or authority to conduct the review or appeal to any other person.
- 7) For the purposes of ensuring a timely and fair hearing, the Hearings Director may revoke the appointment of a member to a Review panel which has not yet started to hear a review or appeal and appoint a replacement member of the Review Panel.

- Renumber the current Bylaw section 39 *Filing Deadlines and Length of Submissions on Appeal to Council* as section 40 and revise it as follows:

Filing Deadlines and Length of Submissions to the Review Panel

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

- Renumber the current section 40 *Bylaws Under The Medical Profession Act* as section 41

Carried. (2 opposed).

NOTE: Subsequent to the Council Meeting, Mr. Kay had the proposed changes to the bylaw reviewed by legal counsel to ensure the changes remain onside with legislation.

ACTION: Council asked that further discussions be held to determine the structure and training for this process.

7.0	Parking Lot Items One item was placed on the parking lot for further discussion: <ul style="list-style-type: none">• Communication from the College of Physicians and Surgeons outwards, to the public and to those in the medical field.
8.0	Adjournment The public session adjourned at 3:17 p.m.

Gail Jones
(Recording Secretary)



Medical Facility Accreditation Committee

Report to Council College of Physicians & Surgeons of Alberta 24 May 2018

The Medical Facility Accreditation Committee (MFAC) met on 1 February 2018 and 18 April 2018 and addressed the following issues:

1. Facility Accreditation/Physician Approval

The MFAC committee:

- Completed a 4 year review of 17 Laboratory Facilities
- Completed a 4 year review of 4 Imaging Facilities
- Accredited :
 - 1 New Laboratory Facility
 - 1 Renovated Laboratory Facility
 - 5 Non Hospital Surgical Facilities
 - 22 Imaging Facilities
 - 8 Neurophysiology Facilities
 - 2 Sleep Medicine Facilities
 - 13 Pulmonary Facilities
- Approved :
 - 7 Physician Surgical Privileges
 - 11 Physician Anesthesia Privileges
 - 45 Physician Imaging Approvals
 - 7 Physician Neurophysiology approvals
 - 1 Physician Cardiac Exercise Stress Testing Approval
 - 5 Physician Pulmonary Approvals
 - 1 Direct Level IV Pulmonary Approval
 - 7 Physician Sleep Medicine Approvals

2. Standard Revisions/Bylaw Changes

a. Neurophysiology Standards - Update

The Committee reviewed the Neurophysiology Standards feedback from the 19 December 2017 Neurophysiology meeting and a work plan and working group were identified to further review the standards.

b. 2018 Laboratory Standards Revisions

The Committee reviewed and revised the following standards:

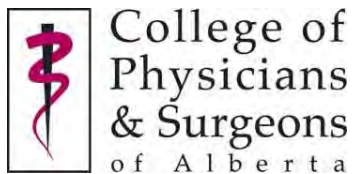
- Anatomic Pathology
- Chemistry
- Fertility Assessment
- Flow Cytometry
- General
- Hematology

- Microbiology
- Molecular Diagnostic & Genetics
- Transfusion Medicine

The revised standards will be distributed to the laboratory directors/designates for additional feedback.

3. Exam Review Feedback

The Committee reviewed the feedback given from the ECG exam candidates and suggested that CPSA contact Alberta Health, reviewers, divisions for cardiology and other jurisdictions to review the exam further before determining next steps.



To: College Council
From: Scott McLeod
Date: 25 May 2018
Subject: Registrar Report to Council

Introduction

A great deal has happened since my last report. So much so that it will be impossible to capture it all here. I will therefore touch on a few highlights:

1. New Chief of Staff

It is with great pleasure that I announce the inaugural CPSA Chief of Staff will be Mr. Shawn Knight. Shawn has an exceptional background that will be of significant value to us. He started as a paramedic here in Alberta and has risen to take on many significant staff and leadership roles within Alberta Health.

The Chief of staff will start with three key priorities:

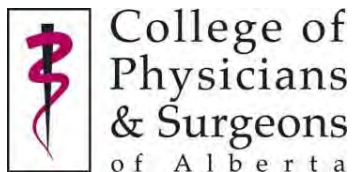
- a. Support Council
- b. Execute an enhanced Standards of Practice program of work that will improve the development, monitoring and enforcement of our standards of practice. As well, make them more available and useful to both the public and the profession.
- c. Develop a more organized and transparent policy framework

2. Communications

We are in the final stages of selecting a new Director of Communication, but the communications team has been sharing the burden of work and doing very well despite the shortage of staff. You will see by our new approach to the Annual Report they have been working very hard. A very special thanks goes out to the entire team.

A big thank you must go out to Mr. Steve Buick and Ms. Marian Stuffco who have both gone above and beyond the call of duty in navigating the many issues that have come up in the past 6 weeks. They have represented the College exceptionally well with both the media and government.

We have also received a great deal of feedback that you should be aware of:



a. The Good

As previously reported, I have begun acknowledging and tracking all letters received from patients who are commending their physician and/or the physician's staff. To date, I have been contacted by 8 patients to recognize 12 doctors.

b. The Bad

Following the suspension of Dr. Visconti, I received over 60 letters of support for him from his patients. The Communications Department has reviewed the letters and developed a number of themes to the letters. Responses have been sent to those who provided their contact information. However, these letters have been countered by a number of letters from physicians who supported the actions of the College.

c. The Ugly

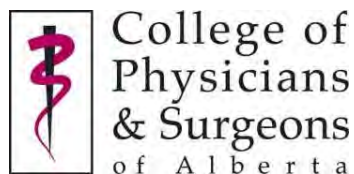
The publication in the Messenger regarding the disciplining of two physicians has garnered significant reactions from the public, physicians, media and the Legislature. The Communications team, along with other College staff have been gathering and responding to the feedback as appropriate. The consistent message that is being shared references the legal framework in which the College must operate and abide with respect to discipline matters. I believe the proactive and transparent response by the College has served us well.

3. Lesson's learned in the application of Section 65 of the HPA.

As you all know, our mandate is to protect the public. Sometimes while acting in a way that we believe will protect the public there is a risk of leaving people with no care at all. Historically, when a physician's practice was suspended it was left to that physician to transfer the care of his or her patients to other physicians. Unfortunately, that may put many patients at risk. In our most recent case of suspending a physician from practice we tried a completely new approach to managing the patient's needs. We partnered with Alberta Health, Alberta Health Services, Alberta Public Health, the Primary Care Network leadership and most importantly the profession in general. I was overwhelmed by how everyone stepped up to do everything they could so that patients were well informed and had a new medical home they could easily transition into. I'm not saying everything went off without a hitch, but it demonstrated once again that if we approach these things as a team working within a greater health system, we will provide better care to all Albertans.

This is a different approach, but it doesn't mean it will be required in every case. As we work through this and determine the best policy to move forward with, I will be seeking Councils input into this new approach and I would appreciate any feedback Council may have.

Sometime in the next few weeks the CPSA will be inviting all the key players involved to have a review of the process so we can learn from it and better inform us moving forward.



4. Methadone approvals – Health Canada Section 56 Exemption

Following a national consultation, Health Canada is eliminating the requirement that all methadone prescribers in Canada receive a Health Canada Exemption (<https://www.canada.ca/en/health-canada/services/publications/healthy-living/national-consultation-section-56-exemption-requirement-methadone-prescribing.html>). Currently exemptions are granted based on the recommendation of the applicant's medical regulatory authority. CPSA currently requires formal education and relevant experience/mentorship prior to that recommendation. (<https://www.canada.ca/en/health-canada/services/publications/healthy-living/national-consultation-section-56-exemption-requirement-methadone-prescribing.html>).

Until a new process is approved by Council, we will continue to request that physicians seek approval through CPSA prior to prescribing methadone. Over the next few months we will consult stakeholders and explore options with the view to bringing a recommendation to Council before the end of 2018.

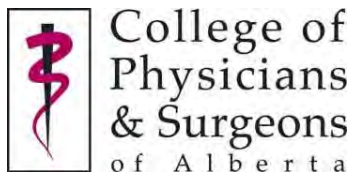
In determining the new process we will take into account the Minister's Opioid Emergency Response Commission (MOERC's) [recommendation](#) that promotes ongoing provincial efforts among the Ministry and related partners to support appropriate training and standards for health professionals involved in the prescribing and dispensing of methadone to ensure that this drug is provided in a safe and effective manner.

5. Advancing Professional Behavior in the Healthcare Workplace Project

Under the guidance of an Advisory Committee with strong CPSA representation (Karen Mazurek, Kate Wood and Jeremy Beach), Annamarie Fuchs, the consultant retained for the project, is on track with the completion of a detailed plan to transform the culture of the healthcare system into one of mutual respect and collegiality. Based on an extensive environmental scan and approximately 60 stakeholder interviews, the project plan is coming together and will be finalized by the middle of June 2018. The plan focuses on building a positive culture while at the same time ensuring physicians and leaders have tools and supports in place to address disruptive behavior early and effectively.

Key components of the plan include:

- A shared leadership approach from a health systems level
- Empowering physician wellness and resilience
- Developing high functioning clinical teams based on sound leadership and effective team interaction.
- A comprehensive marketing plan
- Aligning all the existing tools and resources and making them readily available to all who need them.



6. Transparency

The most recent coverage in the media related to transparency is not a reason to push forward with enhancing transparency in medical regulation in Alberta. The reason we need to pursue enhanced transparency is because it's the right thing to do if we want to regain trust in self-regulation. There is a perception, right or wrong, that self-regulation is broken and physicians only look after each other. We are not alone in this. My fellow regulators from across the country are reviewing this very same thing. For example, if you spend much time on any one of our websites, you will see that it's focused on messages to physicians without much guidance for the public. We also have documents that provide guidance to the profession, but do we have documents that provide guidance to the public on what they should expect from their doctors?

If we truly believe that patient centered care is the right approach to health care and we believe it's our job to provide patients with the appropriate information to make informed decisions about their care, then they should also have enough information to make an informed decision about who their physician should be.

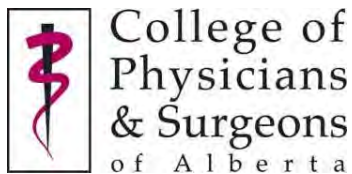
Saying all of that, I'm also very concerned that we don't go too far. We need to protect physician's personal health information and information gathered for the purposes of quality improvement. I believe that either one of these types of disclosures would lead to poor health care and halt any chance of making any real improvements in health care. That is why we can't rush into these decisions without being well informed.

7. Zero Tolerance

The most recent disciplinary cases that were published in the Messenger have certainly demonstrated what the expectations are for the College when it comes to proven sexual assault cases, the protection of women and the overall requirement that every Alberta patient should feel safe in their doctor's office. Fundamentally we agree with the messages that we've been hearing.

Sexual assault of a patient is a line that just can't be crossed in our profession, but it's important to understand that we administer a branch of the law according to the principle that is common to regulators and trial courts across Canada. We're not a law unto ourselves; our sanctions are subject to appeal to the Alberta Court of Appeal and are based on case law and proportionality. That is how our most recently published cases were managed. It's important to know that we're not alone and even Ontario, who has specific legislation for these cases, is also struggling with this. The Ontario Court of Appeal (ONCA) released a decision May 7 (Peirovy), upholding a six-month suspension imposed by the Ontario College in a case of sexual touching of patients. (The sanction imposed by CPSA in the recent Taher case was 18 months.) The ONCA re-affirmed the principles all regulators follow: sanctions must reflect the facts of the case and related cases, subject to the need to maintain public confidence and reflect public expectations, which can and do change. We are very well aware that public opinion has changed and we are prepared to move forward and follow the legal framework in which we work.

My direction to the Complaints Director is the following: In any similar cases related to sexual misconduct, we will look for stricter sanctions, up to and including revocation of the practice permit for



sexual assault. If the hearing tribunal decides on a sanction that we believe is insufficient we will use the appeal process ourselves.

8. Standards of Practice

As reported in my March report to Council, the SOP review has now moved to the best practice focus and is being led by James Casey and Katrina Haymond of Field Law and guided by a steering committee consisting of David Kay, Marian Stuffco and two College staff, Dr. John Ritchie and Phong Van. A complete report and recommendations/options will be presented to Secretariat by June/July 2018 for consideration and next steps.

This external examination will assess our current process, determine best practice in Canada and other regulatory frameworks and develop a work plan to ensure all of our SOPs are up to date, of value to the profession and the public while at all times meeting our mandate of protecting the public.

9. Strategic Action Plan

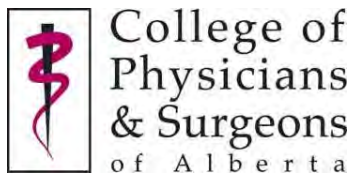
Since my last update Dr. Karen Mazurek and Mr. David Kay have worked with each department to consolidate their 5-year plans, and to incorporate College-wide initiatives into a single College-wide strategic action plan. They are now identifying areas of potential overlap and gaps. We can then identify the areas where there can be shared efforts.

Departments are using year one of their 5-year action plan to populate the 2019 business plan and budget.

Moving forward we will develop Key Performance Indicators for operations and senior leadership and proposed KPI for Council purposes.

The action plans are being developed so that they support the CPSA Strategic Plan and strive to put the College in a position 5 years from now where:

- a. The college has transformed its image so that most physicians are no longer afraid of the College, but those who should be concerned are.
- b. Patients and physicians respect the college for its transparency, responsiveness and appropriateness of its work in executing its core mandate of protecting the public.
- c. The College is respected as a leader in health care policy and known as a team builder that focuses on improving the quality of care provided to all Albertans and supports preventive and occupational health as well as all core determinants of health in our policies.
- d. All doctors in Alberta participate in Continuous Quality Improvement and the College knows who fits into the Green, Yellow and Red Boxes.
- e. The CPSA is well respected as a high functioning organization with well-developed policies and standards easily accessible in a logical framework that stems from the legislative authorities we have.



- f. The CPSA is respected for its transparency in decision making through clear decision making criteria that are available to both the profession and the public.
- g. All staff are well trained, mentored and coached to deal with anything that may be presented to them; they feel they can be innovative in their work and present new ideas without fear.
- h. All staff feel they are contributing to the core mission of the CPSA and feel respected for the work they do.

10. Proposal for a Quality Summit in the fall

Dr Karen Mazurek has been working very hard on driving the quality agenda forward in Alberta. As a result of her great work she recently put forward a proposal for a one day “Data Quality Symposium.” This proposal was presented to the Key Leader Engagement group on the 14th of May. Feedback suggested that we should have a smaller working group to align our efforts before going too big, so Karen will be developing a modified proposal for a fall session.

11. Proposed Physician Leadership Development Framework for Alberta

As I engage with physicians across the province it is becoming more apparent that Alberta physicians have a desire to take on more leadership responsibility to ensure the system evolves in a way that is right for patients and care providers. The challenge most face is sorting out where to start in their own personal leadership development.

It is also apparent that many organizations recognize the value of having strong physician leaders and have been putting a great deal of effort into creating leadership development training opportunities and employment opportunities for physicians. Unfortunately there has been little coordination of these efforts across the system.

For these reasons I have proposed an approach to leadership development in Alberta. A first draft of this proposal was recently shared with the Key Leader Engagement group that was established in the fall of 2017.



Submission to:	Council
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Meeting Date:	Submitted by:		
March 24, 2018	Communications Team (Project Lead Barb Krahn)		
Agenda Item Title:			
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	<i>It is recommended that Council approve the 2017 CPSA Annual Report for submission to government and distribution to stakeholders and the profession.</i>
Background:	<p>Under the <i>Health Professions Act (HPA)</i>, the College is required to report annually on specific measures and activities to the Minister of Alberta Health. The Minister presents the report to the Legislative Assembly and it becomes part of the public record. The annual report also provides an opportunity to tell our story in an engaging way that connects with government, our members and partners in the healthcare system.</p> <p>This year, we've taken a different approach – the report is more outward facing and outcome oriented, a shift from 'what we do' to 'how we're making a difference', on the advice of our GR Advisor. The Management Team and other staff also offered ideas to make the report more readable and useful in the their work.</p> <p>To serve government best, the emphasis in the printed report is on our "top stories" and easy access to statistics and financials at the back of the report. The online report highlights story and video content with easy navigation to the numbers for those who are interested.</p>
Next Steps:	With Council's approval, the print report will be submitted to government by June 30. The online report will go 'live' at the same time, promoted on our website and in <i>The Messenger</i> . The print report will also be sent to a wide range of partners a stakeholders and used as an educational tool by the GR Advisor and our staff.
List of Attachments:	
PDF of the printed report: www.cpsa.ca/wp-content/uploads/2018/05/Final-AR-2017-for-Council-compressed.pdf	



Submission to:	Council
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Meeting Date:	Submitted by:		
24 May 2018	Governance Committee		
Agenda Item Title:			
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	N/A		
Background:	Report to Council on Governance Committee meeting held 3 April 2018		
Next Steps:	N/A		
List of Attachments:			
1. Governance Committee Report			



GOVERNANCE COMMITTEE

Report to Council College of Physicians & Surgeons of Alberta 24 May 2018

The Governance Committee met on 3 April 2018 and addressed the following issues:

1. Council Meeting Dossier Content

The Governance committee discussed:

- The Council and Committee Report Form and suggested the following revisions:
 - Updated wording to the three sections as follows:
 - Approval Required
 - Discussion Desired
 - Information Only
 - Format Report to stand out from other documents

The Consent Agenda definition and agreed to highlight the definition and process during orientation and meetings of Council and its Committees. A draft governance manual will be circulated at the June meeting for review and feedback.

2. Update – Reformatting Bylaws

The Governance Committee agreed that the current bylaws document are not organized in a logical manner and asked that the reformatted Bylaws include hyperlinks to other documents it references, such as the Health Professions Act.

3. Elections/Nominations

Enclosed is a recommendation for Council's decision.

4. Retreat Planning

The topic of the 2019 Council Retreat is "the future of self-regulation" with discussion focusing on the dawn of a new age of self-regulation. The committee is requesting feedback on the duration of the retreat and the enclosed update from Dr. Stone.

5. Mentor Role

The Committee reviewed a document outlining expectations of mentors and mentees. Enclosed is a recommendation for Council's approval of the document which will be used as part of the call for mentors when new Councillors are elected/appointed.

6. Indemnification and Protection Policies

The Governance Committee reviewed the Errors and Omissions Insurance and found no deficits. Please review the following attachments for additional information:

- Frequently Asked Questions regarding Errors and Omissions Coverage
- Information page on the HIROC (Healthcare Insurance Reciprocal of Canada)

**7. Committee Mandates**

The Governance Committee reviewed the 2017 Standing Committee Reports and agreed the mandates have been fulfilled and discussed ways in which the information could be shared more broadly and considered other measures that can be added to committee evaluations in the future.

8. Succession Planning

The Committee is currently developing a skills matrix to help determine the expertise and skills of Councillors. This information would then be used to populate committees and possibly inform the election and recruitment processes. Committee chairs will be contacted to provide input.

Once the skills matrix is in place, all Councillors will be asked to self-evaluate based on the criteria in the matrix.

9. Recognition

The Committee decided that there will not be any nominations for the Certificate of Merit at this time.

10. Council Evaluations

The committee discussed potential evaluations to improve the functioning of Council and will investigate contracting a Governance expert who could develop a tool regarding evaluations, including self-evaluations, peer to peer evaluations and Council.



Submission to:	Council
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Meeting Date: 24 May 2018	Submitted by: Governance Committee		
Agenda Item Title:	2.3.4 Mentorship Role		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	<i>It is recommended that Council endorse the Mentorship Role as outlined in the attached document.</i>		
Background:	See attached document.		
Next Steps:	Once approved: <ul style="list-style-type: none"> • The Governance Committee will assign a Mentor to all new Council members in December of each year. • The Governance Committee will identify approximately 3-5 Councillors to serve as Mentors. • If possible, the Governance Committee will ensure the Mentor and Mentee are on the same Standing Committee. • The mentorship relationship could last between 6 months to 2 years depending on the needs of the Mentor and Mentee. 		
List of Attachments:			
1. Mentorship Role			

MENTORSHIP

DEFINITION AND PURPOSE

Mentoring is a relationship between a more experienced Council member – a Mentor – who provides knowledge, advice and support to a new Council member. The new member – a Mentee – is seeking support, information and knowledge about the workings of the Council and the organization.

Mentoring is a means of preparing new Council members for full participation in the work of the Council of the CPSA. A complement to board governance training and Council orientation, mentoring is an efficient way of sharing knowledge and developing cross-functional understanding. It reduces the learning curve of new Council members and allows them to engage productively early in their Council tenure. Utilizing their experience and knowledge, the Mentor, will help introduce, prepare, guide and assist the Mentee in becoming familiar with the complex workings of the CPSA Council. The Mentors will ease new members into their roles as Councilors, by informally educating them on their roles and responsibilities, and on the expectations attached to being a CPSA Council member.

A mentoring relationship is an exchange of ideas and knowledge that creates a shared understanding for both the Mentor and Mentee – in a climate of mutual respect in which both gain from the experience. Together, they will set out the terms of the mentoring relationship including frequency of contact, type of support to be provided, information shared, and boundaries around confidentiality.

COMPETENCIES AND EXPECTATIONS OF MENTOR

- Proactive, honest, dependable and consistent.
- Have an interest in helping others develop professionally and personally.
- Excellent listener, non-judgmental.
- Energy, time and commitment to support a Mentee.
- Serve as a point of contact, resource and support for the Mentee's first 6-12 months on Council.
- Participate in Councilor Orientation Day at the CPSA.
- Initiate contact with the new Board member at a minimum once per quarter, in person or via phone.
- Ideally, contact Mentee before each Board meeting to review material, and conduct a post meeting follow up.
- Periodically provide feedback to the Mentee as to his/her performance and level of participation, and encourage/advise as appropriate.
- To provide feedback to the Governance Committee Chair on the Board Orientation & Mentoring Program

COMPETENCIES AND EXPECTATIONS OF MENTEE

- Ability to keep and follow through on commitments.
- Ability to accept constructive feedback and take the risk of exploring new ideas and approaches suggested by Mentor.
- Energy and commitment to be in a mentored relationship.
- Be available and committed to regularly scheduled meetings with Mentor.
- Ask questions, share ideas to contribute to the relationship.
- To provide feedback to the Governance Committee Chair on the Mentorship Program, what is working and what is not working and what can be improved.

SETTING UP THE MENTORSHIP ASSIGNMENTS

- The Governance Committee will assign a Mentor to all new Council members in December of each year *NTD: May change to October or November if timing of elections change.*
- The Governance Committee will identify approximately 3-5 Councillors to serve as Mentors.
- If possible, the Governance Committee will ensure the Mentor and Mentee are on the same Standing Committee.
- The mentorship relationship could last between 6 months to 2 years depending on the needs of the Mentor and Mentee.



Submission to:	Council
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Meeting Date:	Submitted by:		
24 May 2018	Governance Committee		
Agenda Item Title:			
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	<p>It is recommended that Council approves the following motions regarding Executive Elections:</p> <p>Motion 1: It is moved that the Executive of the Council of the CPSA consist of a President, Vice President and Member at Large.</p> <p>Motion 2: It is moved that if there is not at least one Public Councillor and one Physician Councillor elected to the executive, one additional Councillor will be recommended for appointment by the Nominating Committee. This individual may be a Public Councillor or Physician Councillor as required.</p> <p>Motion 3: It is moved that in order to run for an Executive position, a candidate must have a minimum of 1 year on Council by the time the position is to be effective.</p> <p>Motion 4: It is moved that Executive elections will be held between April 1st and May 31st in a calendar year to be effective on January 1st the following calendar year.</p> <p>Motion 5: The 2018 Executive election will be held at the September 6th and 7th Council meetings with results to be effective January 1, 2019.</p> <p>Motion 6: All nominations for executive positions must be presented to the Governance Committee two months prior to Executive elections. Two months before the election date, the Nomination Committee will bring forward to Council all names that have expressed an interest in running for an Executive position. Councillors will then have a two week period to submit additional nominations ("from the floor"). Nominations for Executive positions will close two weeks before the election date. All nominations for an Executive position require the support of two Councillors.</p> <p>Motion 7: It is moved that each Executive position be for a one year term. An individual holding an Executive position has to option to run for an additional term.</p>
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	<p>Motion 8: It is moved that only for the purpose of the Executive elections, that the eleven Physician Registered members and the four Public Members will be entitled to a vote.</p> <p>It is recommended that Council approves the following motions regarding <i>Committee Appointments:</i></p> <p>Motion 1: It is moved that the Annual Organization Meeting will be held during the November/December Council meeting.</p> <p>Motion 2: It is moved that committee appointments remain at a three year term.</p> <p>It is recommended that Council approves the following motion regarding <i>Physician/Registered Member Elections:</i></p> <p>Motion 1: It is moved that the elections for Physician/Registered Member Councillors be moved to September and October.</p>
Background:	See the attached Executive Summary
Next Steps:	Once the above motions are approved, the Governance Committee will enact the required changes to the election and committee appointment processes, including any changes required to the Terms of Reference for the Committees and/or the Bylaws.
List of Attachments:	
1. CPSA EXECUTIVE ELECTIONS, COMMITTEE APPOINTMENTS AND PHYSICIAN COUNCILLOR ELECTION PROCESSES – EXECUTIVE SUMMARY	

CPSA EXECUTIVE ELECTIONS, COMMITTEE APPOINTMENTS AND PHYSICIAN COUNCILLOR ELECTIONS PROCESSES

EXECUTIVE SUMMARY

After this past Executive election and appointment process of Councillors to Committees, there were several concerns raised about this process. The Governance Committee was tasked to review the concerns and propose amendments to the process that would improve the clarity of process and address any concerns raised.

Governance Committee gathered information from Councillors through discussion at the retreat in February 2018 and by receiving emails from Councillors. Some of the main concerns raised were:

1. The need to have at least one public member and one physician member on the Executive.
2. Eligibility to run for the executive.
3. Timing of the Elections.
4. Are nominations from the floor required/allowed?
5. How long is the term of an executive?
6. How do we address a tie in the future?
7. There needs to be a better process for committee appointments.
8. There should be consideration for changing the timing of Physician elections.

A Sub-Committee of the Governance Committee reviewed the processes surrounding the Executive Elections, Committee Appointments and Physician Councillor Elections. Findings were presented to the Governance Committee on April 3, 2018 and the attached briefing describes the issues considered and discussed at the meeting. Based on these extensive discussions, the Governance Committee is requesting Council take action by voting on each of the recommendations focused on major points that are listed below.

EXECUTIVE ELECTIONS

A concern was also raised with respect to the composition of the Executive Committee. It was felt that there should be at least one Public Councillor and at least one Physician Councillor. Therefore the Governance Committee felt that following the elections, if there is not at least one Public Member and one Physician Registered Member on the Executive, then the Nominating Committee will appoint one additional member (either Public or Physician Registered Member) to the Executive as part of their committee appointment process. There was a significant discussion around the second member at large being elected versus being appointed, but it was believed that in this case there would be value in applying the skills matrix to the selection and treating the process like filling any other Committee vacancy. For that reason the two following motions are recommended for approval at Council:

Motion 1: It is moved that the Executive of the Council of the CPSA consist of a President, Vice President and Member at Large.

Motion 2: It is moved that if there is not at least one Public Councillor and one Physician Councillor elected to the executive, one additional Councillor will be recommended for appointment by the Nominating Committee. This individual may be a Public Councillor or Physician Councillor as required.

Eligibility to run for an executive position was another concern raised. One concern was related to the experience and skills required to do the job and the second was related to the uncertainty of a Councillor's position on Council if a first term was ending or there was uncertainty related to a government appointment. After much discussion at the Governance Committee, and the recognition that a process does exist to replace an elected executive if they leave council, it was determined that there is no prohibition for a Councillor whose first term is ending from being a candidate for the Executive. However, Executive members are elected subject to being a sitting member of Council at the time their term begins.

Motion 3: It is moved that in order to run for an Executive position, a candidate must have a minimum of 1 year on Council by the time the position is to be effective.

Having the executive elections so close to the end of the year presents concerns related to knowing who can fill key committee appointments and it makes it challenging for people to adjust their schedule for the next year. As a result it was felt that moving the executive election to the spring would allow for much better planning. 2018 is a transition year and Executive elections cannot be completed this spring therefore a compromise was suggested. For 2018 the Executive election will be held at the September 6th and 7th Council meetings with results to be effective January 1, 2019. In 2019, Executive elections will be held at the May 30th and 31st Council meetings with results to be effective January 1, 2020.

Motion 4: It is moved that Executive elections will be held between April 1st and May 31st in a calendar year to be effective on January 1st the following calendar year.

Motion 5: The 2018 Executive election will be held at the September 6th and 7th Council meetings with results to be effective January 1, 2019.

There has been significant discussion over the past few years about the value of having nominations from the floor. There have been valid concerns raised from both sides of the argument and therefore the Governance Committee believes the following would be a reasonable compromise. Two months before the election date, the Nomination Committee will bring forward to Council all names that have expressed an interest in running for an Executive position. Knowing who is running may change people's mind with respect to their desire to run. Councillors will therefore then have a two week period to submit additional nominations ("from the floor"). Nominations for Executive positions will close two weeks before the election date. All nominations for an Executive position require the support of two Councillors. As a result the following motions are proposed.

Motion 6: All nominations for executive positions must be presented to the Governance Committee two months prior to Executive elections. Two months before the election date, the Nomination Committee will bring forward to Council all names that have expressed an interest in running for an Executive position. Councillors will then have a two week period to submit additional nominations ("from the

floor”). Nominations for Executive positions will close two weeks before the election date. All nominations for an Executive position require the support of two Councillors.

The duration of an executive’s term was raised as a point of discussion. The Governance Committee felt that it was reasonable to have a one year term so that either the Executive or Council would have options to change after one year.

Motion 7: It is moved that each Executive position be for a one year term. An individual holding an Executive position has to option to run for an additional term.

Having a tie this past year raised a number of concerns. This was a significant point of discussion at the Governance Committee and several options were considered. According to the HPA the only voting members of Council are the eleven elected members and the four appointed Public Members therefore if all attend the election, there should be no tie. In the past the Dean of Medicine has voted, however this can create an even number in the vote. It is therefore recommended that the Dean not have a vote in the election of the Executive.

In the case that there is still a tie, the Governance Committee feels that those running for the positions should have an opportunity to address Council again in an effort to sway the vote in their favour. This would allow Councillors the opportunity to ask questions and perhaps change their mind. This process will continue until there is a candidate that secures a majority of the eligible votes.

Motion 8: It is moved that only for the purpose of the Executive elections, that the eleven Physician Registered members and the four Public Members will be entitled to a vote.

COMMITTEE APPOINTMENTS

This past year it was difficult to populate the committees because of the uncertainty of the executive elections. Given the proposed changes in the Executive elections, the Nominating Sub-Committee will have ample time to consult with the Councillors and Committee chairs to identify “Best Fit” for skills, experience and interest in potential committee appointments.

The Governance Committee had an extensive discussion about the duration of the appointment to a committee. Although it was recognized that gaining experience in a variety of committees was valuable for personal development and experience, it was recognized that it takes time to understand the work on a committee and develop a degree of expertise. It was therefore decided to recommend that committee appointments remain at 3 years. However, any Councillor can express a desire to change committees during their conversation with the Nominating Sub-Committee.

Motion 1: It is moved that the Annual Organization Meeting will be held during the November/December Council meeting.

Motion 2: It is moved that committee appointments remain at a three year term.

PHYSICIAN/REGISTERED MEMBER ELECTIONS

Concerns were raised about the short time between the election of Physician Councillors and the appointment process for committees. The Governance Committee looked at several options such as running the elections in the spring or summer. It was felt that spring would be too early and the summer would be difficult because so many people take holidays of the summer. It was therefore felt we would gain enough time by simply moving the elections by just a few weeks. This would still allow enough time for the nominating subcommittee to fill in the skills matrix and make better recommendations to Council. Nominations for these elected positions would be open during the first two weeks of September. The elections would be run from the middle of September until the end of October with results available at the end of October. Ratification of the elected Councillors will be done by an electronic poll of Council.

Motion 1: It is moved that the elections for Physician/Registered Member Councillors be moved to September and October.



Submission to:	Council		
Meeting Date:	Submitted by:		
24 May 2018	Governance Committee		
Agenda Item Title:			
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	It is recommended that Council approves the nomination of Dr. Luke Savage as the College's voting representative at the Canadian Medical Association's General Council meeting in August.		
Background:	On April 14, 2018, Dr. McLeod send out an e-mail requesting expressions of interest from physician members to attend the CMA General Council. Following that call, the Governance Committee endorsed Dr. Luke Savage as the nominee for Council approval.		
Next Steps:	The CMA will be notified that Dr. Luke Savage will be attending the General Council as the voting representative for the College of Physicians and Surgeons of Alberta.		



Submission to:	Council
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Meeting Date:	Submitted by:		
24 May 2018	Governance Committee		
Agenda Item Title:			
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	N/A		
Background	The Governance Committee is in the process of developing a skills matrix that could be used in appointing Council members to the various Council Committees. The skills matrix could also be used to identify skills required on Council which could be developed through educational opportunities.		
Next Steps	Based on Council's feedback, the Governance Committee will revise the skills matrix and request Council members self-identify their skills.		
List of Attachments:			
1. CPSA Council Member – Description of Skills and Experience (Draft)			

College of Physicians & Surgeons of Alberta – Council Member

Description of Skills & Experience – May, 2018

We are attempting to develop a skills matrix for the CPSA Council. This will help us determine what skills are currently available on the Council and helps us identify what specific skills we may be looking for in new Council members (whether elected or public). Specific skills we may be searching for are, of course, closely tied to where the Council believes the CPSA is headed strategically. In addition, these skill sets must be adapted to the governance role of the Council.

There have been discussion about the specific skills that are assessed and what level of experience is meant by the various categories. For example, someone doesn't have to be a lawyer to have extensive legal experience particularly if they have been the prime contact for outside legal counsel within their organization for a number of years. Some of the material has been developed taking into consideration the roles described in the CanMEDS framework. Hopefully, the descriptions presented below in alphabetical order will give some guidance.

- **Accounting/Financial:** Financial literacy or a familiarity with financial statements, the ability to understand what they mean and an understanding of what questions to ask as a Board/Council member. Previous experience in positions such as secretary/treasurer, audits or finance committees.
- **Advocacy:** Experience in determining and understanding needs, speaking on behalf of others when required and supporting mobilization of resources to effect change. Specifically this advocacy would be for the public.
- **Board/Council/Committee Experience:** Experience or committee work on not-for-profit, for profit or public sector boards or councils.
- **Clinical Competence:** Commitment to the health and well-being of individual patients and society.
- **Collaboration:** Experience sharing knowledge, perspectives and responsibilities, a willingness to learn together, developing an understanding of the roles of others, pursuing common goals and outcomes and managing differences.
- **Communications / Marketing:** Direct experience in or familiarity with communications or marketing or media relations issues. Media training courses.
- **Education:** Experience or training in teaching, education, evaluation of competence, and feedback strategies.
- **Executive Leadership Experience:** Leadership experience at the executive level of a public corporation or not-for-profit business would fit this area but so would leadership experience at the senior or executive level at a not-for-profit agency, public sector organization or private (perhaps family) organization. Specific experience may include leading change, strategic planning, chairing, public speaking, organizing, structuring, budgeting and financing, leading continuous quality improvement programs, time management, shared decision making for operations and consideration of justice, efficiency and effectiveness in allocation of resources.
- **Governance:** Experience or training in governance and its application to boards/councils.
- **Government Relations / Public Affairs:** Direct experience or familiarity with government relations or public affairs or an understanding or participation in public policy influence.
- **Health System:** Experience or understanding of the broad health system in which physicians work. Understanding of the role of CPSA in protecting the public interest and Standards of Practice, Code of Ethics and legal obligations of physicians. Knowledge and understanding of the broader stakeholder groups that CPSA interacts with and the relationships with those groups.
- **HR / Compensation / Performance Management:** Familiarity with human resources issues, the basic components of a compensation program, how performance is measured in an organization and

familiarity with Continuous Quality Improvement programs. Experience with performance management systems, coaching/mentoring CEOs, and/or recruitment and selection of CEO/registrar.

- **IT:** Experience or training in the information technology field.
- **Legal:** Familiarity with basic legal principles and understanding of their impact on an organization. Experience with quasi-judicial hearings/appeals.
- **Public Safety / Regulation / Legislation:** Direct experience in or familiarity with public safety and professional regulation issues. Familiarity with legislation that impacts health care such as the Health Professions Act, Health Information Act, etc.
- **Professionalism:** Experience or training in defining, measuring, evaluating and teaching professionalism. Commitment to ongoing professional development.
- **Risk Management:** Experience or familiarity with risk management issues such as physical, financial, information technology, cyber security, regulatory, etc. Please indicate the area of experience under Comments.
- **Scholarship:** Lifelong commitment to excellence through continuous learning and experience in teaching others, evaluating evidence and contributing to scholarship.
- **Strategic Planning:** Direct experience or familiarity with the strategic planning process for an organization.
- **Other:** Any other skills, experience, training or expertise that would benefit Council (either on Council or within a Committee)

Chairs of committees also identified these traits/attitudes or attributes (even though not technical “skills”) as desirable among committee members.

Adherence to ethical standards and values such as integrity, honesty, altruism, humility, respect for diversity and transparency with respect to potential conflicts of interest. Committee members should value ethical medical practice and have high personal standards of behavior. Physicians and/or public members who show accountability to the profession and society, and respect for physician led regulation and maintenance of personal health.

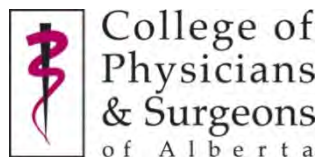


Submission to:	Council
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Meeting Date:	Submitted by:		
25 May 2018	Dr. Scott McLeod		
Agenda Item Title:	Sanctions and transparency in matters related to sexual misconduct		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	<p>APPROVAL: <i>It is recommended that the Statement of Principles on Sanctions for Sexual Abuse of Patients contained in the dossier be adopted by Council</i></p> <p>ENDORSEMENT: The Registrar requests Council endorsement on the following:</p> <ol style="list-style-type: none"> <u>Sanctions</u> - increasing significant sanctions imposed on a regulated member following a finding of sexual misconduct. <u>Disclosure</u> - determine what information CPSA can/should disclose to the public re: allegations or findings of sexual misconduct against a regulated member. <u>Transparency</u> – implement the actions contained in Field Law’s executive summary (attached) 		
Background:	<p>Controversy erupted over a decision of a Hearing Tribunal concerning Dr. Ismail Taher (the “Taher case”) and a series of articles by the Toronto Star concerning the transparency of physicians’ criminal records and disciplinary findings from other jurisdictions. Outside legal counsel were asked to address three issues:</p> <ol style="list-style-type: none"> Does the HPA permit a hearing tribunal to impose more significant sanctions following a finding of sexual misconduct against a regulated member? What information can be disclosed to the public when there is an allegation or finding of sexual misconduct against a regulated member? What steps could the CPSA take to increase public confidence in the CPSA’s ability to effectively address issues relating to sexual misconduct? <p>For further explanation see the attached executive summary</p>		
Next Steps:	College staff will implement the actions discussed.		
List of Attachments:			
Executive Summary: Sanctions and Transparency in Matters Related to Sexual Misconduct			



Submission to:	Council		
Meeting Date:	Submitted by:		
May 25, 2018	Chantelle Dick		
Agenda Item Title:			
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	It is recommended that Council: approve the <i>Boundary Violations</i> and <i>Responsibility for a Medical Practice standards</i> as presented and rescind the <i>Practice in Association</i> standard.		
Background:	<p>From the perspective of Council action, the College's Standards of Practice (SoP) process consists of three steps:</p> <ol style="list-style-type: none"> 1. Call to Action - Staff presents standards scheduled for review to Council identifying potential issues, policy considerations and a request for Council feedback; 2. Consultation Decision - Staff presents proposed amendments to the standards based on Council feedback and internal review; Council provides further input and approves final draft amendments for consultation; and 3. Resolution - Council approves the standards as presented or with further amendments. <p>Council provided direction for the draft amendments in May 2017, approving draft amendments for consultation in September 2017. Consultation took place October 2-December 2, 2017.</p> <p>This is the first consultation in which a survey was employed as a result of last spring's consultation on the review process.</p> <p>Based on input received during the consultation period, further work was required to meet the feedback obtained, and resolution for implementation was postponed to the May 2018 meeting. These proposed amendments are in this memo for Council's consideration.</p>		
Next Steps:			
List of Attachments:			



MEMORANDUM

To: Council

From: Dr. Karen Mazurek and Dr. Jeremy Beach

Date: May 25, 2018

Subject: *Standards of Practice*: Consultation 013 – Resolution for Implementation

Background

Council provided direction for the draft amendments in May 2017, which formed the basis for review by staff. At its next meeting in September 2017, Council approved draft amendments for consultation. Consultation took place October 2-December 2, 2017. This is the first consultation in which a survey was employed due to feedback received during last spring's consultation on the review process; respondents were invited to answer four questions, each with the option for further comments, as well as an open-ended question regarding the consultation process itself.

Based on input received during the consultation period, further work was required to meet the feedback obtained and resolution for implementation was postponed to the May meeting. Drs. Beach and Mazurek incorporated edits beyond those presented at the September meeting; these proposed amendments are in this memo for Council's consideration.

1. *Direction and Control of a Medical Practice (renamed Responsibility for a Medical Practice)*

Copies of the [current standard](#), a clean copy of the [original proposed amendment](#), a clean copy of the [revised amendment](#) based on consultation feedback, and a [marked copy](#) can be found on Council's SharePoint site*.

Summary of Feedback

The following broad themes were identified in the feedback:

1. The standard should explicitly state that, outside of AHS and government facilities, custody and control of medical records is a physician responsibility
2. Do not exclude AHS and government facilities – the unique responsibilities of physicians in these settings must be defined to enable physicians to meet their obligation to CPSA's *Standards of Practice*
3. Address other settings (e.g., WCB, city-run, university-run clinics, etc.)

4. Responsibility for staff:
 - a. Separate regulated vs non-regulated
 - b. Provide further clarification about which staff physicians are responsible for in the practice, especially in practice models such as PCNs, WCB facilities, university-run clinics and clinics run by not for profit organizations (e.g., Boyle McCauley Heath Center)
5. Requirement to post credentials of staff was seen as impractical in some settings
6. *Direction and Control* title discourages team-based care
7. Respondents requested greater clarity around the role of individual physician, lead physician, Medical Director and multi-physician practice

A more detailed analysis of the feedback can be found on the [SharePoint site](#)*.

The full feedback responses can be found on the [SharePoint site](#)*.

Feedback after Second Draft

We sent the revised draft to those who provided us with feedback during the original consultation; we did not receive much feedback the second time around.

However, what we received was positive with regard to the reworked draft, with members deeming it reasonable and advising that the edits addressed most concerns shared in the first consultation.

The responses to the second draft can be found on the [SharePoint site](#)*.

Feedback from Legal Counsel

Mr. Craig Boyer had no additional comments on the second draft.

Recommendations

- a. Issue an Advice to the Profession document that defines various terms (e.g., responsibility, supervision, medical director, etc.); clarifies concerns raised during the consultation period, such as practice arrangements, delegation of responsibility, and interactions with the College; and provides example scenarios. The draft Advice to the Profession can be found on the SharePoint site [to be uploaded by May 24]*.
- b. Approve the renamed *Responsibility for a Medical Practice* standard as amended.

2. *Sexual Boundary Violations (renamed Boundary Violations)*

Copies of the [current standard](#), a clean copy of the [original proposed amendment](#), a clean copy of the [revised amendment](#) based on consultation feedback, and a [marked copy](#) can be found on the SharePoint site.

Summary of Feedback

The following broad themes were identified in the feedback:

1. The *Boundary Violation* standard was renamed to include violations of a non-sexual nature. The amendment received 77 consultation responses with 18 respondents agreeing with the expansion (6 regulated members, 2 stakeholder organizations, 1 other organization, and 9 survey respondents).
2. The area of greatest concern was the inclusion of personal, social, financial, and business relationships with patients, particularly how this would affect the quality of life of physicians in rural practices. A number of respondents found the expansion on learners likely to cause additional conflict instead of decreasing discord.

A more detailed analysis of the feedback can be found on the [SharePoint site](#)*.

The full feedback responses can be found on the [SharePoint site](#)*.

General Comments:

- a. CMPA suggested the College use CMSBC's examples of boundary violations from its [Professional Standard](#) (page 1).
- b. CMPA also suggested we encourage physicians to contact them as opposed to CPSA due to the potentially significant consequences for being found to have committed a boundary violation.
- c. 3 respondents suggested the potential for spurious complaints in light of the broadening of this standard.
- d. 1 respondent inquired how we balance protection of patients with physician vulnerability.
- e. 1 respondent advised that the College needs to address personal responsibility in setting boundaries with patients, including providing physicians with the tools necessary to do this.

Feedback after Second Draft

We sent the revised draft to those who provided us with feedback during the original consultation; we did not receive much feedback the second time around.

A few responses required further clarification, which we addressed in consequent edits; we will attend to these in an Advice to the Profession document as well.

The remaining feedback was positive with regard to the reworked draft. One stakeholder organization thanked us for the opportunity to review the second draft.

The full feedback responses can be found on the [SharePoint site](#)*.

Feedback from Legal Counsel

Mr. Craig Boyer had no additional comments on the second draft.

Recommendations

- a. Issue an Advice to the Profession document that clarifies various relationships, personal beliefs, and the power imbalance for learners, and provides example scenarios. The draft Advice to the Profession can be found on the SharePoint site [to be uploaded by May 24]*.
- b. Approve the renamed *Boundary Violations* standard as amended.

3. Practice in Association

Per the memo presented at the September 2017 Council meeting, this standard does not align with the collaborative nature of healthcare today. No other medical regulator in Canada has a similar policy, and legal counsel had no concerns if the standard is withdrawn. We have incorporated relevant clauses into the *Responsibility for a Medical Practice* standard.

At that time, Council voiced support for rescinding the standard.

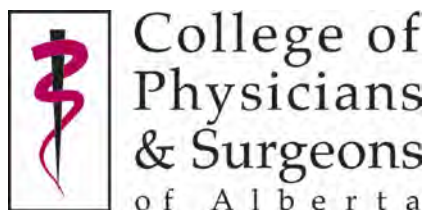
Recommendation

- a. Rescind the [Practice in Association](#) standard.

Recommendation to Council

- Accept the renamed *Responsibility for a Medical Practice* standard of practice as presented.
- Accept the renamed *Boundary Violation* standard of practice as presented.
- Rescind the *Practice in Association* standard of practice as suggested.

*For access to the documents linked in this memo, please contact chantelle.dick@cpsa.ab.ca



Standard of Practice Boundary Violations

Under Review: Yes
Issued by Council: January 1, 2010

Boundary Violations

The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta ("the College") 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. The College of Physicians & Surgeons of Alberta also provides ***Advice to the Profession*** to support the implementation of the Standards of Practice.

A regulated member who is uncertain about the potential for a boundary violation should consult with the College or another relevant advisory body (e.g., [Alberta Medical Association](#) or [Canadian Medical Protective Association](#)).

Physician-Patient Relationship

- (1) A regulated member **must** maintain professional boundaries in any interaction with a patient, including but not limited to:
 - (a) providing adequate draping;
 - (b) providing privacy while the patient is undressing or dressing;
 - (c) obtaining [informed consent](#) for intimate or sensitive examinations; and
 - (d) using appropriate examination techniques when touching sensitive or personal areas of the body, including but not limited to breasts, genitalia or anus.
- (2) A regulated member **must** consider and minimize any potential [conflict of interest](#) or risk of coercion when engaging with a patient in a non-clinical context (i.e., in a personal, social, financial or business relationship).
- (3) A regulated member **must not**:
 - (a) make sexual comments or gestures toward a patient;
 - (b) enter into a close personal or sexual relationship with a patient or any person with whom a patient has a significant interdependent relationship (e.g., parent, guardian, child or significant other);
 - (c) request details of a patient's sexual or personal history unless related to the patient's care;
 - (d) socialize or communicate with a patient for the purpose of pursuing a close personal or sexual relationship; or
 - (e) [terminate](#) a physician-patient relationship to pursue a close personal or sexual relationship with a patient.

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 this College. The College 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.

- (4) A regulated member **must not** enter into a close personal or sexual relationship with a former patient unless:
- (a) the regulated member has **never** provided the patient with psychotherapeutic treatment;
 - (b) there is minimal risk of a continuing power imbalance; and
 - (c) sufficient time has passed since the last clinical encounter, given the nature and extent of the physician-patient relationship.
- (5) A regulated member **must not** promote his/her personal or religious beliefs or causes to a patient in the context of the physician-patient relationship.

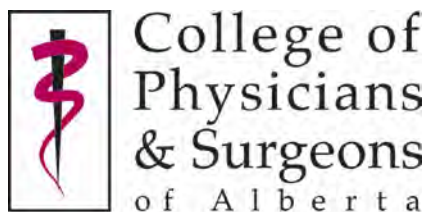
Physician-Learner and Physician-Subordinate Relationships

- (6) A regulated member **must not**:
- (a) sexualize a teacher-learner relationship by making sexual comments or gestures toward a learner¹;
 - (b) enter into a close personal or sexual relationship with a learner while directly or indirectly responsible for mentoring, teaching, supervising or evaluating that learner; or
 - (c) enter into any relationship with a learner that could present a risk of conflict of interest or coercion while directly or indirectly responsible for mentoring, teaching and/or evaluating that learner.
- (7) A regulated member who has a pre-existing (current or past) close personal or sexual relationship with a learner or a subordinate physician **must**:
- (a) notify the applicable clinical and academic leaders of the relationship;
 - (b) remove him/herself from any role teaching or evaluating the subordinate physician or learner; and
 - (c) remove him/herself from any discussion of the performance of the subordinate physician or learner.

¹ "Learner" includes but is not limited to clinical trainee, medical student, other health professional learner, graduate student, resident or fellow.

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 this College. The College 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.



Standard of Practice Responsibility for a Medical Practice

Under Review: Yes
Issued by Council: January 1, 2010

Responsibility for a Medical Practice¹

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta ("the College") 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. The College of Physicians & Surgeons of Alberta also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

- 1) A regulated member **must** direct and take responsibility for his/her medical practice, including:
 - (a) patient care provided, including the assessment, diagnosis, treatment, advice given and referral of the patient; and
 - (b) compliance with all applicable laws, regulations and standards governing the practice of medicine.
- 2) In a practice setting without a Medical Director, a regulated member **must** also direct and take responsibility for:
 - (a) all non-regulated staff supervised by the regulated member by:
 - i) setting appropriate roles and responsibilities;
 - ii) ensuring appropriate qualifications; and
 - iii) overseeing performance;
 - (b) all regulated staff participating in the practice by ensuring:
 - i) appropriate qualifications; and
 - ii) effective collaboration in a team-based setting;
 - (c) billing for medical practice;

¹The practice of medicine includes, but is not limited to, the provision of patient care by a regulated member of this College and the professional and administrative activities which support that care. A medical practice cannot be delegated to or owned by a non-physician person or business, but is the exclusive domain of a regulated member regardless of practice setting.

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 this College. The College regulates physicians, surgeons and osteopaths.
- "Must" refers to a mandatory requirement.
- "May" means that the regulated member may exercise reasonable discretion.
- "Patient" includes, where applicable, the patient's legal guardian or substitute decision maker.

- (d) advertising and promotion of services;
 - (e) quality assurance and quality improvement;
 - (f) custody of health information, including maintenance and storage of medical records;
 - (g) notification to the College at least 30 days prior to:
 - i) establishing or moving the physical location of a practice², providing the street address and services to be offered; or
 - ii) initiating or resuming a service or procedure that requires accreditation and/or approval by this College, as identified in the [CPSA Standards of Practice](#) or College bylaws³; and
 - (h) clear identification to patients and the public coming into the practice setting of the qualifications for all care providers (e.g., nametag or notice) that includes:
 - i) for regulated healthcare professionals, their name and professional designation; and
 - ii) for non-regulated care providers, their name and job title.
- 3) Regulated members practising in a multi-physician setting⁴ without a Medical Director **must** designate one individual to represent the practice in interactions with the College, either:
- (a) a medical lead, who is a regulated member, and accepts overall responsibility for any or all of subclauses 2(a) through (h); or
 - (b) a contact person who is a regulated member.
- 4) Notwithstanding the above, clauses (2) and (3) **may not** apply to a regulated member working in a hospital or facility operated by government or a provincial health authority.

²Excluding a hospital or facility operated by government or a provincial health authority.

³See [Medical Services Requiring Accreditation Outside of Hospitals, Complementary and Alternative Medicine; Reprocessing of Medical Equipment](#) and [College bylaws](#).

⁴For the purposes of this standard, “multi-physician setting” refers to any practice arrangement between regulated members in which they share the use, benefits or costs associated with any of the following:

- (a) advertising;
- (b) office telephone number;
- (c) medical records;
- (d) clinical or administrative functions (i.e., [infection prevention and control](#), billing, etc.);
- (e) premises, equipment, furnishings or other property; and/or
- (f) staff.

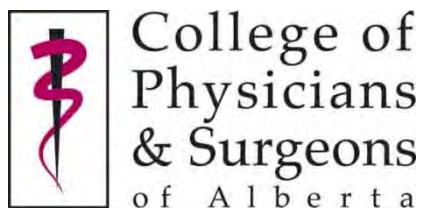
Terms used in the Standards of Practice:

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



Submission to:	Council
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Meeting Date:	Submitted by:		
25 May 2018	Legislation Committee		
Agenda Item Title:			
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	n/a		
Background:	Report to Council on Legislation Committee meeting held 13 April 2018		
Next Steps:	n/a		
List of Attachments:			
1. Legislation Committee Report			



MEMORANDUM

To: Council

From: Graham Campbell

Date: 25 May 2018

Subject: Legislation Committee Report

The Legislation Committee met on 13 April 2018 for the first time since June 2016. The following issues were discussed:

Committee membership: It was noted that the composition of the Committee violates the Terms of Reference in that there should be 3 physician members and at present, the Committee only has 2 physician members.

ACTION REQUESTED: The Legislation Committee has asked the Governance Committee to review this oversight and consider bringing forward a recommendation for Council to appoint a physician member to the Committee to correct the Committee's composition.

Overview of the Legislative Framework: In consideration of the length of time since the committee last met and the number of new councilors on the committee, an overview of the legislative framework that governs the College and its regulated members was presented. All councilors may find value in reviewing this [framework](#). (this document is available only through SharePoint)

CPSA's Strategic Goals and Objectives

Legislative barriers to achieving CPSA's strategic goals and objective were identified and discussed including:

- CPSA's ability to access data to identify members whose practice varies inappropriately from expected norms is very limited. While access to aggregate data is helpful, it is insufficient to take definitive action if needed. Legislative change is desired to enable the CPSA to obtain identifiable data (e.g. like the opioid and benzodiazepine data we use for our competence program).
- The inability of the competence committee to ensure patient safety while a member undergoes assessment and remediation was discussed. Members whose practices have been identified by the competence committee to be unsafe are referred back to professional conduct if the member refuses to agree to limit practice voluntarily. Investigation and discipline is a lengthy process and patients can be placed at risk in the

interim. The committee suggested exploring alternate mechanisms either within existing legislation or through a change in legislation that would permit the competence committee to request that the Registrar place a condition/restriction on the practice permit pursuant to Part 2 of the legislation while the competence processes take place.

- Given the introduction of the Protecting Patients Act (PPA) in Ontario, consideration of proposing certain aspects of that legislation as amendments to the Health Professions Act was discussed. To illustrate the potential changes to be considered, it was noted that the College may be restricted on the sanctions to be imposed in cases of sexual assault based on previous decisions of case law. However, it has become apparent that relying on case law may not provide acceptable sanctions. An amendment could be made through legislation, giving the College additional sanctions or the ability to be more aggressive, if a sexual assault has been proven in court.

The committee tasked staff to explore these areas more thoroughly and bring a proposal back to the Legislation Committee in the fall of 2018.

Status of HPA and HIA

It was noted that it is unlikely the current government will proceed with amendments to HIA or HPA in the near future. CPSA, through the legislation committee has previously proposed a number of amendments to both Acts to government.

Ability of the Office of the Chief Medical Examiner to Access Netcare

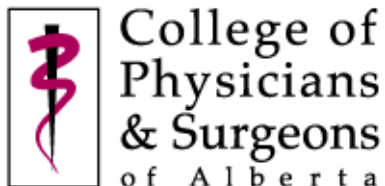
This matter was raised by a Council member who requested CPSA support OCME's request to AH for legislative change that would permit medical examiners to access Netcare when conducting fatality investigations. Committee members were supportive of the request and asked staff to follow up with the Chief Medical Examiner and contacts within Alberta Health to indicate support for this request.

GC/kam



Submission to: **Council**

Meeting Date: 25 May 2018	Submitted by: Finance & Audit Committee		
Agenda Item Title:	2.5 Finance and Audit Committee Report		
Action Requested:	<input type="checkbox"/> The following items require approval by 1T See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to 1T Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	<i>It is recommended that 1T</i> n/a		
Background:	Report to Council on the FAC meeting held 6 April 2018.		
Next Steps:	n/a		
List of Attachments:			
1. FAC report to Council 2. College audited financial statements for the year ended December 31, 2017			



FINANCE AND AUDIT COMMITTEE

Report to Council College of Physicians & Surgeons of Alberta 25 May 2018

The Finance and Audit Committee (FAC) met on 6 April 2018 and addressed the following issues:

1. Office lease renewal and renovations

FAC reviewed a report from management on the RFP for office space lease in downtown Edmonton. Five landlords, including the current landlord, were invited to submit a proposal for office space. The proposal selected was to renew the current office space in the Telus House building. The lease renewal includes a ten-year term, with two 5-year options for renewal (for a possible 20-year tenancy).

In working with a contractor and interior designer, construction time lines will require eight (8) months of renovations. Additional time may be required based on the length of time for permits.

Design and renovation costs for office space	\$5,760,000
Tenant improvement allowance	< 3,230,000 >
Net cost	\$2,530,000

Management looked at different space configuration options within the existing square footage to reduce design and renovation costs, and selected the option that maximizes usage of the existing floor plate and that will meet our needs over the next 10 -20 years.

When the College first moved to the Telus building 11 years ago, much of the College work flow was paper based. The introduction of electronic work flow and technological supports permits smaller work spaces and more efficient and ergonomic work stations. More collaboration and meeting space is required and less space for filing cabinets and book cases into the future 10-20 years.

Renovation will start in May 2018 setting up the 26th floor as swing space for the College and then in June 2018 construction on the 28th floor will begin for four months, followed by construction on the 27th floor for four months.



The cost of the renovation would be amortized over the initial 10-year lease term. FAC approved the cost of the net renovations be expensed from the operating surplus.

The FAC recognized the engagement of staff is important. Involving the staff in the layout of their workstation, the technology in the collaboration spaces and meeting rooms is key. The office space has to meet the College needs for a new way of carrying out business today and into the next 10 – 20 years.

The additional costs relating to moving utilizing the 26th floor swing space would be expensed in the year incurred. The expense would be incurred in 2018 and 2019.

The costs for furniture and equipment would be amortized over the life of the equipment. Currently, the College amortization policy is 5 years for computer and office equipment. Furniture costs over 2018 and 2019 are estimated to be \$2,000,000. Management will continue to work with the interior designer and work with furniture vendors for RFP for furniture and equipment.

Note: the construction schedule will result in the Council Chambers being unavailable for the November Council meeting. Arrangements are being investigated for an alternate meeting room location. Further details will be provided.

2. Pension Investment Performance Review

FAC invited Ms Sabrina Giliani, from Mercer to present her report on the review of the pension investment returns for 2017.

For 2017, the gross return on the pension investments was 7.8%. Over a four year period, the investment achieved a 7.0% return, net of fees and has met the return objectives stated in the Pension Statement of Investment Policies and Procedures (SIPP).

FAC was satisfied that the investment manager was following our investment policy, and that the portfolio was performing well compared to expectations in the SIPP. Management will be working with Mercer to watch the investment returns especially in the global equities asset class.

The Statement of Investment Policies & Procedures (SIPP) was updated for some administrative changes.



The performance objectives for investment managers' value added will be discussed at a future FAC meeting.

3. Investment Performance Review

The College has two investment advisors, each of whom manages one-half of the College's general operating surplus. Mr. Robert Cole of CIBC and Mr. Steven Thornitt of TD Waterhouse attended the FAC meeting to provide overviews of how their portfolio had done in 2017, confirm the asset mix of the portfolios, and share their thoughts for adjustments contemplated for 2018, given expectations for investment opportunities.

Total investments at December 31, 2017:

Investment Advisor	Dollars	% return net of fees	Benchmark Weighted portfolio index return
CIBC Wood Gundy	\$7,586,841	6.45%	6.66% (gross of fees)
TD Waterhouse	\$7,694,360	6.04%	7.00% (gross of fees)

FAC was satisfied that both investment managers were following the College's investment policies. Performance reviews of investment advisors emphasize three year results. The FAC is satisfied with the returns over the past three year period.

4. Building Fund Investments

The building fund investments are managed by CIBC Wood Gundy.

The building fund totals \$7.6 million at 23 March 2018. The funds were invested in GICs that were laddered to mature in 2017. The 2017 performance was 1.1%, since inception 1.74%.

The funds will now be invested following the updated investment policy for the Building Fund assets.

5. 2017 Financial Results

The FAC discussed a report from management regarding budget variances for the 2017 financial results. In 2017, the College showed income from operations of



\$2,394,000 compared to a budgeted income from operations of \$679,000, an additional income, or positive variance, of \$1,715,000.

FAC reviewed the reasons behind each of the major variances for the year, including the assumptions behind the budgeted numbers.

	31 Dec 2017	Budget	Variance	
Revenues	< 25,475,000>	< 24,786,000>	689,000	2.8%
Net Expenses	22,339,000	23,217,000	878,000	3.4%
Operating Income	< 3,136,000>	<1,569,000>	1,567,000	
Development Costs	742,000	890,000	148,000	16.6%
Income after Development Costs	<2,394,000>	<679,000>	1,715,000	
Non-operating activity	< 611,000>	< 165,000>	446,000	
Net Income	< 3,005,000>	< 844,000>	2,161,000	

The net assets (or accumulated surplus) at 31 December 2017 is \$30 million. The breakdown between restricted and unrestricted is as follows:

Net Assets:

Invested in capital assets	\$ 676,000
Internally restricted building fund	7,759,000
Unrestricted	<u>21,521,000</u>
Total	\$29,956,000

The total unrestricted surplus of \$21,521,000 represents approximately 71% of one year's gross operating expenses.

The College's current policy on reserves targets for the unrestricted surplus is 60% of one year's gross operating expenses. The College is above the targeted surplus by 11% or \$3,434,000.

6. Audited Financial Statements for 2017

Ms. Anna Coghill, Mr. Robert Newton and Mr. Ryan Hauser from PricewaterhouseCoopers presented the Final Audit Findings to FAC, for the year ended 31 December 2017. As requested by FAC, PwC had also conducted a review of expense claims of a number of randomly selected executive, non-executive staff and Council members.



PwC reviewed their audit process and confirmed that this was a clean audit, with no outstanding issues. A detailed review of the selected expense claims revealed no issues.

FAC has approved the audited financial statements; a copy is appended to this report for Council's information.

2017 Financial Results

Total income from operations for 2017	\$2,394,000
Non-operating activity	<u>611,000</u>
Excess of revenues over expenditures	\$3,005,000

Non-operating activity includes interest for the building fund plus the fair value changes in investments.

The College's summarized financial results will be included in the CPSA annual report.

7. Pension Fund Audited Financial Statements for 2017

The pension fund financial statements were prepared as a requirement of the Alberta Employment Pension Plans Act and reflect the assets of the College's registered pension plan.

Ms. Coghill, Mr. Robert Newton and Mr. Ryan Hauser from PwC reviewed the audit process and confirmed that this was a clean audit, with no outstanding issues.

The total net assets in the pension fund at the end of December are \$33.8 million, up from \$29 million at the end of 2016.

FAC approved the pension fund audited financial statements. The financial statements will be filed with Alberta Finance prior to the end of June.

8. University of Calgary – CPD Funding Report

The FAC received a report from the University of Calgary Office of Continuing Medical Education & Professional Development outlining the activity that has been completed in the second year of the contract.

Activity included an update on:

- IMG needs assessment report
- Continued development of IMG Orientation Program



- Medical Record Keeping course – A Blended Learning Program
- Needs Assessment for Professionalism and Medical Ethics
- Personalized Learning Plans (also known as Focused Learning Plans)

The FAC approved disbursing the third installment of \$40,000 upon reviewing the grant report and recommendations from management.

College of Physicians & Surgeons of Alberta

Financial Statements
December 31, 2017



April 6, 2018

Independent Auditor's Report

To the Members of College of Physicians & Surgeons of Alberta

We have audited the accompanying financial statements of College of Physicians & Surgeons of Alberta, which comprise the statement of financial position as at December 31, 2017 and the statements of revenues and expenditures, changes in net assets and cash flows for the year then ended, and the related notes, which comprise a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*PricewaterhouseCoopers LLP
TD Tower, 10088 102 Avenue NW, Suite 1501, Edmonton, Alberta, Canada T5J 3N5
T: +1 780 441 6700, F: +1 780 441 6776*

*PwC" refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.

**Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of College of Physicians & Surgeons of Alberta as at December 31, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other matter

Without modifying our opinion, we draw attention to the accompanying schedules subsequent to the related notes, which have been provided for information purposes only. These schedules have not been subject to audit procedures.

PricewaterhouseCoopers LLP

Chartered Professional Accountants

College of Physicians & Surgeons of Alberta
Statement of Financial Position
As at December 31, 2017

	2017 \$	2016 \$
Assets		
Current assets		
Cash and cash equivalents	30,652,199	28,112,239
Accounts receivable	2,251,260	3,236,221
Accrued interest receivable	15,259	337,550
Prepaid expenses and other assets	589,537	470,908
	<u>33,508,255</u>	<u>32,156,918</u>
Investments (note 3)	22,774,152	21,467,805
Equipment and leasehold improvements (note 4)	691,429	1,032,452
	<u>56,973,836</u>	<u>54,657,175</u>
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	2,546,084	2,649,484
Deferred fee revenue	20,246,850	20,197,535
Deferred contributions (note 5)	193,829	40,283
	<u>22,986,763</u>	<u>22,887,302</u>
Deferred leasehold inducements (note 6)	152,219	282,693
Employee future benefits (note 7)	3,589,218	5,147,029
Asset retirement obligation (note 8)	289,703	273,635
	<u>27,017,903</u>	<u>28,590,659</u>
Net assets		
Invested in equipment and leasehold improvements	675,864	1,003,546
Internally restricted (note 10)	7,759,473	7,685,128
Unrestricted	21,520,596	17,377,842
	<u>29,955,933</u>	<u>26,066,516</u>
	<u>56,973,836</u>	<u>54,657,175</u>

Commitments (note 9)

Approved by the Finance and Audit Committee



The accompanying notes are an integral part of these financial statements.

College of Physicians & Surgeons of Alberta

Statement of Revenues and Expenditures

For the year ended December 31, 2017

	2017 \$	2016 \$
Revenues		
Physician annual fees	22,145,901	19,716,850
Facility fees	2,909,362	2,865,224
Practice readiness fees	2,439,957	3,042,477
Professional corporation fees	1,405,550	1,396,100
Physician registration fees	889,590	852,767
Grant funding (note 5)	789,089	678,613
Miscellaneous	772,922	709,779
Investment income (note 3)	640,070	546,700
Recovery of investigation and hearing expenditures	236,059	402,374
Physician practice	120,315	128,384
Rental income	100,337	97,617
Physician health monitoring fees	89,200	69,000
	<u>32,538,352</u>	<u>30,505,885</u>
Expenditures (notes 11 and 13)		
Administration	4,654,235	4,399,443
Information technology	2,338,989	2,312,285
Communication	1,311,368	1,218,980
Governance	1,294,926	1,371,484
Office of the registrar	1,240,380	1,314,033
Development costs	742,432	561,478
Amortization	586,385	671,016
College activities		
Professional conduct	3,642,928	3,591,376
Physician practice	2,959,169	2,356,275
Accreditation	2,861,578	2,433,576
Practice readiness	2,816,356	3,140,806
Physician prescribing and analytics	2,257,908	1,812,507
Registration	1,878,214	2,071,652
Physician health monitoring and practice conditions monitoring	1,559,624	1,330,295
	<u>30,144,492</u>	<u>28,585,206</u>
Excess of revenues over expenditures before other income	<u>2,393,860</u>	<u>1,920,679</u>
Other income		
Fair value changes in investments (note 3)	536,772	376,086
Investment income building fund	74,345	130,797
Annual fee for building fund	-	1,599,788
	<u>611,117</u>	<u>2,106,671</u>
Excess of revenues over expenditures for the year	<u>3,004,977</u>	<u>4,027,350</u>

The accompanying notes are an integral part of these financial statements.

College of Physicians & Surgeons of Alberta

Statement of Changes in Net Assets

For the year ended December 31, 2017

	2017			2016	
	Invested in equipment and leasehold improvements \$	Internally restricted \$	Unrestricted \$	Total \$	Total \$
Net assets – Beginning of year	1,003,546	7,685,128	17,377,842	26,066,516	23,039,217
Excess of revenues over expenditures for the year	(575,534)	-	3,580,511	3,004,977	4,027,350
Remeasurement of employee future benefits	-	-	884,440	884,440	(1,000,051)
Net investment in equipment and leasehold improvements	247,852	-	(247,852)	-	-
Net investment in building fund (note 10)	-	74,345	(74,345)	-	-
Net assets – End of year	675,864	7,759,473	21,520,596	29,955,933	26,066,516

The accompanying notes are an integral part of these financial statements.

College of Physicians & Surgeons of Alberta

Statement of Cash Flows

For the year ended December 31, 2017

	2017 \$	2016 \$
Cash provided by (used in)		
Operating activities		
Cash received from fees	30,542,514	29,637,667
Cash paid to suppliers and employees	(29,773,091)	(23,745,028)
Cash received from fees for building fund	-	90,525
Cash received from grant funding	1,209,022	131,300
Cash received from investments	571,676	598,857
Cash received from other sources	1,097,705	1,173,630
	<u>3,647,826</u>	<u>7,886,951</u>
Investing activities		
Purchase of equipment and software	(247,876)	(218,662)
Proceeds on sale of equipment and software	24	-
Proceeds on sale and maturity of investments	8,724,871	4,860,031
Purchase of investments	(9,584,885)	(11,706,106)
	<u>(1,107,866)</u>	<u>(7,064,737)</u>
Increase in cash and cash equivalents during the year	<u>2,539,960</u>	<u>822,214</u>
Cash and cash equivalents – Beginning of year	<u>28,112,239</u>	<u>27,290,025</u>
Cash and cash equivalents – End of year	<u>30,652,199</u>	<u>28,112,239</u>
Cash and cash equivalents consist of		
Money market fund	12,316,401	12,209,454
Cash on deposit	18,141,969	15,862,502
Restricted cash on deposit	193,829	40,283
	<u>30,652,199</u>	<u>28,112,239</u>

The accompanying notes are an integral part of these financial statements.

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

1 Purpose and authority

The College of Physicians & Surgeons of Alberta (the College) is constituted under the authority of the Health Professions Act of the Province of Alberta. The College's principal function is the regulation of the practice of medicine in Alberta. As a not-for-profit organization under the Income Tax Act (Canada), the College is not subject to either federal or provincial income taxes.

2 Summary of significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO). Significant accounting policies observed in the preparation of the financial statements are summarized below.

Measurement uncertainty

The precise determination of certain assets and liabilities is dependent upon future events, and the preparation of financial statements for a period necessarily involves identification of assets and liabilities that are subject to estimates and approximations. Actual results could differ from those estimates. Significant estimates include the asset retirement obligation, providing for amortization of equipment and leasehold improvements, defined benefit obligation and the collectibility of accounts receivable.

Investments

The College's investments consist of fixed income and equity-based instruments held primarily for trading purposes. The investment portfolios, managed by third party investment managers, are subject to an investment policy set by management and reviewed by the Finance and Audit Committee of the College. The College's primary investment objective is to maximize returns within a low to medium level of risk, with medium liquidity. Fixed income investments, consisting of federal, provincial, and corporate bonds, are capable of prompt liquidation. The equity-based investments are widely held and diversified and are traded on a regular basis at the discretion of the investment managers.

Investments are recorded at fair value on the latest closing bid price, with the exception of the long-term deposit for the building fund, which is measured at amortized cost. This accounting treatment results in unrealized changes in the market value of the investment portfolio being reported as a component of fair value changes reported on the statement of revenues and expenditures.

Transaction costs on investments recorded at fair value are expensed when incurred. The purchase and sale of investments are recognized on the settlement date.

On occasion, investments may include cash intended for reinvestment purposes, which is excluded from operational cash.

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and investments in money market instruments maintained for operational purposes. Restricted cash on deposit consists of grant funding received from the provincial government to fund specific College initiatives within various programs.

Equipment and leasehold improvements

Equipment and leasehold improvements are recorded at cost less accumulated amortization. The College provides amortization on its equipment and leasehold improvements using the straight-line method at the following rates:

	Rate
Computer equipment	3 years
Furniture and equipment	5 years
Software	5 years
Leasehold improvements	lease term

Initial leasehold improvements are amortized on a straight-line basis over the life of the initial lease. Subsequent improvements are amortized to the expiry of the lease term.

When equipment or leasehold improvements no longer contribute to the College's ability to provide services, its carrying amount would be written down to residual value if any.

The College internally restricts net assets invested in equipment and leasehold investments. This internal restriction policy does not include the net book value or liability base of the asset retirement obligation or the corresponding obligation related to the deferred leasehold inducements.

Asset retirement obligations

The College recognizes asset retirement obligations when a legal obligation arises from the acquisition or use of a tangible asset. The obligation is measured based on management's best estimate of future cost. The College recorded an asset retirement obligation and cost for the removal of leasehold improvements and to provide general site restoration at the termination of the leases for office premises. The asset retirement obligation is estimated using a discounted cash flow approach using an estimate of the market risk-free interest rate. The asset retirement obligation is adjusted at the end of each year to reflect the passage of time and changes in the estimated future cash flows underlying the obligation. Changes due to the passage of time are recognized in administration expenditures as an accretion expense. Changes in the obligation due to changes in estimated cash flows are recognized as an adjustment of the carrying amount of the related long-lived asset and obligation. The asset is amortized over the life of the office premises lease.

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

Deferred contributions

The College receives restricted contributions from the Government of Alberta and other organizations. The College uses the deferral method of accounting for restricted contributions. Contributions are recognized as revenue in the same period the related expenditures are incurred.

Employee future benefits

The College has a defined benefit pension plan for all permanent employees.

The College recognizes its defined benefit obligation as the employees render services giving them the right to earn the pension benefit. The defined benefit obligation at the statement of financial position date is determined using the most recent actuarial valuation report prepared for funding purposes. The measurement date of the plan assets and the defined benefit obligation is the College's statement of financial position date. The date of the most recent actuarial valuation prepared for funding purposes is December 31, 2015.

In its year-end statement of financial position, the College recognizes the defined benefit obligation, less the fair value of the plan assets, adjusted for any valuation allowance in the case of a net defined benefit asset. The plan cost for the year is recognized on the statement of revenues and expenditures.

Remeasurements and other items comprise the aggregate of the following: the difference between the actual return on plan assets and the return calculated using the discount rate; actuarial gains and losses; the effect of any valuation in the case of a net defined benefit asset; past service costs; and gains and losses arising from settlements and curtailments. The remeasurement costs are reflected in the statement of changes in net assets.

Revenue recognition

- Annual physician, professional corporation and facility fees

Annual physician, professional corporation and facility fees are set annually by Council and are recognized as revenue in the fiscal year to which they relate. Fees are recognized when collectibility is reasonably assured. Fees received in advance are recognized as deferred fee revenue.

- Registration fees

Registration fees are recognized when received or receivable and collectibility is reasonably assured.

- General and miscellaneous revenue

Other general revenue is recognized when the related services are provided or goods are shipped and collectibility is reasonably assured.

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

- Investment income

Investment income includes interest and dividends and is recognized when earned.

- Rental income

Income from sublease rental is recognized when earned in accordance with the terms of the lease agreement and when collectibility is reasonably assured.

- Grant funding

Grant funding is recognized in accordance with the terms of the grant agreement and when collectibility is reasonably assured.

Disclosure of allocated expenses

The costs of each College program include the costs of personnel and other expenses that are directly related to providing the program. The College also incurs a number of general support expenses that are common to the administration of the organization and each of its programs.

The College allocates certain general support expenses by identifying the appropriate basis of allocating each component expense and applies that basis consistently each year. The general support expenses are allocated on the following bases:

- Computer programming costs – proportionately on the basis of time allocated by staff in the program.
- Operating costs – proportionately on the basis of time allocated by staff in the program.
- Rent costs – proportionately on the basis of space occupied and time allocated by staff in the program.
- Salary and benefit costs – proportionately on the basis of time allocated by staff in the program.

Details on the amounts allocated can be found in note 11.

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

3 Investments

	2017 \$	2016 \$
Investments		
Cash	955,610	689,660
Term deposits – Building fund	7,542,066	7,145,547
Corporate bonds, at fair value, bearing yield rates of 3.04% to 4.55%, due 2024 to 2041	4,870,892	5,032,661
Provincial government, 1.55% to 4.5%, due 2018 to 2023	1,792,555	1,620,746
Government of Canada securities, at fair value, bearing yield rates of 1.25% to 3.75%, due 2020 to 2026	159,418	147,302
	<u>15,320,541</u>	<u>14,635,916</u>
Equities (including trust units) – at fair value		
Foreign	4,473,450	3,911,973
Domestic	2,980,161	2,919,916
	<u>7,453,611</u>	<u>6,831,889</u>
	<u>22,774,152</u>	<u>21,467,805</u>

Investment income comprises interest and dividends. Fair value changes in investments comprise the following:

	2017 \$	2016 \$
Unrealized gain on investments	514,002	292,733
Realized gain on investments	95,380	119,036
Foreign exchange loss	(72,610)	(35,683)
	<u>536,772</u>	<u>376,086</u>

4 Equipment and leasehold improvements

	2017		
	Cost \$	Accumulated amortization \$	Net \$
Leasehold improvements	3,647,491	3,285,323	362,168
Furniture and equipment	2,021,308	1,929,851	91,457
Computer equipment	1,490,182	1,323,235	166,947
Software	715,359	644,502	70,857
	<u>7,874,340</u>	<u>7,182,911</u>	<u>691,429</u>

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

	2016		
	Cost \$	Accumulated amortization \$	Net \$
Leasehold improvements	3,647,491	2,974,893	672,598
Furniture and equipment	1,963,066	1,878,064	85,002
Computer equipment	1,330,960	1,169,628	161,332
Software	694,808	581,288	113,520
	<u>7,636,325</u>	<u>6,603,873</u>	<u>1,032,452</u>

5 Deferred contributions

During the year, the College received restricted contributions from the provincial government and other organizations to fund various College initiatives. Deferred contributions as at December 31, 2017 are as follows:

	Deferred contributions 2016 \$	Received \$	Recognized as revenue \$	Deferred contributions 2017 \$
Physician prescribing analytics				
Triplicate Prescription Program	-	742,010	573,787	168,223
Triplicate Prescription Program – other sources	-	16,000	16,000	-
Physician Risk Identification Project	40,283	-	14,677	25,606
Physician Practice Opioid Tapering Course	-	72,000	72,000	-
	<u>40,283</u>	<u>830,010</u>	<u>676,464</u>	<u>193,829</u>

Contributions recognized in the current year but not reflected in the above table and included in accounts receivable at year-end are as follows:

	2017 \$	2016 \$
Triplicate Prescription Program	-	272,549
Triplicate Prescription Program – other sources	112,625	106,463
	<u>112,625</u>	<u>379,012</u>

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

6 Deferred leasehold inducements

	2017 \$	2016 \$
Deferred leasehold inducements	1,565,685	1,565,685
Accumulated amortization	(1,413,466)	(1,282,992)
	<u>152,219</u>	<u>282,693</u>

The deferred leasehold inducements are being amortized over the lease term to February 28, 2019. The amortization is recognized as a reduction of office facilities.

7 Employee future benefits

The College has a defined benefit pension plan for all permanent employees. The benefits are based on years of service and the employees' final average earnings. The cost of this program is being funded currently.

The College accrues its obligations under the employee defined benefit plan as the employees render the services necessary to earn the pension.

The College measures its accrued employee future benefit obligation and the fair value of plan assets using the valuation for funding purposes as at December 31 each year. The most recent actuarial valuation of the pension plans for funding purposes was as at December 31, 2015, and the next required valuation will be as at December 31, 2018.

	2017		2016	
	Registered \$	SERP \$	Registered \$	SERP \$
Fair value of plan assets	33,762,740	-	29,033,255	-
Accrued benefit obligation	31,300,537	6,051,421	28,212,029	5,968,255
Plan surplus (deficit)	<u>2,462,203</u>	<u>(6,051,421)</u>	<u>821,226</u>	<u>(5,968,255)</u>

The net accrued benefit obligation is included in the College's statement of financial position as follows:

	2017 \$	2016 \$
Employee future benefits	<u>(3,589,218)</u>	<u>(5,147,029)</u>

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

The significant actuarial assumptions adopted in measuring the College's employee future benefit obligation are as follows:

	2017		2016	
	Registered	SERP	Registered	SERP
Discount rate	4.70%	4.70%	4.70%	4.70%
Rate of amortization increase	various	various	various	various

Total cash payments for employee future benefits for 2017, consisting of cash contributed by the College to the registered pension plan and cash payments directly to beneficiaries for the Supplementary Pension Plan for Employees of the College (SERP) benefit plan, were \$2,965,097 (2016 – \$2,636,558).

8 Asset retirement obligation

The College has recorded a liability for asset retirement obligation of \$289,703 (2016 – \$273,635). The asset retirement obligation represents the legal and contractual obligation associated with the removal of existing leasehold improvements and general site restoration at the termination of the lease for office premises.

The College determined the amount of the asset retirement obligation based on management's best estimate of future costs of \$308,000. The estimated future cash flows are expected to be paid at the termination of the lease.

The estimated future cash flows have been discounted using a current market risk-free rate of 4.45%.

A reconciliation between the opening and closing asset retirement obligation balances is provided below:

	\$
Balance – Beginning of year	273,635
Accretion included in administration expenses	16,068
Balance – End of year	289,703

9 Commitments

The College is committed to a lease agreement related to its office premises until 2019. The basic rental due in each of the next two years is as follows:

	\$
2018	901,455
2019	150,243
	1,051,698

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

The College is committed to contractual arrangements with an external company to develop and maintain a database, provide user licences and analysis work for prescribing data, supporting the College's physician practice portal, and maintaining the Practices at Risk program until March 2019. The fees due are \$708,062 in 2018 and \$41,813 in 2019.

The College is committed to a contractual arrangement with an external organization until April 2021 to organize assessment and personal development programs for physicians who have been identified as having practice concerns. The annual fees due are \$93,500.

The College is committed to a contractual arrangement with an external organization until December 2019 to design and deliver continuing medical education and professional development courses. The fees due are \$40,000 in 2018 and \$40,000 in 2019.

In the normal course of business, the College may become subject to litigation; losses, if any, are expected to be fully covered by the College's insurance. The results of such claims are not determinable at this time and therefore, no amounts have been accrued for in the financial statements.

10 Internally restricted net assets

The internally restricted fund reports interest earned on the funds that have been allocated for the Building Reserve Fund by the Council of the College.

11 Allocation of expenses

The general support expenses, including programming costs, operating costs, rent and salary and benefits, have been allocated as follows:

	2017 \$	2016 \$
Administration	2,214,341	2,065,084
Information technology	1,789,478	1,786,050
Governance	532,487	499,105
Office of the Registrar	892,357	723,951
Communication	1,146,552	1,087,115
Registration	1,355,284	1,628,838
Practice readiness	846,930	579,929
Professional conduct	2,791,856	2,505,142
Physician practice	2,165,855	1,776,895
Physician prescribing and analytics	1,361,095	1,030,843
Physician health monitoring and practice conditions monitoring	962,429	819,702
Accreditation	1,673,639	1,560,894
Department costs	70,788	-
	<u>17,803,091</u>	<u>16,063,548</u>

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

12 Financial instruments

The College's financial instruments include cash and cash equivalents, accounts receivable, accrued interest receivable, investments and accounts payable and accrued liabilities. Cash and cash equivalents, accounts receivable and accrued interest are classified as loans and receivables and accounted for at amortized cost using the effective interest rate method. Loans and receivables are initially recorded at fair value. Accounts payable and accrued liabilities are classified as other liabilities and are accounted for at amortized cost using the effective interest rate method. Financial liabilities are initially recorded at fair value.

The fair value of financial instruments that are not recorded at fair value approximates their carrying amounts due to the short-term maturity of these instruments.

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the risks as at December 31, 2017.

Credit risk

Credit risk refers to the risk a counterparty may default on its contractual obligations resulting in a financial loss. The College's investment in bonds and interest accrued thereon is primarily with federal and provincial governments with a portion allocated to investment grade corporate bonds concentrated in Canada. Accounts receivable consist of numerous parties operating primarily in the medical field, are of a short-term nature and no individual account receivable is significant to the College's financial position.

A portion of the assets held in the pension plan is exposed to credit risk, similar to the risks on the College's bond portfolio. In the event of loss in the pension plan, the College would be obligated to fund any deficiency that may arise. The balanced fund invests in a mix of government and investment grade corporate bonds.

Cash and cash equivalents and term deposits are maintained with a Schedule I financial institution. There has been no change to credit risk from the prior year.

Market and other price risk

The College's equity interests, including exchange traded funds, are primarily focused on the Canadian public market and are subject to fluctuations due to changes in market prices of individual securities, general market and industry trends, changes in interest rates, and creditworthiness and foreign exchange rates. The College is also exposed to interest rate risk through its holdings of bonds. Market and other price risk is directly influenced by the volatility and liquidity in the markets in which the related underlying assets are traded. All investments are of large market entities regularly traded on the exchanges.

A portion of the assets held in the pension plan is exposed to market and other price risk, similar to the risks on the College's investment portfolio. In the event of loss in the pension plan, the College would be obligated to fund any deficiency that may arise. The balanced fund invests in a mix of large market entities or funds regularly traded on the exchanges.

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2017

The College holds assets denominated in the US dollar. It is therefore exposed to currency risk as the value of the financial instruments denominated in the US dollar will fluctuate due to the changes in exchange rates.

There has been no change to these risks from the prior year.

Liquidity risk

Since inception, the College has primarily financed its liquidity through member dues, fees and investment income. The College expects to continue to meet future requirements through all of the above sources.

The College is not subject to any externally imposed capital requirements. The investments are subject to liquidity risk if the College is required to sell at a time that the market for investments is unfavourable. There have been no changes to the College's objectives and what it manages as capital since the prior year.

13 Nature of expenses

Supplemental information with respect to the nature of expenses included in the statement of revenues and expenditures is as follows:

	2017 \$	2016 \$
Salary and benefits	17,803,091	16,063,548
Consulting	5,082,529	5,473,481
Office facilities	1,883,803	1,804,363
Honoraria	818,047	880,904
Legal	735,625	806,243
Amortization	586,385	671,016
Travel, meals and accommodation	791,660	663,878
Program costs	657,889	626,175
Bank and interest charges	551,992	507,831
Other	449,624	409,698
Printing and supplies	430,476	412,913
Grants and scholarships	353,371	265,156
Total net expenditures	30,144,492	28,585,206

14 Comparative figures

Some of the comparative figures have been reclassified to conform to the current year's presentation.

College of Physicians & Surgeons of Alberta

Schedule A

Schedule of Administration

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Staff costs		
Salaries	1,260,959	1,175,696
Pension and SERP	777,518	812,593
Benefits	251,531	182,158
Professional development	21,161	32,791
Membership fees and dues	28,800	25,472
Team building	3,875	1,341
	<u>2,343,844</u>	<u>2,230,051</u>
General expenditures		
Amortization	354,789	350,700
Audit and accounting	41,721	37,220
Bank fees	114,262	129,333
Conferences	4,964	1,065
Consulting fees	215,960	240,062
Furniture and equipment, net of gain/loss on disposal	79,618	42,859
Insurance	74,459	75,109
Legal	16,985	465
Lunchroom	23,169	24,589
Office expenses net of internal recoveries	(31,833)	(23,654)
Travel, meals and accommodations	8,269	3,403
Recovery of costs	<u>(102,908)</u>	<u>(85,908)</u>
	<u>799,455</u>	<u>795,243</u>
Privacy		
Staffing costs	150,539	102,011
General expenses	508	201
	<u>151,047</u>	<u>102,212</u>
Office facilities		
Office rent	1,800,422	1,755,296
Recovery of rent	(165,100)	(170,600)
Maintenance	63,288	23,430
Accretion expense	16,068	14,511
	<u>1,714,678</u>	<u>1,622,637</u>
Net expense for the year	<u>5,009,024</u>	<u>4,750,143</u>

College of Physicians & Surgeons of Alberta

Schedule B

Schedule of Information Technology

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Staff costs		
Salaries and benefits	1,990,759	1,967,646
Professional development	33,934	40,339
Team building	1,985	-
	<u>2,026,678</u>	<u>2,007,985</u>
General expenditures		
Amortization	227,202	271,926
Computer-external support	146,017	-
Computer supplies	137,202	157,258
Consulting fees	59,272	133,584
Consulting fees-server hosting	97,118	89,480
Furniture and equipment	5,535	17,997
Office expenses	13,715	27,772
Travel, meals and accommodations	477	1,419
Website maintenance and internet	90,176	98,725
	<u>776,714</u>	<u>798,161</u>
Recovery of programming and operating costs	<u>(237,200)</u>	<u>(221,935)</u>
Net expense for the year	<u>2,566,192</u>	<u>2,584,211</u>

College of Physicians & Surgeons of Alberta

Schedule of Governance

(Unaudited)

For the year ended December 31, 2017

Schedule C

	2017 \$	2016 \$
Staff costs		
Salaries and benefits	523,300	490,654
Professional development	8,891	6,600
	<u>532,191</u>	<u>497,254</u>
Council meetings and retreat	399,765	372,873
Elections	6,582	7,201
Representatives to council	3,564	2,570
Strategic planning	29,166	172,735
Committees of council		
Council appeals committee	15,325	45,077
Ad Hoc – for council	66,512	24
Executive committee	26,627	22,207
Finance and audit committee	29,541	43,666
Medical informatics	51,891	112,933
Legislation committee	-	495
Competence committee	43,326	32,211
Governance committee	24,713	35,012
Presidential business	55,476	27,226
	<u>313,411</u>	<u>318,851</u>
Net expense for the year	<u>1,284,679</u>	<u>1,371,484</u>

College of Physicians & Surgeons of Alberta

Schedule D

Schedule of Office of the Registrar

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Staff costs		
Salaries and benefits	666,272	714,101
Professional development	11,493	9,850
	<u>677,765</u>	<u>723,951</u>
Registrar's office		
Registrar's administration	77,184	151,489
Executive search/resignation costs	249,446	148,593
Grants and scholarships	20,570	8,600
	<u>347,200</u>	<u>308,682</u>
Liaison		
AMA	342	1,202
CMA	36	-
FMRAC	178,223	176,352
FMRAC – 2016 Hosting AGM	-	38,194
MCC	(1,924)	3,644
National organizations	17,400	36,505
Provincial organizations	6,112	4,504
	<u>200,189</u>	<u>260,401</u>
Standards	5,615	17,768
Abandoned records	5,470	3,165
Alberta expert review panel	4,141	66
Net expense for the year	<u>1,240,380</u>	<u>1,314,033</u>

College of Physicians & Surgeons of Alberta

Schedule E

Schedule of Communication

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Staff costs		
Salaries and benefits	1,123,383	1,071,455
Dues and assessments	1,000	30
Professional development	20,122	14,925
Team building	421	735
	<u>1,144,926</u>	<u>1,087,145</u>
General expenditures		
Conferences	4,185	5,857
Government relations	28,692	22,968
Office expenses	9,319	16,141
Public relations	571	542
Research and evaluation	13,598	37,479
Travel, meals and accommodations	921	1,239
	<u>57,286</u>	<u>84,226</u>
Annual report	8,282	6,003
Communication projects	51,098	17,990
Community relations	12,417	-
Internal communications	1,521	540
Media	8,259	2,310
Messenger	1,225	1,827
Regional tours		
Per diem	5,341	5,390
Sundry	1,492	1,314
Travel, meals and accommodations	19,521	12,235
	<u>26,354</u>	<u>18,939</u>
Net expense for the year	<u>1,311,368</u>	<u>1,218,980</u>

College of Physicians & Surgeons of Alberta

Schedule of College Activities

(Unaudited)

For the year ended December 31, 2017

Schedule F

	Schedule	2017 \$	2016 \$
CPSA activities			
Register physician			
Registration	G	1,876,814	2,071,052
Practice readiness	H	376,398	98,329
		<u>2,253,212</u>	<u>2,169,381</u>
Investigate complaints			
Professional conduct	I	3,406,869	3,189,002
Support continuing competence			
Physician practices	J	2,766,854	2,227,891
Prescribing analytics	K	1,389,218	988,151
		<u>4,156,072</u>	<u>3,216,042</u>
Monitor physicians			
Physician health monitoring	M	1,298,144	1,179,857
Practice condition monitoring		171,447	78,061
		<u>1,469,591</u>	<u>1,257,918</u>
Accredit health facilities			
Accreditation programs	N	(248,544)	(633,793)
E-Accreditation project		4,394	48,390
		<u>(244,150)</u>	<u>(585,403)</u>
Total activity expenses		<u>11,041,594</u>	<u>9,246,940</u>

College of Physicians & Surgeons of Alberta

Schedule of Registration

(Unaudited)

For the year ended December 31, 2017

Schedule G

	2017 \$	2016 \$
General program expenditures		
Bank/credit card fees	437,729	378,495
Legal	34,198	20,488
Legal independent	7,980	-
Office expenses	18,218	17,529
Postage and courier	16,163	18,487
Travel, meals and accommodations	8,379	6,814
	<u>522,667</u>	<u>441,813</u>
Staff costs		
Salaries and benefits	1,344,781	1,619,966
Dues and assessments	10,503	1,000
Professional development	263	8,873
	<u>1,355,547</u>	<u>1,628,839</u>
Registrar approvals	<u>(1,400)</u>	<u>(600)</u>
Net expense for the year	<u>1,876,814</u>	<u>2,071,052</u>

College of Physicians & Surgeons of Alberta

Schedule H

Schedule of Practice Readiness

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Practice Readiness		
Revenues		
Practice readiness fees	(1,769,432)	(2,423,027)
Provincial Physician Assessment Program (PPAP) administration fee	(651,800)	(616,000)
Late payment fee	(2,550)	(1,950)
	<u>(2,423,782)</u>	<u>(3,040,977)</u>
PPAP expenditures		
Consulting fees	1,927,842	2,538,652
Computer programing	35,925	25,600
Legal	2,689	14,130
Occupancy cost	33,800	42,900
Office expenses	5,679	1,932
Operating cost	60,900	33,400
Professional development	6,067	5,381
Salaries and benefits	710,237	472,648
Travel, meals and accommodations	31,956	6,159
	<u>2,815,095</u>	<u>3,140,802</u>
Total PPAP Expenses		
	<u>391,313</u>	<u>99,825</u>
Net practice readiness expenses		
Other assessments		
Admin fee	(3,000)	(1,500)
Recovery costs	(13,175)	-
Consulting fees	1,260	-
Telephone and fax	-	4
	<u>(14,915)</u>	<u>(1,496)</u>
Net expense for the year	<u>376,398</u>	<u>98,329</u>

College of Physicians & Surgeons of Alberta

Schedule I

Schedule of Professional Conduct

Physician Practice

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Staff costs		
Salaries and benefits	2,746,774	2,460,086
Professional development and dues	40,177	30,555
Team building	1,444	748
	<u>2,788,395</u>	<u>2,491,389</u>
General program expenditures		
Casual labour	9,791	19,010
Office expenses	19,511	26,365
Sundry	68	316
Legal	8,035	9,047
Travel, meals and accommodations	2,450	873
	<u>39,855</u>	<u>55,611</u>
Compliant expenditures		
Consulting fees/per diem	-	14,675
Office expenses	953	2,134
Travel, meals and accommodations	10,710	13,884
External file review	115	373
	<u>11,778</u>	<u>31,066</u>
Investigation expenditures		
Consulting fees/per diem	46,002	62,497
Legal	250,168	315,401
Office expenses	1,422	1,355
Travel, meals and accommodations	-	2,813
	<u>297,592</u>	<u>382,066</u>
Recovery of investigation costs – net of expenses	<u>(99,158)</u>	<u>(239,029)</u>
Recovery of external file review costs	<u>(125,289)</u>	<u>(127,206)</u>
Net investigation costs	<u>73,145</u>	<u>15,831</u>
Judicial review/court of appeal	102,541	24,072
Complaint review committee	154,065	162,548
Hearing tribunal	<u>237,090</u>	<u>408,485</u>
Net expense for the year	<u>3,406,869</u>	<u>3,189,002</u>

College of Physicians & Surgeons of Alberta
Schedule of Physician Practice

(Unaudited)

For the year ended December 31, 2017

Schedule J

	2017 \$	2016 \$
General program expenditures		
Conferences	7,178	1,937
Dues	1,513	2,547
Legal	5,601	1,135
Office expenses	10,318	16,543
Professional development	124	2,499
Salaries and benefits	38,732	95,017
Travel, meals and accommodations	20,905	8,679
	<u>84,371</u>	<u>128,357</u>
Individual Practice Review (IPR)		
Recovery of Individual Practice Review Costs	(79,315)	(100,384)
Practice Visits Admin fee	(41,000)	(28,000)
Consulting fees	155,546	120,846
Dues and assessments	1,247	1,208
Office expenses	1,843	6,633
Professional development	11,868	8,982
Salaries and benefits	929,224	669,905
Travel, meals and accommodations	27,239	11,202
	<u>1,006,652</u>	<u>690,392</u>
Group practice review program (GPR)		
Consulting fees	120,324	46,117
Office expenses	6,234	2
Professional development	3,345	-
Salaries and benefits	327,460	22,138
Travel, meals and accommodations	34,190	-
	<u>491,553</u>	<u>68,257</u>
Practice review pilot development project		
Professional development	4,336	13,926
Salaries and benefits	231,474	495,022
	<u>235,810</u>	<u>508,948</u>
Standards		
Professional development	-	614
Salaries and benefits	-	57,798
Sundry	-	672
	<u>-</u>	<u>59,084</u>
Total practice review expenses	<u>1,818,386</u>	<u>1,455,038</u>

College of Physicians & Surgeons of Alberta

Schedule of Physician Practice ... *continued*

For the year ended December 31, 2017

	2017 \$	2016 \$
Competency enhancement		
Recovery costs	(72,000)	-
Consulting fees	-	26,315
Grants and scholarships	172,000	100,000
Office expenses	78	230
Professional development	865	837
Salaries and benefits	39,798	32,438
Travel, meals and accommodations	-	95
	<u>140,741</u>	<u>159,915</u>
Multi-source feedback		
Salaries and benefits	155,417	125,058
General program expenditures	19,779	14,275
Research and development	-	5,430
MCC 360 survey implementation	102,552	117,546
MSF survey facilitation	157,173	19,180
Assessment subcommittee	-	(134)
	<u>434,921</u>	<u>281,355</u>
IPAC		
General program expenditures		
Consulting fees	581	6,312
Office expenses	5,517	3,425
Professional development	2,931	6,472
Salaries and benefits	272,110	246,192
Travel, meals and accommodations	226	1,521
	<u>281,365</u>	<u>263,922</u>
IPAC committee expenditures		
Per diem	11,534	18,533
Travel, meals and accommodations	3,598	3,502
Sundry	-	22
	<u>15,132</u>	<u>22,057</u>

College of Physicians & Surgeons of Alberta

Schedule of Physician Practice ...continued

For the year ended December 31, 2017

	2017 \$	2016 \$
Physician office assessments (internal)		
Travel, meals and accommodations	8,235	7,222
Sundry	499	-
	<u>8,734</u>	<u>7,222</u>
Physician office assessment (external)		
Consulting/per diem	53,202	30,153
Travel, meals and accommodations	14,373	8,229
Sundry	-	-
	<u>67,575</u>	<u>38,382</u>
	<u>372,806</u>	<u>331,583</u>
Net expense for the year	<u>2,766,854</u>	<u>2,227,891</u>

College of Physicians & Surgeons of Alberta

Schedule K

Schedule of Prescribing Analytics

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
General program expenditures		
Conferences	11,324	2,743
Consulting fees	222,338	229,799
Legal	-	362
Office expenses	97,730	27,688
Professional development	14,054	13,476
Salaries and benefits	660,605	505,363
Travel, meals and accommodations	18,759	6,120
	<u>1,024,810</u>	<u>785,551</u>
PPE advisory committee expenses		
Per diem	11,779	4,719
Sundry	4	12
Travel, meals and accommodations	2,508	1,954
	<u>14,291</u>	<u>6,685</u>
General assessment committee		
Per diem	14,691	22,264
Sundry	29	78
Travel, meals and accommodations	1,664	5,696
	<u>16,384</u>	<u>28,038</u>
Harm reduction advisory committee	<u>1,445</u>	<u>-</u>
Total prescribing and analytics operating costs	<u>1,056,930</u>	<u>820,274</u>
Methadone exemption costs		
Office expenses	358	425
Professional development	63	61
Salaries and benefits	11,392	27,335
	<u>11,813</u>	<u>27,821</u>
Research and evaluation		
Consulting fees	400	-
Office expenses	440	-
Travel, meals and accommodations	15,286	-
Salaries and benefits	219,734	-
	<u>235,860</u>	<u>-</u>

College of Physicians & Surgeons of Alberta

Schedule of Prescribing Analytics ...continued

For the year ended December 31, 2017

	2017 \$	2016 \$
Physician Factors		
General expenditures		
Legal	-	361
Office expenses	148	429
Professional development	1,068	13,019
Salaries and benefits	83,321	124,816
Travel, meals and accommodations	78	1,431
	<u>84,615</u>	<u>140,056</u>
Physician risk identification project		
Consulting fees	10,096	16,260
Travel, meals and accommodations	4,581	688
Grant funding	(14,677)	(16,948)
	<u>-</u>	<u>-</u>
Subtotal physician factors	<u>84,615</u>	<u>140,056</u>
Net expense for the year	<u>1,389,218</u>	<u>988,151</u>

College of Physicians & Surgeons of Alberta
Schedule of Triplicate Prescription Program

(Unaudited)

For the year ended December 31, 2017

Schedule L

	2017 \$	2016 \$
Revenue		
Government grant	(573,787)	(539,902)
Investment income	(882)	(123)
Grant – other sources	(128,625)	(121,763)
Designated portion of annual fee	(150,719)	(145,620)
	<u>(854,013)</u>	<u>(807,408)</u>
General program expenditures		
Consultants	159,076	145,250
Occupancy costs	49,300	45,500
Office expenses	320,612	312,236
Operating costs	61,200	47,400
Travel, meals and accommodations	124	4
	<u>590,312</u>	<u>550,390</u>
Staff costs		
Professional development and dues	688	6,614
Salaries and benefits	263,013	250,339
	<u>263,701</u>	<u>256,953</u>
Committee expenditures	-	65
Total expenditures	<u>854,013</u>	<u>807,408</u>
Net expense for the year	<u>-</u>	<u>-</u>

College of Physicians & Surgeons of Alberta

Schedule of Physician Health Monitoring

(Unaudited)

For the year ended December 31, 2017

Schedule M

	2017 \$	2016 \$
Revenue		
Annual fees	(87,700)	(67,500)
Staffing costs		
Salaries and benefits	790,436	730,820
Professional development	1,939	9,992
	792,375	740,812
General program expenditures		
Conferences	7,692	-
Legal	1,677	2,113
Office expenses	11,581	9,053
Consulting fees	-	250
Travel, meals and accommodations	5,115	3,949
	26,065	15,365
Monitoring expenses		
Additions	525,673	464,483
Blood borne illness	7,923	-
Boundary	20,464	19,424
Disruptive physicians	-	242
Medical	-	6,694
Professionalism	-	500
	554,060	491,343
Physician health monitoring committee expenditures	13,733	1,193
Education and training		
Chaperone course revenue	(833)	(3,375)
Chaperone course	-	19
	(833)	(3,356)
Other		
Physician support	444	2,000
Net expense for the year	1,298,144	1,179,857

College of Physicians & Surgeons of Alberta**Schedule of Accreditation Programs****(Unaudited)****For the year ended December 31, 2017**

Schedule N

	Schedule	2017 \$	2016 \$
Accreditation programs			
Imaging	O	(238,633)	(338,039)
Laboratory	P	(53,217)	(57,555)
Medical Facility Accreditation Committee (MFAC)	Q	(1,226)	23,335
Neurophysiology	R	51,026	26,527
Non-Hospital Surgical Facility (NHSF)	S	(153,943)	(199,926)
Pulmonary	T	(31,924)	(76,208)
Sleep Medicine	U	181,345	-
		<u>(246,572)</u>	<u>(621,866)</u>
Other			
ECG Program	V	<u>(1,972)</u>	<u>(11,927)</u>
Net revenue for the year		<u>(248,544)</u>	<u>(633,793)</u>

College of Physicians & Surgeons of Alberta

Schedule O

Schedule of Imaging

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Revenue		
Annual and registration fees	(727,674)	(708,963)
Allocation of fees to MFAC	39,853	40,463
	<u>(687,821)</u>	<u>(668,500)</u>
Expenditures		
General program expenditures		
Computer programmer time	4,253	12,606
Consultants	55,942	18,095
Inspector training	94	-
External accreditation	400	1,634
Legal	224	266
Occupancy costs	14,400	18,500
Office expenses	8,634	9,107
Operating costs	29,300	34,400
Travel, meals and accommodations	11,502	3,905
	<u>124,749</u>	<u>98,513</u>
Staff costs		
Salaries and benefits	247,686	272,457
Dues and assessments	670	670
Professional development	9,663	5,045
Team building	121	-
	<u>258,140</u>	<u>278,172</u>
Committee expenditures		
Consulting fees/per diem	65,519	50,090
Travel, meals and accommodations	23,189	17,458
Sundry	-	320
	<u>88,708</u>	<u>67,868</u>
Facilities assessments		
Recovery of assessment costs	(224,859)	(242,729)
Consulting	143,667	101,588
Travel, meals and accommodations	58,783	27,049
	<u>(22,409)</u>	<u>(114,092)</u>
Total expenditures	<u>449,188</u>	<u>330,461</u>
Net revenue for the year	<u>(238,633)</u>	<u>(338,039)</u>

College of Physicians & Surgeons of Alberta

Schedule of Laboratory

(Unaudited)

For the year ended December 31, 2017

Schedule P

	2017 \$	2016 \$
Revenue		
Annual and registration fees	(721,616)	(767,704)
Allocation of fees to MFAC	20,839	42,403
	<u>(700,777)</u>	<u>(725,301)</u>
Expenditures		
General program expenditures		
Computer programmer time	3,265	11,322
Consulting fees	39,099	3,152
External accreditation	4,564	6,122
Legal	671	1,407
Conferences	87	-
Occupancy costs	13,000	16,800
Office expenses	15,749	14,915
Operating costs	25,700	29,900
Travel, meals and accommodations	5,496	3,964
	<u>107,631</u>	<u>87,582</u>
Staff costs		
Salaries and benefits	262,882	265,986
Dues and assessments	2,326	495
Professional development	8,712	5,136
Team building	72	1,000
	<u>273,992</u>	<u>272,617</u>
Committee expenditures		
Consulting fees/per diem	40,533	37,258
Travel, meals and accommodations	7,667	11,807
Sundry	782	581
	<u>48,982</u>	<u>49,646</u>
Facilities assessments		
Recovery of assessment costs	(183,736)	(156,146)
Consulting fees/per diem	116,156	115,226
Travel, meals and accommodations	49,255	45,909
Sundry	76	32
	<u>(18,249)</u>	<u>5,021</u>

College of Physicians & Surgeons of Alberta

Schedule of Laboratory ...continued

For the year ended December 31, 2017

	2017 \$	2016 \$
ALQEP expenditures		
Administrative expenditures		
Consulting fees	47,650	54,150
Occupancy costs	10,300	10,900
Office expenses	3,796	6,352
Operating costs	20,100	21,500
Travel, meals and accommodations	634	458
	<u>82,480</u>	<u>93,360</u>
Staff costs ALQEP		
Salaries and benefits	151,357	158,018
Dues and assessments	-	231
Professional development	<u>1,349</u>	<u>823</u>
	<u>152,706</u>	<u>159,072</u>
Sample expenditures		
Mailing supplies	18	428
Postage, courier and miscellaneous	-	20
	<u>18</u>	<u>448</u>
Total expenditures	<u>647,560</u>	<u>667,746</u>
Net (revenue) expense for the year	<u>(53,217)</u>	<u>(57,555)</u>

College of Physicians & Surgeons of Alberta**Schedule of Medical Facility Accreditation Committee (MFAC)**

(Unaudited)

For the year ended December 31, 2017

Schedule Q

	2017	2016
	\$	\$
Revenue		
Annual and registration fees	(36,550)	(30,500)
Allocation of fees to MFAC	(109,149)	(119,347)
	<u>(145,699)</u>	<u>(149,847)</u>
Expenditures		
General program expenditures		
Computer programmer time	270	94
Consultants	10,572	-
Occupancy costs	6,000	7,200
Office expenses	6,343	5,281
Operating costs	7,600	10,800
Travel, meals and accommodations	15	90
	<u>30,800</u>	<u>23,465</u>
Staff costs		
Salaries and benefits	82,679	116,009
Dues and assessments	1,141	1,109
Professional development	3,359	2,593
	<u>87,179</u>	<u>119,711</u>
Committee expenditures		
Consulting fees/per diem	16,901	17,720
Travel, meals and accommodations	2,156	2,814
Sundry	268	192
	<u>19,325</u>	<u>20,726</u>
Quality assessments expenses	6,315	6,798
Facilities assessments		
Recovery of assessment costs	(9,963)	(14,030)
Consulting	8,543	12,518
Travel, meals and accommodations	2,223	3,894
Sundry	51	100
	<u>854</u>	<u>2,482</u>
Total expenditures	<u>144,473</u>	<u>173,182</u>
Net revenue for the year	<u>(1,226)</u>	<u>23,335</u>

College of Physicians & Surgeons of Alberta
Schedule of Neurophysiology

(Unaudited)

For the year ended December 31, 2017

Schedule R

	2017 \$	2016 \$
Revenue		
Annual and registration fees	(96,578)	(93,252)
Allocation of fees to MFAC	5,239	5,310
	<u>(91,339)</u>	<u>(87,942)</u>
Expenditures		
General program expenditures		
Computer programmer time	878	1,599
Consultants	9,992	19,598
Occupancy costs	4,900	2,000
Office expenses	3,258	2,948
Operating costs	10,000	5,200
Travel, meals and accommodations	404	755
	<u>29,432</u>	<u>32,100</u>
Staff costs		
Salaries and benefits	102,908	46,797
Dues/conferences	-	195
Professional development	2,731	2,314
	<u>105,639</u>	<u>49,306</u>
Committee expenditures		
Consulting fees/per diem	6,240	18,455
Travel, meals and accommodations	-	2,902
Sundry	66	89
	<u>6,306</u>	<u>21,446</u>
Facilities assessments		
Recovery of assessment costs	(13,733)	(20,092)
Consulting fees	12,224	27,286
Travel, meals and accommodations	2,018	3,981
Sundry	479	442
	<u>988</u>	<u>11,617</u>
Total expenditures	<u>142,365</u>	<u>114,469</u>
Net expense for the year	<u>51,026</u>	<u>26,527</u>

College of Physicians & Surgeons of Alberta**Schedule of Non-Hospital Surgical Facilities (NHSF)**

(Unaudited)

For the year ended December 31, 2017

Schedule S

	2017 \$	2016 \$
Revenue		
Annual and registration fees	(468,115)	(433,851)
Allocation of fees to MFAC	24,448	24,770
	<u>(443,667)</u>	<u>(409,081)</u>
Expenditures		
General program expenditures		
Consulting fees	33,473	17,771
External accreditation	400	1,605
Inspector training	-	735
Occupancy costs	12,300	12,700
Office expenses	8,949	10,150
Operating costs	17,400	18,400
Travel, meals and accommodations	6,528	1,846
	<u>79,050</u>	<u>63,207</u>
Staff costs		
Salaries and benefits	154,234	145,774
Dues and assessments	616	195
Professional development	3,723	7,532
	<u>158,573</u>	<u>153,501</u>
Committee expenditures		
Per diem	28,542	14,441
Travel, meals and accommodations	6,202	2,223
Sundry	512	105
	<u>35,256</u>	<u>16,769</u>
Reportable incident review committee	8,618	10,995
Facilities assessments		
Recovery of assessment costs	(66,456)	(111,779)
Per diem	60,984	60,065
Travel, meals and accommodations	12,874	15,456
Sundry	825	941
	<u>8,227</u>	<u>(35,317)</u>
Total expenditures	<u>289,724</u>	<u>209,155</u>
Net revenue for the year	<u>(153,943)</u>	<u>(199,926)</u>

College of Physicians & Surgeons of Alberta

Schedule T

Schedule of Pulmonary

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Revenue		
Annual and registration fees	(287,133)	(264,118)
Allocation of fees to MFAC	14,807	6,401
	<u>(272,326)</u>	<u>(257,717)</u>
Expenditures		
General program expenditures		
Computer programmer time	1,688	3,951
Consulting fees	25,006	9,880
Inspector training	-	73
External accreditation	400	1,617
Legal	199	1,211
Occupancy costs	7,500	5,500
Office expenses	5,101	4,636
Operating costs	16,800	13,900
Travel, meals and accommodations	3,902	2,695
	<u>60,596</u>	<u>43,463</u>
Staff costs		
Salaries and benefits	129,008	113,751
Dues and assessments	-	195
Professional development	3,466	6,084
	<u>132,474</u>	<u>120,030</u>
Committee expenditures		
Consulting fees/per diem	35,843	9,001
Travel, meals and accommodations	5,902	2,474
Sundry	259	706
	<u>42,004</u>	<u>12,181</u>
Facilities assessments		
Recovery of assessment costs	(61,025)	(22,060)
Consulting fees	55,396	12,493
Travel, meals and accommodations	9,621	14,632
Sundry	1,336	770
	<u>5,328</u>	<u>5,835</u>
Total expenditures	<u>240,402</u>	<u>181,509</u>
Net revenue for the year	<u>(31,924)</u>	<u>(76,208)</u>

College of Physicians & Surgeons of Alberta
Schedule of Sleep Medicine
For the year ended December 31, 2017

Schedule U

	2017 \$	2016 \$
Revenue		
Annual and registration fees	(10,650)	-
Allocation of fees to MFAC	3,964	-
	<u>(6,686)</u>	<u>-</u>
General program expenditures		
Consulting fees	23,073	-
Conferences	6,439	-
Occupancy costs	5,000	-
Office expenses	2,935	-
Operating costs	12,800	-
Travel, meals and accommodations	2,442	-
	<u>52,689</u>	<u>-</u>
Staff costs		
Salaries and benefits	99,054	-
Dues and assessments	1,112	-
Professional development	2,555	-
	<u>102,721</u>	<u>-</u>
Committee expenditures		
Consulting fees/per diem	23,516	-
Travel, meals and accommodation	9,230	-
Sundry	35	-
	<u>32,781</u>	<u>-</u>
Facility assessments		
Recovery of assessment costs	(1,275)	-
Consulting	1,088	-
Sundry	27	-
	<u>(160)</u>	<u>-</u>
Total expenditures	<u>188,031</u>	<u>-</u>
Net expense for the year	<u>181,345</u>	<u>-</u>

College of Physicians & Surgeons of Alberta

Schedule V

Schedule of Electrocardiogram (ECG)

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Revenue		
Exam fees	(20,000)	(30,100)
Expenditures		
General program expenditures		
Consulting fees/per diem	1,939	2,539
Occupancy costs	1,000	1,000
Office expenses	748	483
Operating costs	1,200	1,300
Travel, meals and accommodations	795	834
	5,682	6,156
Staff costs		
Salaries and benefits	11,730	11,715
Professional development	616	302
	12,346	12,017
Total general program expenditures	18,028	18,173
Net revenue for the year	(1,972)	(11,927)

College of Physicians & Surgeons of Alberta**Schedule of Radiation Equipment****(Unaudited)****For the year ended December 31, 2017**

Schedule W

	2017	2016
	\$	\$
Revenue		
Registration fees	(198,880)	(155,491)
Surplus revenue recognized	18,119	(16,556)
	<u>(180,761)</u>	<u>(172,047)</u>
Expenditures		
General program expenditures		
Audit	-	2,000
Administration cost	8,608	8,193
Occupancy costs	7,600	7,600
Office expenses	4,694	10,845
Operating costs	19,600	19,299
	<u>40,502</u>	<u>47,937</u>
Staff costs		
Salaries and benefits	137,843	123,518
Professional development	2,416	592
	<u>140,259</u>	<u>124,110</u>
Total expenditures	<u>180,761</u>	<u>172,047</u>
Net expense for the year	<u>-</u>	<u>-</u>

College of Physicians & Surgeons of Alberta

Schedule X

Schedule of Development Costs

(Unaudited)

For the year ended December 31, 2017

	2017 \$	2016 \$
Prescribing and analytics		
Analytics portal		
Consulting fees	299,250	288,750
Case management application		
Consulting fees	252,000	-
Physician factors stratification project		
Consulting fees	99,750	152,250
Physician practice		
Group practice review pilot development team		
Per diem	12,900	25,247
Travel, meals and accommodation	3,178	5,531
Sundry	74	74
	<u>16,152</u>	<u>30,852</u>
Group practice review pilot development project		
Consulting fees	-	81,363
Travel, meals and accommodation	4,492	3,635
Sundry	-	4,628
	<u>4,492</u>	<u>89,626</u>
Information technology		
DOC development costs		
Staffing costs		
Salaries and benefits	70,788	-
Total development costs	<u>742,432</u>	<u>561,478</u>



Submission to:	Council
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Meeting Date:	Submitted by:		
25 May 2018	Dr. Susan Ulan, Assistant Registrar		
Agenda Item Title:	Changes to CPSA English Language Proficiency Requirements		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p>FMRAC approved changes to the English Language Proficiency (ELP) requirements in the FMRAC Model Standards for Medical Registration in Canada in February 2018. The CPSA will align our registration policies with the national registration standards and to adopt the national ELP requirements.</p> <p>The current CPSA ELP policy is that unless exempt, physicians are required to have completed IELTS (International English Language Testing System) academic version within 24 months before submitting their application to the College, and achieved a minimum score of 7.0 in each of 4 components in a single test. All physicians, including those applying for the provisional register as postgraduate trainees, are required to provide evidence of ELP if their undergraduate medical education (UGME) was taken in a country where English is not the first and native language or their UGME was taken in Canada but the language of instruction was not in English.</p> <p>The updated FMRAC Model Standards for Medical Registration in Canada (2018) have expanded the accepted exemptions to ELP testing and include the following:</p> <p>a) Physicians trained outside of Canada</p> <ul style="list-style-type: none"> English language testing: IELTS academic version within the last 24 months at the time of application, and achieved a minimum score of 7.0 in each of the 4 components in the same sitting. Exemptions: Applicants trained outside of Canada (undergraduate and/or postgraduate medical education) may be exempted from ELP testing if: <ol style="list-style-type: none"> their UGME or PGME was taken in English in one of the countries that have English as a first and native language; or they can provide satisfactory evidence that is acceptable to the MRA of appropriate exposure to English language in training and practice. For example, evidence could be provided to support the following:

	<ul style="list-style-type: none"> ○ taken in their totality, the majority (>50%) of their UGME and/or PGME was in English; or ○ taken in its totality, the majority (>50%) of patient care provided by the applicant was in English; or ○ others <p>3. Once the candidate has successfully done the language proficiency test for educational licensure, including an elective, the candidate will be exempt from future testing (even beyond the 24-months described in the model standard)</p>
Next Steps:	<p>The CPSA will update our ELP requirements to align with the FMRAC Model Standards for Medical Registration in Alberta including that:</p> <ol style="list-style-type: none"> 1. Unless exempt, candidates are required to have completed the IELTS academic version within the 24 months before submitting their application to the CPSA and achieved a minimum score of 7.0 in each of the four components in a single test. 2. A candidate is exempt from the ELP testing if: <ol style="list-style-type: none"> a. The candidates's UGME or PGME was taken in English in one of the countries that have English as a first and native language*; or b. They can provide satisfactory evidence that is acceptable to the CPSA, of appropriate exposure to English language in training and practice, including: <ul style="list-style-type: none"> ○ Taken in their totality, the majority (>50%) of their UGME and/or PGME was in English; or ○ Taken in its totality, the majority (>50%) of patient care provided by the applicant was provided in English in a country where English is the first and native language. 3. For candidates who have not taken their UGME or PGME in English and have been accepted into a postgraduate training program through one of the Alberta PGME offices, the CPSA will accept confirmation from the university that the candidate has successfully completed the university's English Language Proficiency testing. This will include postgraduate residencies, clinical fellowships and visiting elective training. The candidate will be exempt from future testing (even beyond the 24 months) if confirmation has been previously received by the university that the candidate has been successful in their ELP testing. <p>The CPSA is working with relevant stakeholders including the University of Alberta's Faculty of Medicine and Dentistry PGME office and the Cumming School of Medicine PGME office to develop a process and to determine a suitable timeline to implement the ELP policy changes.</p> <p><small>*Australia, Bahamas, Bermuda, British Virgin Islands, Canada, Ireland, New Zealand, Singapore, South Africa, United Kingdom, United States of America, US Virgin Islands; and the Caribbean Islands of Anguilla, Antigua and Barbuda, Barbados, Dominica, Grenada, Grenadines, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent, Trinidad and Tobago</small></p>