

## Attendees

### Council Members:

- Louis Hugo Francescutti, President
- Stacey Strilchuk, Vice President
- Jaelene Mannerfeldt, Executive Committee Member-at-Large
- Richard Buckley
- Patrick Etokudo
- Christopher Fung
- Daisy Fung
- Brenda Hemmelgarn
- Levonne Louie
- Collin May
- Linda McFarlane
- Jon Meddings
- Laura Morrison
- John O'Connor
- Raj Sherman
- Laurie Steinbach
- Jim Stone
- Ian Walker
- Tyler White
- Annabelle Wong
- John Bradley, Past President

### Additional Attendees:

- Scott McLeod, Registrar
- Susan Ulan, Deputy Registrar
- Jeremy Beach, Assistant Registrar
- Michael Caffaro, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Dawn Hartfield, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Shawn Knight, Chief of Staff
- Tracy Simons, Chief Financial Officer
- Pam Gill, Acting Hearings Director and In-house Legal Counsel

### Guests:

- Inuk Traditional Knowledge Keeper Edna Elias (December 2)
- Nicole Cardinal, Council member elect (December 3)
- Greg Lamothe and Daylan Hoffman of MNP (December 3)
- Nancy Hernandez Ceron, Data Analyst, Analytics, Innovation & Research (December 3)
- Proposed members of the Indigenous Health Advisory Circle: Dr. Lindsay Crowshoe (sent regrets), Dr. Charlene Lyndon, Ms. Reagan Bartel, Ms. Margo Dodginghorse, Dr. Norma Dunning (PhD), Ms. Audra Foggin, Elder Doreen Spence and Mr. Lee Thom. (December 3)
- Kirsten Jones, chair, Competence Committee(December 3)

### Regrets:

### Resources for Council Members:

- **Principles to Guide Council Interactions**
- **Council Conflict of Interest Policy**
- **Council Member Code of Conduct Policy**
- **Councillor's Oath**
- **CPSA Values**
- **Commonly used Acronyms**

## Thursday, December 2, 2021 starting at 0800

### 1.0 Call to Order, Introductions, including introduction of Acting Hearings Director and In-house legal Counsel and Check-in for In-Camera Session

*An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.*

#### 1.1 Approval of In-Camera agenda and items on In-Camera consent agenda:

- Minutes, In-camera, September 9 and 10, 2021 and September 20, 2021

#### 1.2 President's opening remarks

- Feedback from September Council Meeting

#### 1.3 Registrar's Report

### 2.0 Call to Order and Introductions – public session

- Traditional Territorial Acknowledgement

***At each Council meeting, members of the Indigenous community are invited to bring greetings and blessings as part of the CPSA's work to participate in the recommendations from the Truth and Reconciliation Commission. It is an opportunity for all participants to learn from the individuals and better understand the perspectives and life experiences of those in the Indigenous community.***

***Inuk Traditional Knowledge Keeper, Edna Elias, shared the history of the Qulliq (a traditional soap stone oil lamp), conducted a ceremonial lighting of the Qulliq and performed a blessing for Council. She also talked about the history of her people and the importance of the seal for the Inuit, including information about its nutritional value.***

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#### 2.1 Conflict of Interest Declaration (Real, Potential or Perceived)

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#### 2.2 Approval of agenda and consent agenda items

*Consent Agenda matters are proposed for unanimous consent and without debate, however Council members may seek clarification or ask questions. Any Council member may also request that a consent agenda item be moved to the regular agenda by notifying the Chair **prior** to the meeting. By approving the consent agenda, any individual approvals such as those noted below are considered approved.*

- Minutes, [September 9 and 10, 2021](#), [September 20, 2021](#), [Electronic Vote](#), [Decision items from September 9 and 10, 2021 in-camera sessions](#). (for approval)
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- [Finance and Audit Committee Report](#) (for information)
  - [Governance Committee Report](#) (for information and approvals as noted below)
    - [Executive Committee Terms of Reference](#) (for approval)
    - [Governance Committee Terms of Reference](#) (for approval)
    - [Governance Review Subcommittee Terms of Reference](#) (for approval)
    - [Finance and Audit Committee Terms of Reference](#) (for approval)
    - [Legislation and Bylaw Committee Terms of Reference](#) (for approval)
    - [Equity, Diversity and Inclusion Committee Terms of Reference](#) (for information)
    - [Indigenous Health Advisory Circle Terms of Reference](#) (for information)
    - [Committee Appointments – Council members](#) (for approval)
    - [Committee Appointments – Non-council members](#) (for approval)
    - [Chair Appointments](#) (for approval)
  - [Governance Review Subcommittee Report](#) (for information)
  - [Legislation and Bylaw Committee Report](#)
    - Bylaw Revisions (for approval)
  - [Medical Facility Accreditation Committee Report](#) (for information)

***Council, following additional discussions, approved or received as information all items on the Consent agenda. Click on the titles to access the documents.***

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### **3.0 Reports**

#### **3.1 [President's Report](#)**

***The President's Report was received as information. The report highlights some of the accomplishments from the past year and sets the stage on some of the priorities of Council in the coming year.***

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#### **3.2 [Registrar's Report](#)**

***The Registrar's Report was received as information with continued discussions regarding the impact of COVID on the work within the CPSA as well as its impacts on physician health.***

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#### **3.3 [Legislation and Bylaw Committee Report](#)**

- Discussion of Bylaws

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***Council provided additional direction to the Legislation and Bylaw Committee regarding potential bylaw revisions regarding the composition of Council and items related to Council meeting processes. Further consideration will be given to these potential changes at an upcoming Committee meeting.***

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3.4 Finance and Audit Committee

- [2022 Budget – additional item for approval](#)
- [Approval of Terms of Reference for Building Fund Oversight Committee](#)

***Council approved a revised budget for 2022. In follow up to a previous decision to establish a committee to develop programs and opportunities to utilize the funds previously allocated for a building fund, Council approved the Terms of Reference and members for that committee.***

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**4.0 Standards of Practice**

Consultation 021 – approval for implementation

- Continuity of Care
- Episodic Care
- Virtual Care (formerly Telemedicine)

***The revised standards of care were approved. The Virtual Care Standard will be implemented effective January 1, 2022 while Continuity of Care and Episodic Care will be implemented effective March 1, 2022. Watch for further details in The Messenger and on the [website](#).***

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**5.0 Policy**

**5.1 Policy for CPSA RE: Vaccination**

- CPSA staff
- Council and Committee Members

***Council approved implementing a policy requiring all Council members be fully vaccinated against COVID-19. The policy will align with the policy in place for all CPSA staff.***

**6.0 In-Camera (Council and others by invitation)**

***An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.***

**6.1 Registrar's Annual Evaluation (Council only)**



**Friday, December 3, 2021 starting at 0800**

**7.0 Call to Order for In-Camera Session (Council and Executive Team and invited guests)**

*An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.*

**8.0 Call to Order and Introductions – public session**

**9.0 Strategic Planning Working Group**

*The Strategic Planning Working Group presented their progress in the development of a new Strategic Plan for CPSA. It is expected a final plan will be presented to Council for approval by May of 2022.*

**10.0 Equity, Diversity and Inclusion Advisory Committee**

*Council had a fulsome discussion regarding how best to ensure the Equity, Diversity and Inclusion (EDI) Advisory Committee Chair is able to interact and advise Council on EDI matters. Discussions on this matter will continue and all options will be further investigated.*

**11.0 [Presentation by Analytics, Innovation & Research \(AIR\)](#)**

- Opioid Prescribing

*In response to a question from a Council member regarding potential inappropriate tapering of Opioids in patients, the Analytics, Innovation & Research Team presented the data they have gathered to understand the impact of CPSA's policies related to Opioid prescribing.*

**12.0 Registration Team Updates**

- [Physician Assistant Provisional Register Policy](#)

*Council approved the policy which will allow the provisional registration of physician assistants who have not yet completed their training/written exams to be registered. Whether on the provisional or general register, a Physician Assistant will continue to work under the direction of a physician.*

**13.0 [Governance Committee Report](#)**

- Council Retreat

*Council supported establishing two retreats in 2022. One will be held in January to look at strategic planning, guidelines for establishing potential initiatives using the funds previously targeted for a building and team building. A second event will be*

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***held in May or June at Siksika nation to further Council's understanding of the healthcare experiences of Indigenous people.***

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**14.0 [Ceremony to Establish Indigenous Health Advisory Circle](#)**

***Council participated in a ceremony lead by Elder Doreen Spence to establish the Indigenous Health Advisory Circle. A majority of members from the Circle were in attendance and were able to introduce themselves to Council.***

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**15.0 [Competence Committee Report](#)**

***Council was updated on the work being undertaken by the Continuing Competence Team, including details around the use of inspections to effectively manage the concerns raised regarding COVID before instigating a formal complaint.***

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**16.0 Council Farewells**

***Council publicly recognized the work of three Council members whose terms are ending on December 31, 2021: Dr. James Stone, Dr. John Bradley and Ms. Annabelle Wong.***

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**17.0 In Camera (Council and others by invitation )**

***An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.***

**17.1 Council Farewells continued**

**17.2 Registrar's Evaluation (Council and Registrar only)**

**18.0 Adjournment**

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- Jaelene Mannerfeldt, Executive Committee Member-at-Large
- Richard Buckley
- Patrick Etokudo
- Christopher Fung
- Daisy Fung
- Brenda Hemmelgarn
- Levonne Louie
- Linda McFarlane
- Laura Morrison
- John O'Connor
- Raj Sherman
- Laurie Steinbach
- Jim Stone
- Ian Walker
- Tyler White (September 9 only)
- Annabelle Wong
- John Bradley, Past President

### Additional Attendees:

- Scott McLeod, Registrar
- Susan Ulan, Deputy Registrar
- Jeremy Beach, Assistant Registrar
- Michael Caffaro, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Dawn Hartfield, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Shawn Knight, Chief of Staff
- Tracy Simons, Chief Financial Officer
- Nazrina Umarji, Hearings Director and In-house Legal Counsel

### Guests:

### Regrets:

- Jon Meddings

**Thursday, September 9, 2021 starting at 0800**

## 1.0 Call to Order, Introductions and Check-in for In-Camera Session

Council met in-camera with the Registrar, Deputy Registrar, Assistant Registrars, Chief Financial Officer, Chief of Staff and the Chief Innovation Officer.

## 2.0 Call to Order and Introductions – public session

- Traditional Territorial Acknowledgement
  - Opening prayer and blessing

Elder Laurie McDonald of the Enoch Cree Nation, opened the Council meeting with a prayer and blessing.

As CPSA continues to learn and initiate changes to facilitate better care for Indigenous patients, Council is working to hear from Indigenous leaders, elders and knowledge keepers to further their understanding of the issues, hear the truths and pave a way towards reconciliation. Elder

McDonald shared his truth and noted that as a residential school survivor he believes he has an obligation to share his story with others. Council and everyone in attendance was welcomed to ask questions to learn more about Elder McDonald, Indigenous Healthcare and the role that Council and CPSA staff can play in reconciliation.

Responding to a question about the reluctance of Indigenous patients to speak out and ensure they receive adequate care, Elder McDonald spoke of how Indigenous people have been intimidated and suppressed in the past. It is difficult for them to speak up given their past histories in accessing care. He noted that many look to their elders for guidance and that healthcare workers need to acknowledge the role that elders play in the care of their community. Given Council's recent initiative to create a history project, Council suggested Elder McDonald may be a good resource for that Committee.

Dr. McLeod asked Elder McDonald for some advice on how CPSA should recognize the first National Day of Truth and Reconciliation on September 30<sup>th</sup>. Elder McDonald suggested staff members should review the recommendations that came out of the Truth and Reconciliation Commission and, as an organization CPSA should consider making a statement about how CPSA could address the recommendations. Additionally, he indicated that staff should have an opportunity to hear from a survivor.

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2.1 [Conflict of Interest Declaration](#) (Real, Potential or Perceived)

No conflicts were declared.

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2.2 Approval of agenda and consent agenda items

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- Minutes, [May 27 and 28, 2021](#), [electronic vote re: Annual Report](#), [June 8, 2021 Emergency Meeting](#) and [Decision Items from May 27 and 28, 2021 in-camera sessions](#). (for approval)
- [2023 Council Meeting Schedule](#) (for approval)
- [Finance and Audit Committee Report](#) (for information)
- [Governance Committee Report](#) (for information and approvals as noted below)
  - [Committee Appointments](#) (for approval)
  - [Council Member Breastfeeding and Breast Milk Expression Inclusion Policy](#) (for approval)
- [Medical Facility Accreditation Committee Report](#) (for information)
- [Discontinuation of CPSA Offering ECG Interpretation Examination](#) (for approval)
- [Designated Sub-Committee Report – Registrar's Evaluation](#) (for information)
- [Registration Policies](#) (for approval)

- [Document Verification Policy](#) (as used by Registration, for information)

Prior to approving and/or receiving items as information, Council asked that the Registration Policy on English Language Proficiency as well as the Council Member Breastfeeding and Breast Milk Expression Inclusion Policy be pulled for further discussion. Discussion of the Registration Policy on English Language Proficiency was discussed as part of the Registration update, item 12.0.

With respect to the other policy, Council asked that the term “female” be replaced with the term “councillor” to be more inclusive.

**MOTION (C24-21):** Moved by Levonne Louie and seconded by Daisy Fung to approve/receive as information the items on the consent agenda, subject to amendments to the minutes from the previous meeting to note Mr. White was in attendance on May 27 only and that the Council Member Breastfeeding and Breast Milk Expression Policy be amended to replace “female member” with the term “Councillor” to promote inclusivity. Carried.

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## **3.0 Reports**

### **3.1 [President’s Report](#)**

During his report, Dr. Francescutti highlighted the following:

- Mr. Knight is continuing to work on the development of the Indigenous Advisory Circle (IAC) to seek wisdom for the development of meaningful and sustainable changes that will benefit Indigenous patients.
- The work of the IAC will also help define the CPSA history project.
- As Council begins discussions about possible uses for the building fund, he mentioned the work could be a legacy project that will have an impact now and in the future.
- With the appointments of public members, CPSA Council will soon have equal representation of public members and physician members.
- Over the past few months, Dr. Francescutti has been reaching out to registered members, partners and local groups in rural areas during the regional tour. The feedback received at those meetings was very valuable.
- During a meeting with third year medical students, Dr. Francescutti and Dr. Susan Ulan shared information about CPSA and what the medical regulator does.
- In August, Dr. Francescutti attended the Annual General Meeting of the Canadian Medical Association (CMA). He noted that a motion was brought forward that was intended to promote equity, diversity and inclusion on the CMA board. Regrettably the motion did not pass, in part due to the way in which Robert’s Rules of Order were applied.

Council discussed the regional tour further, noting that using a virtual platform provides better opportunities to meet with other communities. Some of the sessions with members of the general public were cancelled as few people registered to attend them. As well, past sessions have led to frustrations as many of the questions from the public are about items outside the CPSA's ability to influence. In future it may be valuable to ensure information about the role of CPSA is clear on the website, and in particular how it differs from the role of the Alberta Medical Association. Additionally, it was suggested that consideration be given to different definitions of community. May want to create regional tours to a community of people who are defined by means other than geography, such as the Indigenous Community, the Somali Community, the LGBTQ2+ Community, etc.

The topic of stresses on the healthcare system due to COVID was reviewed, and spoke of the impact on all front line healthcare workers. The incredible work by all physicians at this time was recognized, but Council also recognized that many of their colleagues are suffering from burnout which is affecting patient care.

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### 3.2 Registrar's Report

Dr. McLeod advised Council of some personnel changes: Jessica McPhee has taken on the role of Director, People and Culture on an interim basis. As a result, Andrea Garland will be the Acting Director of Communications.

The following items from his written report were highlighted:

- The year in review from the Federation Of Medical Regulatory Authorities of Canada was included in the report. To note are the priorities for next year including the Racism and Discrimination Working Group. The Artificial Intelligence Working Group is expected to wrap up soon.
- The selection panel for the Indigenous Advisory Circle met and has recommended seven candidates to be appointed to this Committee. They are still looking for an Indigenous physician to work with the Circle. A recommendation will be brought forward to Council for these appointments and it is hoped a meaningful ceremony will be held in conjunction with the approval process.
- With respect to the report on Key Performance Indicators (KPIs), he noted that the KPIs related to Council composition are behind as not all public members have been appointed.
- At the present time, CPSA offices remain closed to the public and staff are continuing to work from home. CPSA's leadership team is continuing to review its plans to ensure staff and the public are adequately protected once staff return to the office, likely on January 4.

With respect to the written report, Council requested additional information about age-related cognitive decline. At this time, Dr. McLeod noted Physician Health Monitoring is collecting data about age related cognitive decline. The goal of the study is to understand how best to support physicians so they are able to be productive as long as possible without putting the public at risk.

The report also mentioned a study about the impact of fatigue and Council inquired if this would also consider how sleep deprivation affects learners. Given that learners are also regulated members, they will be included in the study which will look at the impact of fatigue on safe care for the public. It was also noted that PARA had done a lot of work to control the hours residence are expected to work, but there is often some pressure for them to work beyond those hours. It is anticipated that this study will raise awareness of the impact fatigue has on cognitive ability. Dr. Beach will be working closely with an expert in this field and they are looking to develop a program to assess impairment prior to undertaking a sensitive procedure or do work that could be impacted by fatigue. Responding to a question about involving Alberta Health Services (AHS) in this work, Dr. McLeod advised Council that AHS is aware of the impact fatigue has on cognition, but the issues are due in part to the number of available physicians, the culture of physicians and the challenges within the complex healthcare systems. He agreed that AHS will need to be part of any solutions that are proposed. As part of the program, it is expected CPSA will start documenting the risks related to physician fatigue. It will then be important to have support from the public to indicate they are no longer willing to accept some of those risks. It is hoped that there will be some impact and awareness of the issues of fatigue later this year or early next year. This work will also require a change in the culture of physicians and what they value.

Council asked about addressing the physician shortage and if changes could be made that would remove some of the barriers for physicians from other countries to work in Canada. Dr. McLeod noted that to be registered in Alberta, physicians need to be able to demonstrate they meet core competency requirements. Further, Alberta should not be actively recruiting physicians from other countries and inadvertently creating a shortage in another country.

Dr. McLeod encouraged all Council members to look after themselves and their colleagues. CPSA can't change the profession without individuals making changes. It was also stressed that there needs to be work done to build the capacity of the public on preventative medicine and ensuring they access the system appropriately with realistic expectations of care.

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### 3.3 [Strategic Planning Working Group](#)

- Update on progress

Ms. Louie, chair of the Strategic Planning Working Group, presented the update. At the present time, the Group is continuing to refine the mission and vision statements and are developing the Strategic Directions for CPSA going forward. Once the Working Group has reached consensus on the mission and vision statements, they will be shared with Council. The Executive Leadership of CPSA will develop the actions, business plan and Key Performance Indicators based on Strategic Directions (objectives and goals) that are approved by Council. The objectives are being developed to be specific, measurable, achievable/attainable, relevant and time bound. A more detailed presentation will be given at the December Council meeting. Responding to a question about whether this work should be done at a retreat, Ms. Louie indicated that would be a decision of Council at the December meeting. It will be linked to the Governance Review as well.

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### 3.4 Governance Committee

- [Governance Review](#)

Ms. Louie, chair of the Governance Committee, requested feedback from Council regarding the questions to be asked through the Governance Review as well as an approval of the concept for a sub-committee of either Council or the Governance Committee that would oversee the Governance Review. Council discussed the questions that will be used to frame the Request for Proposals (RFP) that will be generated to hire a consultant to assist in this work. The following was noted:

- Ask a question around how to promote equity, diversity and inclusion on Council while ensuring members will have the necessary competencies. It is anticipated the consultant would be able to give advice and share best practices to ensure there is a balance between diversity and competency.
- Questions should be written to ensure answers are not simply yes or no. Perhaps add "what are the trends ...", "what evidence is there.." to questions that may only have a response of yes or no.
- The consultant is being hired to provide a big picture overview and would not be asked to look at items such as meeting format which will be dependent on who the president/chair of a meeting is and the expectations of Council.
- The consultants will likely be looking for the scope of their work, not necessarily questions that need to be answered.
- The reason the review is being undertaken stems from the recent shift for Council composition of 50% public members as well as the changing environment and societal pressures.

Regarding the oversight Committee, the following was noted:

- If a sub-committee of the Governance Committee, the members may not have capacity to this work.
- If opened to all Council members, it can be an opportunity for other members of Council to develop their skills.
- Should ensure at least one person on the Committee is from the Governance Committee

**MOTION (C25-21):** Moved by Levonne Louie and seconded by Christopher Fung to strike a sub-committee of Council to oversee a limited governance review. The number of members and size of the sub-Committee will be determined by the Governance Committee. Council will formally ratify the membership of the sub-Committee in December. Carried.

**ACTIONS:**

Mr. Knight will develop themes for the questions and reflect those themes in the RFP.

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Council members will contact Ms. Jones and Mr. Knight to indicate their interest in being involved on the Governance Review Sub-Committee. Once members are known a meeting will be set up.

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### 3.5 [2022 CPSA Council Retreat](#)

Dr. Francescutti introduced the topic of a retreat for 2022. In 2021, the retreat was held virtually, but in previous years it was held in person and early in the year to bring new members together. Council indicated their support for the retreat with a preference that it be held in person if restrictions and the situation around COVID permitted it. As such, it may need to be planned for later in the year and with consideration of doing something outdoors.

A number of ideas were discussed as possible topics for the retreat, with considerable support given to working with Siksika Nation. It was suggested the retreat could be hosted at Siksika with a focus on learning from their elders and knowledge keepers, including participating in a ceremony. The other topic that was well supported was around physician health.

#### **ACTIONS:**

Mr. Knight will work with Mr. White, Dr. Francescutti and the Governance Committee to further develop the plans for the retreat. Additional information will be shared with Council in December.

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### 3.6 [CPSA History Project](#)

Richard Buckley spoke on behalf of the Committee that has been formed to consider creating a book or other resource about CPSA's history. To note, the Committee wants to ensure that the project is well rounded and includes some areas of CPSA's history that may be uncomfortable, including developing an understanding CPSA's complicity in allowing discriminatory medical practices. It is hoped the Indigenous perspective can be included and may involve other ways of presenting information, including visual representations such as dance. To move forward, the Committee will need assistance from a Consultant which will require the development and approval of a budget. The Committee will try and hear from those affected by CPSA's actions in the past. The exercise should be about understanding the past and learning how to become better in the future. Council suggested that the scope of the project should be limited to the work of the CPSA, not all of medicine. This will require clear expectations for everyone as well as a clear understanding of what will be accomplished through this work. Once the research is complete, next steps will need to be considered and guidance will be sought from the Indigenous Advisory Circle as well as the Equity, Diversity and Inclusion Committee.

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## **4.0 Professional Conduct Team**

- [Project Bluebird – update](#)

Dr. Hartfield presented a comprehensive overview of the work being done by the Professional Conduct team to improve processes and outcomes related to managing complaints. The goal of

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this work is to understand what issues contribute to delays in the process and find ways to manage those delays.

Some of the proposed changes include providing additional support to complainants, such as social workers or include someone with a psychiatric nursing background as those roles have been useful in other jurisdictions.

One critical area is the ability of physicians or CPSA to access appropriate medical records regarding a complaint. Dr. Hartfield is working with Alberta Health on this matter and believes a resolution is on the horizon.

A number of staffing changes are being made, including an increase in the number of resolution advisors so complaints can be resolved earlier in the process. Additionally, Dr. Hartfield anticipates using expert opinions more often to help guide decisions and perhaps decrease the number of investigations.

Dr. Hartfield advised Council that private investigation firms are going to be used to assist in investigating boundary violations and a few other investigations which require experienced investigators with a specific skill set. She noted that this is a practice used at other health colleges as well. Another consideration is to engage external physician investigators, similar to the way practice visitors are used in Continuing Competence.

As part of this work, Dr. McLeod indicated that one of the goals is to enhance transparency and increase communication with the patients to ensure they are updated throughout the process.

Council requested additional information around the use of expert opinions. Dr. Hartfield indicated that the physician expert needs to have a similar practice to the subject of the complaint and the expert needs to ensure he doesn't have a conflict of interest in the matter. She added that it may be necessary to go out of province for that expert opinion. It is also possible that CPSA's expert may have a different opinion from an expert who provides an opinion to the CMPA (Canadian Medical Protective Association) legal counsel. It was noted in the past there was a suggestion to have a standard around expert witness testimony. Dr. McLeod noted such a request was not specific to the complaint process but was brought up in the context of criminal court proceedings which would have different requirements. The identification of expert opinions for the complaints process is related to procedural fairness.

Going forward, Dr. Hartfield advised that the Key Performance Indicators will be developed as targets that are achievable, meaningful and will encourage staff in their work. At the present time it is difficult to set targets given the changes that have been made to the system, but she expects to be able to refine the targets as they have more data.

Responding to a question about having a national approach to this work, Dr. McLeod shared that CPSA has connected with CPSO regarding their work in this area and he expects CPSA will connect with others as well. Dr. Hartfield added that she meets regularly with the other Complaints Directors across Canada to share their experiences and best practices.

Dr. Hartfield shared with Council some of the ongoing work to decolonialize the complaint process so Indigenous patients are more comfortable coming forward with their complaints. Recently they did a talking circle format with a complainant and the feedback from that process was very positive. She will be continuing to develop the process with guidance from Indigenous leaders such as Dr. James Makokis. She anticipates getting additional guidance from the Indigenous Advisory Circle and the work being done by the Federation Of Medical Regulatory Authorities of Canada on improving Indigenous healthcare as it relates to improving access for Indigenous complainants.

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In conclusion, Dr. Hartfield acknowledged the incredible work being done by her staff as they build a new process while still managing complaints using current processes. They have been very resilient and open to helping to improve the system. She added that she has also received support from other areas at CPSA, including Continuing Competence.

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## **5.0 Emerging Items**

Dr. Francescutti introduced this agenda topic as a way to gather feedback from Councillors about items they would like to discuss or suggest as a topic for future Council meetings.

In response to a question about CPSA's role with respect to ICU triaging, Dr. McLeod shared with Council that CPSA does not have clinical experts who could address the ICU triage protocols. However, in meeting with those responsible for the triage protocol, he suggested that there would be physicians in Alberta who have a lived experience in triaging patients and they should be contacted to help leaders understand the psychological demands that will be placed on a healthcare team if it is necessary to implement triage protocols. When asked for input or advice into such matters, Dr. McLeod shares concerns about any impacts on the system that will affect the health and well-being of physicians which in turn can impact patient safety and patient care. He will often share those concerns with the Minister of Health.

A suggestion was made that it may be helpful for CPSA to e-mail members and show support for the physicians who are doing their best to provide care in a crises situation. Additionally, a question was raised about the potential for CPSA to speak on behalf of the public who also need support given they may not be able to access care appropriately at this time. To the second part of the question, Dr. McLeod reminded Council that CPSA is not an advocacy body and works within its mandate and legal authorities to influence policy. CPSA cannot be seen as an advocate, but he believes all healthcare organizations are communicating similar messages about the crises and that the system is being taxed. CPSA can make recommendations based on those areas within its scope and mandate.

Other issues identified by Council members include:

- Access to billing data to ensure appropriate billing practices. Some concern that there may be coaching taking place to ensure a physician maximizes his billings
  - Practice Competence and what studies are being considered by physicians when ordering tests. How can CPSA encourage physicians to understand the value of a study they are relying on?
  - Electronic medical records and issues related to the processes of moving to a paperless environment
  - Clinic ownership and issues related to custody of patient records
  - Registration of International Medical Graduates
  - Artificial Intelligence
  - Physician-led misinformation during COVID
  - Pharmacists offering point of care lab testing and its impact on patient safety as well as the potential conflict if a pharmacist is selling a drug treatment
  - What support can be offered for nurses?
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- Is there any guidance on how to respond to protests outside hospitals?
  - Concerns related to misinformation and the anti-vaccine movement. Consider making public statements in that regard or directing people on where they should get information.
  - Kindness is needed.
  - Consider having discussions about advocacy during the upcoming retreat.

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## **6.0 Standards of Practice**

- Continuity of Care
- Episodic Care
- Virtual Care (formerly Telemedicine)

Dr. Ulan introduced the standards that will be shared with the membership and others to gather input into the proposed updates and receive feedback for any other changes the membership believes are needed. The consultation will be open for 30 days. Many of the changes are to update the documents with commonly used terminology that aligns to other standards. With respect to the Virtual Care Standard, Dr. Ulan added that the standard incorporates some of the information contained in an advice to the profession from 2018. She added that the area of virtual care is evolving rapidly. There is work being done at the federal level as well as legislative changes and regulatory changes. Following the consultation process, the feedback is collated and changes made to the standards based on the feedback received. Revised standards which incorporate the feedback will be shared with Council at the December Council meeting. If the feedback suggests significant changes, it may be necessary to forward a revised document for a second consultation.

Council discussed the provision of care as it relates to provincial, national and international borders and understanding where care is provided. Dr. Ulan advised that if someone has health care coverage through Alberta Health, care is to be provided to an Alberta patient as though the patient was in Alberta. While Alberta Health Services prohibits their physicians from providing care in other provinces, the regulator does not have the same restriction. However, a physician needs to be aware of the regulations and standards that are applicable elsewhere if they choose to provide care to patients outside of Alberta. There is also the matter of CMPA coverage to consider when providing care elsewhere.

On the question of providing virtual care to minors, the Standard does require that a physician needs to confirm the identity of the patient. However, it may be valuable to expand on this matter in the Advice to the Profession (ATP) such that if the documentation from the patient shows the patient is a minor, the ATP could outline the next steps that should be taken.

With respect to the need to have timely, in person assessment of a patient, Council noted that it needs to be made clear that sending a patient to an emergency department because an in person assessment is needed is not appropriate care. This can also be addressed in the Advice to the Profession.

It was noted that physicians need to have a plan in place so that any urgent findings from requested assessments can be acted upon immediately. It was suggested that a direct phone line should be available for all labs and someone should be available outside regular office hours. This would be consistent as part of the Continuity of Care Standard as well as for the Episodic Care Standard.

Responding to a question about limiting the number of patients a physician sees virtually, Dr. Ulan indicated there are no limits in any of the Standards. However, when a practice is referred to Continuing Competence, the number of patients seen per day is audited.

Dr. Ulan concluded by indicating that the feedback given by Council will be incorporated into the documents. Council is welcome to provide additional comments as part of the Consultation process. A final version of the Standards will be provided to Council in December and if approved, the Standards will come into effect in January. If there is significant feedback, the Executive Leadership Team will determine if the standards need to be sent for further consultation.

**MOTION (C26-21):** Moved by Christopher Fung and seconded by Ian Walker to approve the three standards with amendments as discussed for consultation. Carried.

## **7.0 In Camera**

Council met in-camera with the Registrar, Deputy Registrar, Assistant Registrars, Chief Financial Officer, Chief of Staff and the Chief Innovation Officer prior to meeting with the Registrar alone and then they met as a Council.

## **8.0 Adjournment**

The meeting adjourned at 16:41

## **Friday, September 10, 2021 starting at 0800**

### **9.0 Call to Order for In-Camera Session**

*Council met in-camera with legal Counsel to receive legal opinions regarding two matters.*

### **10.0 Call to Order and Introductions – public session**

Dr. Francescutti called the public session to order at 9:25 a.m.

#### **10.1 Mandating Vaccines for All Regulated Members**

Council engaged in discussions about developing a mandate that all regulated members be required to be vaccinated against COVID 19. The discussion considered the following:

- Science is evolving and need to understand if vaccination decreases the risk to the public.

- 
- Of those who responded to the CPSA survey, there was support for a vaccination mandate
  - Government and health authorities as well as a number of employers are mandating vaccinations for their staff.
  - No one in the regulatory realm has mandated vaccination
  - Consideration would need to be given to how it could be operationalized, including the real and unintended costs of operationalizing a vaccine mandate. Need to understand the privacy issues related to collecting data about vaccinations.
  - Need to understand the risks involved, both legal and financial ones, and whether those risks can be mitigated.
  - Suggestion to mandate patient safety, not to mandate vaccination
  - Consider reputational risk in addition to the financial risks, particularly if the matter is taken to the Supreme Court and the ruling is not in CPSA's favour.
  - Medical schools require students to have vaccinations before they are admitted.
  - Are there risks to the regulator if a physician with COVID infects their patients? CPSA provides guidance to the profession regarding taking protective measures. If a physician does not follow the guidance, there could be grounds for a complaint of unprofessional conduct.
  - What other tools might be available other than mandating vaccines?
  - Council needs to weigh the risks based on its fiduciary responsibilities, not based on the public health risks.
  - What would be the reputational risks if Council doesn't mandate vaccinations? Would there be a lack of trust in CPSA?
  - How does a patient know they are getting safe, compassionate care?
  - Could CPSA be aggressive and have an expectation that physicians are vaccinated without creating a mandate.
  - If vaccinations are mandated, it would likely impact the volume of work in Professional Conduct
  - CPSA does not have the expertise to say that the vaccine is more effective in reducing transmission than proper use of personal protective equipment
  - Physician's individual rights would likely supersede the CPSA's authority to mandate a vaccine for the protection of the public.
  - This could be an area in which CPSA can demonstrate leadership
  - Could mandate vaccination with an option that those who are unvaccinated have the option for regular testing.
  - Consider the risks if Council does not mandate a vaccine. Some members of the profession will be frustrated and may have negative feedback. However, if a physician is unvaccinated, what risks would
-

exist that they will infect a patient if they are following the appropriate guidance from the Chief Medical Officer of Health?

- Decision needs to be made by assessing the legal and ethical aspects.

**MOTION (C27-21):** Moved by Christopher Fung and seconded by Raj Sherman that Council moves in-camera to continue its discussion on mandating vaccinations. Carried.

Following the clarification of some matters during the in-camera session, Council resumed its discussions around mandating a vaccine.

- What alternatives to a vaccine mandate could be considered?
- Physicians who are spreading misinformation are more harmful
- What work will be put aside if a mandatory vaccination policy is approved?
- What impact could this have on physician resources throughout the province?
- Given that the science around vaccination is rapidly evolving, may need advice from content experts to understand how fluid a mandate would need to be.
- If a mandate is approved, how easy would it be to revise the mandate?

One Council member shared his thoughts noting that the development of a mandatory vaccination policy was intended to show leadership and to send a message to the public and the profession on the importance of vaccinations. However, there are many practical issues to consider, including human rights and charter challenges, the impact on physician resources as well as on the CPSA's resources.

Council noted that there will be a lot of scrutiny in the public domain regarding a motion to mandate vaccines for all regulated members. As such, it was suggested that the vote be conducted using a secret ballot. In discussing the matter, it was noted that all decisions of Council should be supported by all Council members no matter how they voted. As this is a public meeting, there is an expectation of openness which precludes the use of a secret ballot to make a decision.

**MOTION (C29-21)** Moved by Christopher Fung and seconded by Jaelene Mannerfeldt that the Council vote regarding mandating the COVID-19 vaccine for all regulated members be conducted by a secret ballot. Defeated.

For discussion purposes, the following motion was proposed:

All regulated members of the CPSA, with the exception of those who have a verifiable charter exemption must be fully vaccinated against COVID-19.

Prior to calling for the vote, the following was mentioned

- Will need a time frame for the requirement to be vaccinated



- Should there be provisions to ensure physicians who cannot be vaccinated will enact appropriate measures to protect their patients
- Is there a measurable public benefit to having all physicians vaccinated?
- Could there be a less invasive alternative such as regular testing that would prevent infection/protect patients?
- Consideration will need to be given to how administration will verify charter exemptions
- A second clause or motion may be added to indicate that if physicians are unable or unwilling to be vaccinated, they will need to be tested regularly and they must ensure personal protective equipment is used properly during interactions with patients.
- If the motion passes and physicians are sanctioned, this could put undue stress on small communities.
- If the motion passes, it may still not be clear to a patient if their physician is vaccinated. Disclosing information to the regulator would not necessarily mean it could be disclosed to the public.
- If Council wishes to add a clause around regular testing, from an operational standpoint, someone will need to be available to monitor the testing. There would also be privacy implications to consider, implications for records management, and staffing resources as this would likely double the workload for Physician Health Monitoring.

Following discussions, Council considered tabling the motion to get further information around the impacts on operations as well as some scientific data around the virus and the effectiveness of the vaccine to protect patients. Given the time already spent on the discussions and the concerns that tabling the motion would create further delays, Council chose to vote on the motion.

**MOTION (C30-21):** Moved by Christopher Fung and seconded by Linda McFarlane that all regulated members of the CPSA, with the exception of those who have a verifiable charter exemption must be fully vaccinated against COVID-19. Defeated (5 for and 7 against).

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## **11.0 Finance and Audit Committee Reports**

- [Building Fund](#)
- [Business Plan approval](#)
- [Budget approval](#)

Dr. Jim Stone, Chair for the Finance and Audit Committee (FAC), led the discussions on the three topics: the building fund, approval of the 2022 Business Plan and approval of the 2022 Budget. At this time, FAC would like Council's direction regarding the establishment of a working group that would consider partnering with other organizations to expand the funds which could be available for specific projects or initiatives as determined by the working group and or Council. It is anticipated a fundraising consultant would be contracted to assist in this work.

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**MOTION (31-21):** Moved by Jim Stone and seconded by Levonne Louie to establish an ad hoc committee of Council to oversee the building fund project work. Carried.

Prior to the vote, the following matters were clarified:

- Membership on the Committee will be determined at a later date.
- The Committee will look for opportunities to expand the current fund and look at ways to utilize the fund
- The Finance and Audit Committee will develop terms of reference for the ad hoc committee
- Anyone interested in serving on this ad hoc committee can submit their name to Ms. Jones, Mr. Knight or Dr. Stone.

Ms. Simons led Council through the 2022 Business Plan noting that FAC reviews the process that management used to develop the plan and ensure it aligns with the previously established expectations for developing the CPSA Business Plan.

Responding to a question about the budget, Council was advised that access to the funding support for complainants who have filed a complaint about sexual abuse or sexual misconduct by a registered member is offered as soon as the complaint is filed. One of the assumptions that is used to develop the budget is with respect to the number of physicians that will be registered with CPSA. Growth in the number of regulated members has been decreasing. For 2022, the budget was prepared based on an assumption of net zero growth, but nothing is certain at this time. Registered members will be reminded that the fees in 2022 were reduced by the redistribution of funds previously collected for the building. For 2023, it may appear that fees have increased if they return to the unadjusted 2021 fee.

**MOTION (C32-21)** Moved by Christopher Fung and seconded by Raj Sherman that Council approves the 2022 Business Plan. Carried.

**MOTION (C33-21)** Moved by Levonne Louie and seconded by Christopher Fung to approve the 2022 Budget as recommended by the Finance and Audit Committee as contained in the dossier materials. Carried.

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## **12.0 Registration Team**

- Registration policy on English Language Proficiency (pulled from consent agenda)
- Updates re: Licentiate of the Medical Council of Canada (LMCC)

Based on the concerns raised earlier regarding the policy around English Language Proficiency, Dr. Caffaro provided a revised version. The concern that came forward was in regards to countries that provide education in English, even though English may not be considered the first and/or native language for the country. He shared some of the

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background for the policy, which includes a requirement in the Health Professions Act for language proficiency. Additionally, the current policy is based on criteria established and agreed to by Federation Of Medical Regulatory Authorities of Canada. He added that fellows and residents will have additional requirements from their universities or sponsors. CPSA relies on the reports from the universities or other jurisdictions for English language proficiency and will not require additional testing if those organizations are satisfied with a candidate's skills. The revised version of the policy clarifies the terminology around native/first language. Once approved, the policy will not go into effect until staff on the registration team have access to the portals for the companies offering the testing so they can verify test results.

**MOTION (C34-21)** Moved by Christopher Fung and seconded by Daisy Fung to accept the revised Registration Policy on English Language Proficiency as circulated for implementation October 1, 2021. Carried.

Dr. Caffaro advised Council that the Registration team is moving recent recipients of the Licentiate of the Medical Council of Canada to the general register as their standing is verified. Recent graduates were the first to be moved and others will be transitioned as notifications are received from the Medical Council of Canada.

At this time, further decisions around assessing candidates prior to issuing the LMCC will not be made until MCC has reviewed the report from its Assessment Review Task Force.

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### **13.0 Update from Chief Innovation Officer**

- MD Snapshot – Practice Checkup
- MD Snapshot – Prescribing
- TPP Antibiotic Atlas
- Okaki – Machine Learning Project Outline and Objectives

This item was deferred to discussion at the December Council Meeting.

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### **14.0 In Camera**

At the request of Council, the discussion of Supervised Consumption Sites was discussed in the public session.

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#### **14.1 Supervised Consumption Sites**

Dr. Elaine Hyshka, a researcher with the University of Alberta provided a presentation to Council regarding supervised consumption sites. The presentation included information about supervised consumption sites (SCS) in Alberta and across Canada. She shared information around the goals of care at these sites as well as some of the services that are typically offered. Dr. Hyshka

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advised Council of the current government's response to the opioid crises and shared her concerns regarding the future of SCS in Alberta. In the past (2016), Council passed a motion in support of SCS and Dr. Hyshka asked Council to provide a similar endorsement by way of a motion with the potential to address the newly added requirement that a regulated member is required to run a SCS.

Responding to a question about the impacts that resulted following a CPSA motion to restrict opioid prescribing, Dr. Hyshka advised that at the time the motion was made, it was considered a best practice to reduce the prescribing of opioids. The unintended consequence was that the illegal market adapted to the reduction of legally prescribed opioids and have filled the gap with a product that is causing an increased number of deaths because it is more potent than pharmaceutical grade opioids. Dr. McLeod noted that CPSA is working to acquire data from the coroner's office to better understand opioid deaths and what part, if any, the prescribing of opioids has played in those deaths.

While Dr. Hyshka did not have specific data around opioid deaths in the Indigenous community, she noted some anecdotal information seems to indicate that due to a reduction of services in southern Alberta, one tribe has seen an increase in overdose deaths of their people.

Prior to making a motion on supervised consumption sites, Council moved in-camera to clarify process and gain further understanding.

**MOTION (C35-21)** Moved by Stacey Strilchuk and seconded by Ian Walker that Council moves in-camera to continue discussions regarding a motion in support of supervised consumption sites. Carried.

Upon returning from the in-camera session, Council asked for additional information regarding alternatives to SCS. Dr. Hyshka noted the following:

- Recovery programs and residential treatment programs that are typically funded for a short term will not address the immediate concerns around poisoning of addicts as a result of overdoses and tainted drugs. They are an important resource for addicts who are struggling with drugs and alcohol.
- Expanding access to opioid agonist therapy which has made some strides can be helpful.
- Providing a safe supply of opioids
- Ensuring opioid users have access to naloxone
- Addressing the social determinants of health would likely impact opioid use.
- It was noted that SCS have been an accepted best practice since 1989 and is recognized as a best practice in 130 countries.
- Research has shown that any effective response to the opioid crises requires a strategy that considers those using in public spaces.

**MOTION (C37-21)** Moved by Raj Sherman and seconded by Linda McFarlane that CPSA Council continues to endorse anonymous, confidential, supervised consumption sites as one of the key strategies for preventing drug poisoning deaths. Carried (2 abstentions).

#### **14.2 Executive Elections**

*The process to elect the President, Vice President and Member-at-large is conducted in-camera. Once the necessary motions are approved, the outcomes of the election are made public. For 2022, the following individuals were elected/acclaimed into these positions:*

- **President – Stacey Strilchuk**
- **Vice President – Jaelene Mannerfeldt**
- **Member-at-large – Daisy Fung**

#### **15.0 Adjournment**

Final adjournment of the Council meeting was at 17:08.

Gail Jones  
Recording Secretary

## Attendees

### Council Members:

- Louis Hugo Francescutti, President
- Stacey Strilchuk, Vice President
- Jaelene Mannerfeldt, Executive Committee Member-at-Large
- Richard Buckley
- Patrick Etokudo
- Christopher Fung
- Daisy Fung
- Brenda Hemmelgarn
- Levonne Louie
- Jon Meddings
- Linda McFarlane
- Laura Morrison
- John O'Connor
- Raj Sherman
- Laurie Steinbach
- Jim Stone
- Ian Walker
- Tyler White
- Annabelle Wong
- John Bradley, Past President

### Additional Attendees:

- Scott McLeod, Registrar
- Susan Ulan, Deputy Registrar
- Shawn Knight, Chief of Staff
- Dawn Hartfield, Assistant Registrar
- Nazrina Umarji, Hearings Director and in-house Legal Counsel
- Gail Jones, Senior Executive Assistant (Recording Secretary)

## September 20, 2021 starting at 1800

### 1.0 Call to Order, Introductions and Check-in for In-Camera Session

Council met in-camera with the Registrar, Deputy Registrar, Assistant Registrar, Chief of Staff and In-house Legal Counsel.

### 2.0 Call to Order and Introductions – public session

Dr. Francescutti called the public session to order at 1818. and opened the meeting with a traditional territorial acknowledgement as one of the steps in the overall framework within CPSA to understand and address systemic racism and discrimination that Indigenous peoples face when accessing healthcare

The emergency meeting was called by Dr. Raj Sherman to explore actions that Council could take to support the healthcare system which is in crises resulting in compromised patient care.

#### 2.1 Conflict of Interest Declaration (Real, Potential or Perceived)

Dr. Ian Walker declared a perceived conflict given his administrative role with Alberta Health Services. Given his role is an administrative one, it was determined no action would be required at this time.

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## 2.2 Approval of agenda for public session

**MOTION (C40-21):** Moved by John O'Connor and seconded by Richard Buckley to approve the agenda as circulated. Carried.

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## 3.0 Development of Council Statements

To develop consensus on the effect Council would like to make through the actions they are considering, Council responded to some questions using a real-time survey tool, Mentimeter. Strong support was given for the following statements of effect:

1. Council wants to have an impact on the escalating number of COVID-19 cases we are seeing in Alberta
  2. Council wants to show support to regulated members and all health care providers
  3. Council wants all regulated members to lead by example by getting vaccinated
  4. Council wants to influence the public to get vaccinated
  5. Council wants to encourage the government to put in more restrictions to stop the spread and decrease impact on healthcare system
  6. Council wants to demonstrate its leadership by making a strong statement
  7. Council wants to be firmer in its stance against doctors who spread misinformation
  8. Council wants to be firmer in its stance against doctors who discourage the public from following public health guidelines
  9. Council wants to be firmer in its stance against doctors who inappropriately prescribe medication that is of no value and can cause harm.
- 

## 3.1 To the Profession

A draft of a potential statement to the profession was discussed. Administration was provided feedback to be used in finalizing the document. Once the feedback from Council is incorporated, the letter to the profession will again be shared with Council before it is shared with the profession. Dr. McLeod also advised Council that a statement regarding the use of Ivermectin is being developed in conjunction with the Alberta College of Pharmacy. There is also a potential collaboration with the College and Association of Registered Nurses of Alberta. Dr. McLeod and Dr. Hartfield cautioned Council against including specific consequences to physician actions in the letter, noting that each complaint is unique and gets assessed individually. Any sanctions imposed as a result of the complaints process are driven by case law.

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Prior to approving the letter to be sent, Council also considered any unintended consequences if the letter is sent. Administration, including in-house legal Counsel will review the list of potential unintended consequences and will take these into consideration in drafting the final version.

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**MOTION (C41-21)** Moved by Daisy Fung and seconded by Raj Sherman that Council approves, in principle, the development of a statement to the profession to encourage and support vaccinations as a way to potentially have an impact on the escalating number of COVID 19 cases in Alberta. Carried.

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### **3.2 To the Public**

A draft of a potential statement to the public was shared with Council. Council provided feedback to be incorporated into the final version that would be shared on the CPSA's website and through a media availability.

**MOTION (C42-21)** Moved by Linda McFarlane and seconded by Levonne Louie that Council approves, in principle, the development of a letter to the public to encourage and support vaccinations as a way to potentially have an impact on the escalating number of COVID 19 cases in Alberta. Carried.

#### **ACTIONS:**

Once the letter is finalized, the Communications team will be asked to consider having the letter translated into other languages. Consideration may also be given to targeting specific communities to reach out to those areas where vaccine uptake is lower.

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### **4.0 Development of a New Standard of Practice**

Dr. McLeod indicated that the development of a Standard of Practice would provide the complaints director with the specific items to which a physician can be held accountable to. If a new Standard is developed, it would include some of the key items that are referenced in the letter to the profession. It would need to go through the formal consultation process and would follow the established guidelines for consultation. An advice to the profession could be developed sooner and could also be created. The matter will also be discussed at an upcoming Federation Of Medical Regulatory Authorities of Canada meeting to understand what is happening across all Canadian jurisdictions. To address a concern that the Standard would be written too broadly, it was suggested it be developed to specifically address the COVID-19 pandemic and be made time limited. In addressing some of the current complaints that have been submitted relative to the pandemic, Dr. Hartfield indicated she is using the Code of Ethics to set expectations around physician behaviour.

**MOTION (C43-21)** Moved by Christopher Fung and seconded by Jaelene Mannerfeldt that CPSA staff will craft further guidance for the profession in the form of a Standard of Practice or an Advice to the Profession regarding professionalism during a public health emergency. Carried.

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**5.0 In-Camera**

Council met in-camera with the Registrar, Deputy Registrar, Assistant Registrar, Chief of Staff and In-house Legal Counsel to consider other communications and the legal implications of these actions. .

**6.0 Adjournment**

The meeting adjourned at 2025.

Gail Jones  
Recording Secretary



**From:** [Gail Jones](#)  
**To:** [Council 2021](#)  
**Cc:** [Executive](#); [Lorie Moyles](#)  
**Subject:** RE: ACTION: Election Results  
**Date:** Friday, October 15, 2021 12:10:00 PM  
**Attachments:** [image004.png](#)  
[image005.png](#)  
[image001.png](#)

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Thank you everyone. This motion has now passed. The results will be published in the November Messenger, but all candidates will be advised that they are welcome to share the results.

**Gail Jones, BComm** (she/her)

Senior Executive Assistant to Dr. Scott McLeod, Registrar

780-969-4970 | 1-800-561-3899 ext. 4970  
2700 - 10020 100 Street NW Edmonton AB T5J 0N3  
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**From:** Gail Jones  
**Sent:** Friday, October 15, 2021 11:27 AM  
**To:** Council 2021 <[Council.2021@cpsa.ab.ca](mailto:Council.2021@cpsa.ab.ca)>  
**Cc:** Executive <[Executive@cpsa.ab.ca](mailto:Executive@cpsa.ab.ca)>  
**Subject:** RE: ACTION: Election Results

Thank you for the prompt response:

Moved by Stacey Strilchuk and seconded by Christopher Fung That Council declares the physicians listed below have been duly elected to a 3 year term beginning January 1, 2022 as a result of the elections which concluded on October 13, 2021. :

Dr. Nicole Cardinal

Dr. Jaelene Mannerfeldt

Please reply to this e-mail to indicate:

- In favor
- Opposed
- Abstained

**Gail Jones, BComm** (she/her)

Senior Executive Assistant to Dr. Scott McLeod, Registrar

780-969-4970 | 1-800-561-3899 ext. 4970  
2700 - 10020 100 Street NW Edmonton AB T5J 0N3  
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**From:** Gail Jones  
**Sent:** Friday, October 15, 2021 11:17 AM  
**To:** Council 2021 <[Council.2021@cpsa.ab.ca](mailto:Council.2021@cpsa.ab.ca)>  
**Cc:** Executive <[Executive@cpsa.ab.ca](mailto:Executive@cpsa.ab.ca)>  
**Subject:** ACTION: Election Results

To Council Members:  
Subject: Declaring Candidates Elected

The [election results](#) are in and I have posted them on [SharePoint](#)

As per Council Bylaws, 15-11 "*The candidate or candidates with the largest number of votes shall be declared elected by the Council*". In accordance with previous practice, the declaration of the candidates as elected is being facilitated over e-mail. This practice provides timely feedback to Council, all registered members and provides additional time to consider committee appointments. As per past practice, emails have been sent directly to all candidates notifying them of the election results and indicating that the results will be confirmed by Council before public announcements are made.

I will need to have the following motion moved and seconded by a voting member of Council:

That Council declares the physicians listed below have been duly elected to a 3 year term beginning January 1, 2022 as a result of the elections which concluded on October 13, 2021. :

- Dr. Nicole Cardinal
- Dr. Jaelene Mannerfeldt

Once the motion is moved and seconded, I will send out a follow up e-mail to call for a vote.

As part of the election process, we have asked our IT department to confirm that the election program ran as expected. They have confirmed this and noted that there were no irregularities which would have impeded accessibility to the election platform.

**Gail Jones, BComm (she/her)**  
Senior Executive Assistant to Dr. Scott McLeod, Registrar

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To ensure transparency of the decision-making of the Council of the College of Physicians and Surgeons of Alberta, a report noting decisions passed during In-camera sessions will be brought forward to the next public meeting.

**In-Camera Sessions: September 9 and 10**

Council met in-camera at various times during the May 27 and 28, 2021 Council meeting to discuss sensitive issues.

The following motions were made:

**MOTION (C23-21):** Moved by Levonne Louie and seconded by Christopher Fung to approve the minutes with a correction to the attendance regarding Tyler White noting that he was only in attendance on May 27. Carried.

**MOTION (C28-21):** Council approved a motion to return to the public session.

**MOTION (C36-21):** Moved by Christopher Fung and seconded by Linda McFarlane to return to the public session. Carried.

**MOTION (C38-21):** Moved by Christopher Fung and seconded by Levonne Louie to accept Stacey Strilchuk, President, Jaelene Mannerfeldt, Vice President and Daisy Fung, Member-at-large, as the 2022 Executive Committee. Carried.

|                |                |
|----------------|----------------|
| Submission to: | <b>Council</b> |
|----------------|----------------|

|                    |   |   |  |
|--------------------|---|---|--|
| Meeting Date:      | Submitted by:   |   |  |
| December 1, 2021   | Dr. Jim Stone, Chair FAC  |   |  |
| Agenda Item Title: | Finance & Audit Committee Report  |   |  |
| Action Requested:  | <input 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 checked="" type="checkbox"/> The attached is for information only. No action is required. |

#### AGENDA ITEM DETAILS

|                                  |  |
|----------------------------------|--|
| Recommendation (if applicable) : | n/a  |
| Background:                      | <p>The Finance and Audit Committee (FAC) met on October 22, 2021 and November 5, 2021 and addressed the following issues:</p> <p><b>1. Review of Directors' and Officers' Insurance</b><br/>CPSA has insurance coverage through the Health Insurance Reciprocal of Canada (HIROC). All the medical regulator authorities (MRA) are under the umbrella of the Federation of Medical Regulatory Authorities of Canada (FMRAC) with each province having their own individual insurance coverage.</p> <p>Ms. Eileen Haghverdian with HIROC presented a summary of the Directors' and Officers' insurance coverage. The committee also received a presentation about CPSA's historical insurance claims and a comparison of CPSA's claims to the other medical regulatory authorities.</p> <p>FAC was satisfied with the level of insurance coverage in place at the CPSA for Councilors and committee members.</p> <p><b>2. Audit Planning for 2021</b><br/>The firm of PricewaterhouseCoopers LLP (PwC) will continue to serve as the CPSA's auditors for the 2021 fiscal year for both the CPSA audit and the pension fund audit. Mr. Brendan Hobal will be the new lead partner on the engagement.</p> <p>The committee received the audit plan report for 2021.</p> |

Fees will increase slightly to \$44,000 plus tax and disbursements up from \$41,000. \$1,000 of the increase is due to the additional procedures for the payroll conversion testing.

### **3. Accounting rules for non-registered pension plans**

The Accounting Standards Board released new rules for accounting for non-registered pension plans. This impacts the CPSA's defined benefit supplemental executive retirement pension (SERP). The new rules are effective for 2022, but can be adopted early.

The change in accounting will result in an increase in the liability reflected on the balance sheet. The offsetting debit is reflected on the statement of changes in net assets reducing the unrestricted net assets.

Management had budgeted for the change in accounting rules in the 2020 year which contributed to the surplus in the prior year.

FAC approved management's recommendation to adopt the new accounting rules early effective January 1, 2021.

### **4. Q3 2021 Results**

#### **a) Business Activity Update**

The Business Activity Update lists the key performance indicators (KPI), the associated targets and the actions/ tactics from the approved 2021 Business Plan. The document is broken down by the six business pillars.

FAC received a report on the business activity to the end of September 2021.

#### **b) CPSA Risk Register**

FAC received a report from management on the CPSA Risk Register. Quarterly the leadership team identifies new risks and reviews existing risks to CPSA. Risks are classified as under the following categories:

- Financial
- Legal
- Operational/Strategic
- Reputational

FAC reviewed the process followed by management to identify and manage risk factors relating to the financial and operation management of CPSA and was satisfied with the process.

### c) September 2021 Financial Results

FAC discussed a report from management regarding budget variances for the first nine months of 2021. As of September 30, 2021, there is a year-to-date operating income of **\$3,267,000** compared to the budgeted income of \$1,606,000 resulting in more income, or positive variance, of \$1,661,000.

|                                   | 30-Sep-21          | Budget             | Variance         |       |
|-----------------------------------|--------------------|--------------------|------------------|-------|
| Revenues                          | (25,347,000)       | (25,699,000)       | (352,000)        | <1%>  |
| Expenses                          | 22,080,000         | 24,093,000         | 2,013,000        | 8%    |
| <b>Operating Income</b>           | <b>(3,267,000)</b> | <b>(1,606,000)</b> | <b>1,661,000</b> |       |
| Development Costs                 | 34,000             | 144,000            | 110,000          | 76%   |
| Sub-total after Development Costs | (3,233,000)        | (1,462,000)        | 1,771,000        |       |
| Amortization & rental inducements | 399,000            | 436,000            | 37,000           | 8%    |
| Accreditation, net                | (293,000)          | 73,000             | 366,000          | 501%  |
| Sub-total                         | (3,127,000)        | (953,000)          | 2,174,000        |       |
| Other <income> loss               | (2,177,000)        | (186,000)          | 1,991,000        | 1070% |
| <b>&lt;Net Income&gt;</b>         | <b>(5,304,000)</b> | <b>(1,139,000)</b> | <b>4,165,000</b> |       |

The significant events impacting the financial results for the first nine months is a delay in hiring budgeted positions, resulting in reduced costs of \$1,354,000, and the COVID-19 pandemic. COVID-19 has resulted in reduced expenses due to a larger amount of virtual activity across programs and committee/Council meetings than budgeted for 2021.

Overall expense are down 8% compared to budget. While revenues are down by 1% compared to budget.

The other income consists of a change in market value of investments and the building fund investment activity with a combined \$2,117,000 income for the first nine months of 2021.

The total net income to the end of Q3 is \$5,304,000.

## **5. Indigenous Gift Policy**

Mr. Shawn Knight, CPSA's Chief of Staff, and Ms. Sheryl Prescott Paterson, CPSA's Program Manager, Policy, presented a draft Indigenous Gift Policy to the FAC.

CPSA recognizes the importance of recognizing First Nations, Métis and Inuit Elders and traditional Knowledge Keepers or Advisors (Elders) in a culturally sensitive manner and in deference to traditional customs. This policy establishes a standard for gifts of appreciation to be offered to an Elder who provides their services to CPSA.

The policy will only be used in cases where the Honoraria and Expense Policy is not applicable.

FAC approved the Indigenous Gift Policy.

## **6. Investment Education Session**

FAC received a presentation from Mercer on environmental, social, and governance issues (ESG) and sustainable investing.

## **7. Sole Source Contracts**

In compliance with the Sole Source Contracting Criteria, any sole source contract greater than \$75,000 is reported to FAC.

FAC received the following reports for sole source contracts:

1. Modification of pre-existing fatigue risk management program developed by the Centre for Sleep and Human Performance for use by physicians.
2. Off-site disaster recovery and server hosting services.

The cost for both projects are included in the 2021 budget

## **8. Management Control Framework**

FAC approved changes to the Management Control Framework policy. The Chief of Staff has been added as a signing authority for CPSA.

## **9. Pension Governance Annual Reporting**

FAC reviewed a self-assessment for an annual review of its roles and responsibilities under the Pension Plan Governance policy. The FAC is compliant with its roles and responsibilities.



The FAC agreed in 2019 to remain with Mercer as the actuary for the CPSA's defined benefit pension plan through the transition period for the new pension plan. The issuing of a request for proposal for pension actuarial services is scheduled for 2022.

#### **10. Reporting - Executive Limitations Financial Conditions**

FAC received a report on the compliance with the executive limitations as listed in the Governance Manual, Part 4 – Executive Limitations.

FAC was satisfied the Registrar is in compliance with the financial requirements of the Executive Limitations. For any contracts issued for  $\geq$  \$75,000 without requests for proposals, the FAC was notified and had approved the Competitive Bid Exception request in 2021 in compliance with CPSA's Management Control Framework.

#### **11. Safe Disclosure of Work Violations annual reporting**

FAC received a report from Ms. Jessica McPhee, Director, People & Culture on the safe disclosures of work violations for 2021.

CPSA staff policies and directives outline the business standards and ethical obligations CPSA employee must meet at work. These policies support the mission and vision and apply to all CPSA team members. The *Safe disclosure of work violations* policy outlines how team members can safely bring forward serious concerns within CPSA.

No violations were reported.

#### **12. CFO Priorities and Succession Plan**

FAC received an annual report providing an overview of the CFO roles and responsibilities. The role of CFO includes oversight of the following:

- Finance (includes payroll)
- Risk Management
- Infrastructure
- Office Support

The committee received an overview of the priorities for 2022 and the succession planning for the CFO role.

|                      |   |
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|                      | <p><b>13. FAC Technical member search</b></p> <p>CPSA advertised for a technical expert for the FAC for 2022. A total of 16 applications were received. The applications were reviewed by the committee and four candidates were short listed to present to FAC.</p> <p>A candidate was selected and the name was referred to the Governance Committee for their consideration for Council.</p> |
| Next Steps:          | n/a   |
| List of Attachments: |   |
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| Submission to: | <b>Council</b> |
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| Meeting Date:      | Submitted by:  |   |  |
| December 2, 2021   | Levonne Louie  |   |  |
| Agenda Item Title: | Governance Committee Report  |   |  |
| 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 checked="" type="checkbox"/> The attached is for information only. No action is required. |

#### AGENDA ITEM DETAILS

|                                  |  |
|----------------------------------|--|
| Recommendation (if applicable) : | A number of recommendations came out of the Governance Committee meeting and are attached as individual documents below.   |
| Background:                      | <p>The Governance Committee met on November 9 and discussed the following matters:</p> <ol style="list-style-type: none"> <li>1. Terms of Reference – the committee reviewed the terms of reference for a number of Committees and are recommending approvals of changes to the Committee Terms of Reference as per the attached report. Additionally, the following Terms of Reference were received as information only at this time. These Committees have not yet had an opportunity to fully review these Terms of Reference:             <ol style="list-style-type: none"> <li>a. <a href="#">Indigenous Health Advisory Circle</a></li> <li>b. <a href="#">Equity, Diversity and Inclusion Advisory Committee</a></li> </ol> </li> <li>2. A Debrief of the Physician Member Elections –members of the Committee highlighted the low voter turnout, while at the same time seeing considerable interest from regulated members to run for a position on Council. It is anticipated the Governance Review will provide some guidance to Council regarding how best to populate the regulated member positions on Council.</li> <li>3. Council Education Planning – the Committee discussed whether or not to re-introduce education sessions on topics of interest to all Council members at Council meetings. The Committee supported allotting approximately 1 hour for educational topics at Council meetings once meetings resume face to face. Mr. Knight will be developing a</li> </ol> |

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|   | <p>proposal to bring forward in the New Year with a potential to connect topics to follow up on the learnings from the 2022 Council retreats.</p> <ol style="list-style-type: none"> <li>4. 2022 Annual Retreat – As noted, this will be a separate topic on Council’s agenda to engage all of Council in this discussion.</li> <li>5. Committee Appointments – see attached recommendations.</li> <li>6. Council member commitments – the Committee had a fulsome discussion regarding the number of Committees each Council member should be participating on as well as the number of Committees any one individual should chair. Consideration was given to developing a policy on this topic, however, the Committee felt this could be an item for consideration as part of the upcoming Governance Review.</li> <li>7. Selection of Committee Chairs – see attached recommendation.</li> <li>8. Approval of Governance Committee Meeting Schedule – the Committee approved the following dates for meetings in 2022:             <ol style="list-style-type: none"> <li>a. February 2</li> <li>b. April 13</li> <li>c. November 9</li> </ol> <p>The tasks of the Committee are being reviewed to determine whether a meeting is required between the April and November meetings.</p> </li> </ol> |
| Next Steps:   |  |
| List of Attachments:  |  |
| <ol style="list-style-type: none"> <li>1. <a href="#">Terms of Reference Approvals</a></li> <li>2. <a href="#">Committee Appointment Approvals – Council Members</a></li> <li>3. <a href="#">Committee Appointment Approvals – Non-Council Members</a></li> <li>4. <a href="#">Committee Chair Approvals</a></li> </ol> |  |

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| Submission to: | <b>Council</b> |
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| Meeting Date:      | Submitted by:   |   |  |
| December 2, 2021   | Levonnie Louie  |   |  |
| Agenda Item Title: | Governance Committee Report – Terms of Reference  |   |  |
| Action Requested:  | <input checked="" type="checkbox"/> The following items require approval by Council<br>See below for details of the recommendation. | <input type="checkbox"/> The following item(s) are of particular interest to<br>Choose an item.<br>Feedback is sought on this matter. | <input type="checkbox"/> The attached is for information only.<br>No action is required. |

#### AGENDA ITEM DETAILS

|                                  |  |
|----------------------------------|--|
| Recommendation (if applicable) : | <p>The Governance Committee is recommending approval of the following Committee Terms of Reference:</p> <ul style="list-style-type: none"> <li>Executive Committee</li> <li>Finance and Audit Committee</li> <li>Governance Committee</li> <li>Legislation &amp; Bylaw Committee</li> <li>Governance Review Subcommittee</li> </ul>  |
| Background:                      | <p>During its annual review of Committee mandates, the Committee recommended revisions to the Terms of Reference for the Executive Committee, the Governance Committee and the Legislation &amp; Bylaw Committee. Based on the discussions at those committees, the attached Terms of Reference are being recommended for approval by Council.</p> <p>The Finance and Audit Committee regularly reviews their Terms of Reference and requested one update to their Terms of Reference as attached.</p> <p>The Governance Review Subcommittee reviewed its Terms of Reference at its inaugural meeting.</p> |

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| Next Steps: |  |
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| List of Attachments:  |
| <ol style="list-style-type: none"> <li><a href="#">1. Executive Committee Terms of Reference</a></li> <li><a href="#">2. Finance and Audit Committee Terms of Reference</a></li> <li><a href="#">3. Governance Committee Terms of Reference</a></li> <li><a href="#">4. Legislation &amp; Bylaw Committee Terms of Reference</a></li> <li><a href="#">5. Governance Review Subcommittee Terms of Reference</a></li> </ol> |

## **Terms of Reference Executive Committee Draft for approval 2021-12**

### **Purpose**

The Executive Committee provides a mechanism for continuity and decision making on urgent organizational matters between Council meetings.

### **Membership**

Council annually elects the members of the Executive Committee.

Voting members are:

- [Council President](#), who serves as chair of the Committee
- [Council Vice-President](#), who serves as vice chair of the Committee and will chair the meeting when the President wishes to speak on a topic at a Council meeting.
- [Member-at-large](#), who may be called upon to chair Council meetings periodically.

If required, one other member will be appointed to the Executive Committee to ensure there is at least one public member or one physician member on the Committee.

### **Authority and Accountability**

- As per Council Bylaws section 17 (6), the Executive Committee is a standing committee of Council.
- The Executive Committee does not have authority to direct the Registrar, but may delegate some of its power or duties to the Registrar. (see Bylaws section 17 (9) and 17 (10)).
- The Executive Committee cannot alter, repeal or suspend a decision of Council.
- The Executive Committee does not have authority to direct the Registrar unless expressly authorized to do so by Council.
- Members of the Executive Committee should have an understanding of Robert's Rules of Order.

## Roles and Responsibilities

The Executive Committee:

1. Establishes the agenda for Council Meetings.
2. Follows up and takes actions as necessary with individual Council members based on requests by the Governance Committee regarding the annual sign off of the following documents: Conflict of Interest Declarations, Code of Conduct Agreement, Confidentiality and Non-disclosure Agreement, and Councillor's Oath.
3. Reviews the results of the Council Meeting Feedback Surveys to make improvements and adjustments to upcoming meetings.
4. Reviews the results of the Annual Evaluation of Council Effectiveness and takes actions as required. Council will be kept apprised of the actions taken based on the results from this evaluation.
5. Connects with all Councillors regarding the Registrar's performance evaluation on an annual basis.
6. Ensures and reviews the succession planning process for the Registrar
7. Addresses urgent, organizational issues between Council meetings and reports back to Council on those issues.
8. Works with the Governance Committee to develop and deliver an orientation program for new members.
9. Recommends policies and procedures to promote a just and respectful organizational culture through development of, review of, and compliance with Council and organization codes of conduct.
10. Promotes ongoing professional development of Council members
11. The President is ex-officio on all Committees and should ensure committee work is not being duplicated and that there aren't any gaps not addressed in a committee.
12. At Council Retreats, the President or another member of the Executive Committee should provide a formal introduction of any guests and speakers in attendance.
13. Represents Council at external meetings, including but not limited to:
  - a. Alberta Medical Association (AMA) Representative's Forum (twice a year, could be three times a year) – need to have a physician member who is able to vote attend.
  - b. Alberta Medical Association (AMA) and CPSA Presidents and CEOs meetings – four times a year
  - c. Alberta Medical Association (AMA) and CPSA Executive Committee Meetings – twice a year
  - d. Canadian Medical Association (CMA) annual Health Summit (and/or General Council) – need to have a physician member who is able to vote
  - e. Federation of State Medical Boards (FSMB) – one person to attend. (Does not need to be a physician)

- f. Dine and Dash meetings with provincial politicians – all executive members should be invited to attend.
  - g. Federation of Medical Regulatory Authorities of Canada (FMRAC) – all executive members encouraged to attend the annual meeting and conference.
  - h. College and Association of Registered Nurses of Alberta (CARNA) AGM – if president cannot attend, then request is sent to others on executive to attend. If no one from executive can attend, the request will be forwarded to all Council members.
  - i. Tri-professional meetings – Alberta College of Pharmacy (ACP), CARNA, CPSA, AMA (Colleges and Associations)
  - j. Any symposiums or conferences that are reaching out to physicians in general
  - k. Roadshows – the President should attend and if practical, other members of the executive should be given the option to attend.
  - l. Edmonton and Calgary Medical Staff meetings
  - m. Outreach to various groups such as the Female Physician Leaders
  - n. Association of Professional Engineers and Geoscientists of Alberta (APEGA) AGM -
14. Additional responsibilities as required.

## **Meetings**

### **Frequency**

- The Executive Committee meets at least annually, and normally will meet approximately 2 weeks before each Council meeting. The Chair will call other meetings as necessary.
- The Executive Committee meets with the AMA Executive twice a year.

### **Procedures**

- The Executive Committee may determine procedures to be used at its meetings.
- The Executive Committee may meet in person, by teleconference or any other communications technology that permits all persons participating in the meeting to communicate with each other.

### **Decision Making**

- Quorum shall be two members of the Executive Committee
- A decision of the Executive Committee may be made by consensus or simple majority support for a motion where the majority is determined based on the number of Committee members present for the vote.



- Decisions of the Executive Committee will be ratified by Council at its next scheduled meeting.

### Records of the Committee

- Minutes shall be recorded for all meetings and will be approved by the Committee at its next meeting. Minutes will be made available to all Council members through the SharePoint site.
- The Executive Committee reports to Council on its activities as directed by Council.

### Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except any information deemed necessary to communicate with stakeholders.
- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on Council Committees.

### Subcommittees

- Subject to sections 19 and 20 of the Health Professions Act, the Committee may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables as defined by the Executive Committee.
- A subcommittee's mandate shall end effective December 31 of each year but may be renewed at the discretion of the Executive Committee to complete assigned tasks.

### **Committee Resources (both financial and people resources)**

- Council approves the budget for the Executive Committee.
- Executive Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's [Honoraria and Expense Policy](#) . This includes approximately four, one-hour meetings per year that are not attended by CPSA staff.
- The Registrar and/or a delegate(s) as well as the Chief of Staff attend all Executive Committee meetings.
- The Senior Executive Assistant or a delegate will attend the meeting to capture next steps.
- Other CPSA staff will attend the Executive Committee meetings as requested or required.



## **Terms of Reference Governance Committee Draft for approval 2021-12**

### **Purpose**

Advisory in nature, the Governance Committee:

- Ensures Council practices are in compliance with applicable legislation, regulations and CPSA Bylaws;
- Promotes good governance practices at all Council and Committee meetings
- Recommends practices and educational opportunities to improve Council effectiveness

### **Membership**

Council appoints the chair and the members of the Governance Committee for a three year term which is renewable once.

Voting members are:

- two (2) public members of Council,
- two (2) physician members of Council,
- the Past President of Council (even if no longer on Council) or the longest serving member of Council if the Past President does not wish to serve on this Committee

Non-voting members are:

- Council President, ex-officio (Ideally, if the Council President is unable to attend a Governance Committee meeting, another member of the Executive Committee will attend instead).

With the exception of Council President, members of the Executive Committee are not eligible to participate on the Governance Committee.

A vice-chair, who will assume the chair's responsibilities if the chair is unable to be present, will be chosen from the voting members of the Committee as needed.

### **Authority and Accountability**

- As per Council Bylaws section 17 (6), the Governance Committee is a standing committee of Council.

- The Governance Committee does not have authority to direct the Registrar, but may delegate some of its power or duties to the Registrar. (see Bylaws section 17 (9) and 17 (10)).
- The Governance Committee makes recommendations to Council regarding the duties delegated to the Committee by Council.

## Roles and Responsibilities

1. Works with the past president to develop the annual Council retreat.
2. Develops, recommends and stewards council evaluation programs.
3. Reviews the annual submissions of the following documents from Council members and forwards any items requiring follow up action to the Executive Committee:
  - Conflict of Interest Declarations,
  - Code of Conduct Agreement,
  - Confidentiality and Non-disclosure Agreement
  - Councillor's Oath.
4. Provides input and support for the orientation program for new members. Promotes the development and use of a reference manual for all Councillors.
5. As the Committee responsible for formalizing a role for the Past President, the Governance Committee periodically reviews the effectiveness of this position and considers any recommendations to revise the responsibilities of that position. (See below)
6. Facilitates the Executive Election process.
7. Reviews the aggregate skills and competencies of the current composition of Council to identify potential gaps in experience, skills and expertise.
8. Reviews and make recommendations for the annual Physician Member Elections.
9. Brings forward recommendations for appointments or reappointments to Council Committees, including the listing of physicians to serve on Hearing Tribunals or Complaint Review Committees.
10. Brings forward recommendations for appointments of Committee Chairs, based on the following principles:
  - a. Each committee has had an open and transparent succession plan
  - b. All councillors have been given an opportunity to express their interest in becoming Chair
  - c. Committee chairs are a Council member unless extenuating circumstances exist to justify the appointment of a Chair who is not a sitting Council member.
  - d. Chairs are appointed for 1 year only.
11. Annually confirms Committee mandates and makes recommendations for changes to the structure or mandate of Council and its committees to ensure alignment of purpose, vision and strategy.
12. Ensures that all bylaws, terms of reference, policies and communications are free of barriers which could limit diversity and inclusion on Council.

## **Roles and Responsibilities – Past President**

The duties of the past president may include the following:

1. On an annual basis, run the election to determine members of the Executive Committee.
2. Participate in new councillor orientation
3. Develop the annual retreat for Council.

In the event the position of Past President is vacant, these roles and responsibilities will revert to the Governance Committee or an individual appointed by the Governance Committee.

## **Meetings**

### **Frequency**

- The Governance Committee meets at least once a year or at the call of the Chair, normally four (4) times per year in advance of Council meetings

### **Procedures**

- The Governance Committee may determine procedures to be used at its meetings.
- The Committee may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other

### **Decision Making**

- Quorum shall be three (3) voting members of the Governance Committee.
- A decision of the Committee may be made by consensus or motion
- A majority vote of Committee members present at a meeting decides a vote.
- .

### **Records of the Committee**

- Minutes shall be recorded for all meetings and will be approved by the Committee at its next meeting. Minutes will be made available to all Council members through the SharePoint site.

- The Committee will report to Council at least annually regarding its activities.
- Any items requiring approval by Council will be brought forward at the next Council meeting as a recommendation from the Committee.

## Confidentiality

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except any information deemed necessary to communicate with stakeholders.
- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on Council Committees.

## Subcommittees

- Subject to sections 19 and 20 of the Health Professions Act, the Committee may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables as defined by the Governance Committee.

## Committee Resources

- Council approves the budget of the Governance Committee
- Governance Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's [Honoraria and Expense Policy](#).
- The Registrar and Chief of Staff attend all Governance Committee meetings.
- The Senior Executive Assistant to the Registrar or designate will act as Recording Secretary for the Committee.
- Others may attend the Governance Committee meetings as needed to provide specific knowledge or expertise on matters before the Committee.

## Next Review Date - 2023

## **Terms of Reference Governance Review Committee Draft for approval 2021-12**

### **Purpose**

The purpose of the Governance Review is to identify best practice governance principles, structures and processes necessary to update and strengthen the College of Physicians and Surgeons of Alberta (CPSA) governance framework. These governance best practices will focus on CPSA's mandate to govern its regulated members in a manner that protects the public. Oversight of this work will be the responsibility of the Governance Review Committee.

### **Objectives**

- Identify, develop awareness and understanding of governance structures and decision making processes of similar organizations including governance structures most appropriate for a medical regulator.
- Identify and develop recommendations of best practice governance structures and processes for regulatory Boards/Councils. Recommend policies, procedures and processes regarding high performing Boards/Councils and governance structures that can be accomplished within the current legislative framework.
- Identify best practices, structures and processes to promote an effective and transparent relationship between Registrar/CEO and Board/Council.
- Develop awareness of best practices including characteristics of high performing Boards/Council and committees including processes to populate those boards. Create awareness of appropriate term lengths, competencies and reporting structure.
- Assess external environment by identifying key partners who have influence on the organization, which may include societal pressures, and other external pressures which influence a medical regulators' ability to be viewed as effective.
- Recommend a governance structure which will allow CPSA to effectively influence and respond to anticipated activity in the external environment.
- Identify and recommend best practices and performance indicators that can enhance the effectiveness of governance regarding Board/Council development and assessment of Board/Council member effectiveness individually and as a collective.

### **Scope**

The Governance Review Committee will conduct its work in three phases.

Phase one: Guide and approve the RFP for the Governance Review and select the successful vendor in collaboration with Registrar and staff.

Phase Two: Working with the Consultant guide the Governance Review to ensure all objectives are accomplished. Review the Consultant report and guide the Consultant's development of recommendations to Council. Update Council on progress of the review.

Phase Three: Working with the Registrar and staff to present recommendations to Council for consideration regarding implementation.

## **Membership**

The Governance Review Committee members serve on the Council subcommittee until it is dissolved. As required, Council will appoint members to fill any vacancies on the Committee.

Members are:

- 4 voting Council members, 2 public members and 2 physicians

President will be invited to attend as needed The Chair of the Committee will be selected by and from the members of the Committee.

The Chair will preside at all meetings of the Committee.

Support from Administration will be at the discretion of the Registrar.

## **Authority and Accountability**

Council Bylaws section 17.1 stipulates the authority for Council to create a subcommittee. At its meeting in September 2021, Council approved a motion to create a sub-committee of Council to oversee a limited Governance Review and authorizing the Governance Committee to determine the size of the Committee. Formal ratification of the Committee's membership will occur at the December 2021 Council meeting.

## **Roles and Responsibilities**

As noted in Scope the roles and responsibilities would focus on the oversight of the creation of an RFP, selection of a preferred vendor, guidance, in collaboration with the Registrar and staff, of the work undertaken by the Consultant, the review of the submitted work and the development of the recommendations presented to Council.



## **Meetings**

### **Frequency**

- As determined by the Chair and Council and based on the needs of achieving the deliverables as outlined in Scope. .

### **Records of the Committee**

- Notes of each meeting will be kept with a focus on action items and to inform next steps/agenda for the Committee

### **Confidentiality**

- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on all Council Committees and subcommittees.

## **Committee Resources**

- Council approves the budget for the Governance Review Committee
- Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's Honoraria and Expense Policy.
- The Registrar
- The Chief of Staff will attend all Governance Review Committee meetings.
- The Senior Executive Assistant or a delegate will attend the meeting to capture next steps.
- Other CPSA staff will attend the Governance Review Committee meetings as requested or required.

## **Term**

The Governance Review Committee will be dissolved at the conclusion of the project as determined by Council.

## **Terms of Reference Finance and Audit Committee Draft for approval 2021-12**

### **Purpose**

The Finance and Audit Committee (FAC) assists Council in fulfilling its financial oversight responsibilities.

### **Membership**

Council appoints a chair and the members for the FAC.

Voting members are:

- two (2) public members of Council
- three (3) physician members of Council
- one (1) individual selected for their technical expertise on financial matters
- Council President, ex-officio

### **Authority and Accountability**

- As per Council Bylaws section 17(6), FAC is a standing committee of Council.
- FAC does not have authority to direct the Registrar, but may delegate some of its power or duties to the Registrar. (see Bylaws section 17 (9) and 17 (10)).
- FAC makes recommendations to Council regarding the duties delegated to the Committee by Council.

### **Roles and Responsibilities**

1. Approves policies concerning honoraria, expenses, grants, banking, fees or any other issue affecting the financial and operational management of CPSA.
2. Provides recommendations to Council regarding the operating budget and annual fees.
3. Appoints external auditors, approves the scope of an audit, recommends to Council to approve CPSA's annual audited financial statements and related documents, reports the results of the annual audit to Council, and assesses the performance of the auditors and their relationship with the Registrar and staff.
4. Ensures that the Registrar has in place and follows an investment policy which does not vary materially from Prudent Investor guidelines as summarized in Council policy.

5. Provides oversight of, and reports to Council concerning, the Registrar's adherence to financial and operational policies in the areas of budgeting and forecasting, financial condition, protection of assets, investment of CPSA funds, and compensation and benefits, including the pension plan.
6. Ensures that the Registrar has established a process to identify and manage risk factors relating to the financial and operational management of CPSA, including the prevention, early identification and management of error, misstatement and fraud.
7. Considers and reviews, with management and the auditors, the adequacy of the organization's risk management methodology and internal controls, including computerized information system controls and security.
8. Considers and reviews the Safe Disclosure of Work policy and CPSA Compliance Officer Report annually.
9. Considers and reviews the priorities and succession plan of CFO annually.

## Meetings

### Frequency

- FAC meets at least ~~once four times~~ a year or at the call of the Chair ~~and normally four (4) times per year~~ to fulfill its roles and responsibilities.

### Procedures

- FAC may determine procedures to be used at any meeting.
- FAC may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.

### Decision Making

- Quorum shall be fifty (50) percent of the members of the FAC.
- A decision of the FAC may be made by consensus or motion.
- A majority vote of FAC members present at a meeting decides a vote.

### Records of the Committee

- Minutes shall be recorded for all meetings and will be approved by FAC at its next meeting. Minutes will be made available to all Council members through the SharePoint site.
- FAC will report to Council at least ~~two four~~ (42) times per year or as otherwise directed by Council regarding its activities.

## Confidentiality

- All written materials and discussions related to decisions made at the meetings of FAC are confidential except any information deemed necessary to communicate with stakeholders.
- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on Council Committees.

## Subcommittees

- Subject to sections 19 and 20 of the Health Professions Act, FAC may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables as defined by FAC.

## Committee Resources

- Council approves the budget for the FAC.
- FAC members are paid an honorarium and are reimbursed for their expenses as per CPSA's Honoraria and Expense Policy.
- The Registrar or their delegate attends all FAC meetings.
- The Executive Assistant to the Chief Financial Officer or designate will act as Recording Secretary for the Committee.

**To be reviewed annually - Next Review Date - 20221**

## **Terms of Reference Legislation and Bylaw Committee Draft for approval 2021-12**

### **Purpose**

Advisory in nature, the Legislation and Bylaw Committee regularly reviews applicable legislation and the Bylaws of CPSA.

### **Membership**

Council appoints the chair and members of the Legislation and Bylaw Committee for a three year term which is renewable once.

Voting members are:

- Two (2) public members of Council
- Two (2) physician members of Council
- Council President, ex-officio

### **Authority and Accountability**

- As per Council motion C-25-17, the Legislation Committee (renamed to the Legislation and Bylaw Committee in 2019) is a standing committee of Council.
- The Legislation and Bylaw Committee does not have authority to direct the Registrar, but may delegate some of its power or duties to the Registrar (see Bylaws section 17 (9) and 17 (10)).
- The Legislation and Bylaw Committee makes recommendations to Council regarding legislation and revisions to the Bylaws of CPSA.

### **Roles and Responsibilities**

1. Review and update the Bylaws of CPSA to ensure alignment with other legislation, relevance to current practice and clarity.
2. Recommend, review and develop Council policies in collaboration with other Committees as necessary.
3. Regularly review the Health Professions Act and develop a list of suggested revisions, should the Act be opened.
4. Review and report to Council on proposed amendments to the Health Professions Act. Receive direction from Council regarding amendments.
5. Review other legislation that may be in the interests of CPSA and report to Council on same.

6. Review and report to Council on any legislation that may affect the delivery of health services by members of CPSA.

## **Meetings**

### **Frequency**

- The Legislation and Bylaw Committee meets at least once a year or at the call of the Chair.

### **Procedures**

- The Legislation and Bylaw Committee may determine procedures to be used at its meetings.
- The Committee may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.

### **Decision Making**

- Quorum shall be three (3) voting members of the Committee
- A decision of the Committee may be made by consensus or motion
- A majority vote of Committee members present at a meeting decides a vote.

### **Records of the Committee**

- Minutes shall be recorded for all meetings and will be approved by the Committee at its next meeting. Minutes will be made available to all Council members through the SharePoint site.
- The Committee will report to Council at least annually regarding its activities.
- Any items requiring approval by Council will be brought forward at the next Council meeting as a recommendation from the Committee.

### **Confidentiality**

- All written materials and discussions related to decisions made at the meetings of the Committee are confidential except any information deemed necessary to communicate with stakeholders.
- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on Council Committees.

## Subcommittees

- Subject to sections 19 and 20 of the Health Professions Act, the Committee may, at its discretion, appoint a sub-committee to assist in the fulfillment of the Committee's roles and responsibilities.
- A sub-committee will have specific, defined tasks and deliverables as defined by the Committee.

## Committee Resources

- Council approves the budget of the Legislation and Bylaw Committee
- Legislation and Bylaw Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's [Honoraria and Expense Policy](#).
- The Registrar and Chief of Staff attend all Legislation and Bylaw Committee meetings.
- The Senior Executive Assistant to the Registrar or designate will act as Recording Secretary for the Committee.
- Others may attend the Legislation and Bylaw Committee meetings as needed to provide specific knowledge or expertise on matters before the Committee.

## Next Review Date - 2023

***Draft Terms of Reference  
Equity, Diversity and Inclusion  
Advisory Committee  
Approved: mm/yyyy***

## **Purpose**

The Equity, Diversity and Inclusion (EDI) Advisory Committee will provide advice and make recommendations to CPSA Council and Leadership on priority areas where CPSA has the greatest authority to implement and influence change to initially disrupt systemic racism and discrimination and ultimately promote equity, diversity and inclusion in workplace and healthcare spaces for CPSA staff, physicians and their patients.<sup>1</sup>

## **Membership**

The EDI Advisory Committee will be comprised of up to 16 members representing CPSA Council, Leadership and Team, physicians, and other members who have expressed commitment to disrupting racism and advancing equity, diversity and inclusion.

There is great diversity in people who have experienced some form of racism and discrimination in Alberta's healthcare system and in organizations that represent them. Many have no organization to speak for them.

In recognition of these realities, members initially appointed to the EDI Advisory Committee will determine how they can invite diverse groups who have been subject to racism and discrimination to share information and, where comfortable, stories of lived experience to enhance the awareness and understanding of EDI Advisory Committee members and inform their work.

For the first year of operation, the EDI Advisory Committee membership will include the following:

| Role/Representation        | Member   |
|----------------------------|--|
| <b>Role/Representation</b> | <b>Member</b>  |
| Chair                      | Recommended from among the membership  |
| CPSA Council               | Interested Councillors (6)   |
| CPSA Team Members (5)      | <ul style="list-style-type: none"> <li>• CPSA Leadership Team, Executive Sponsor (1)</li> <li>• CPSA Staff <ul style="list-style-type: none"> <li>○ Executive Sponsor (1)</li> <li>○ CPSA Staff (4)</li> </ul> </li> </ul> |

<sup>1</sup>In its commitment to Truth and Reconciliation, CPSA's Indigenous Health Advisory Circle (Circle) will make recommendations to CPSA specific to strategies for better understanding and supporting Indigenous patients and guiding physicians in providing culturally safe, equitable care to First Nations, Métis and Inuit Peoples in Alberta. A member of the Circle will be appointed to the EDI Advisory Committee and will serve as liaison between the two.



| Role/Representation                        | Member  |
|--|---|
| Members at Large (up to 5)                 | <ul style="list-style-type: none"> <li>Initial core membership includes representatives of <ul style="list-style-type: none"> <li>Black Physicians' Association of Alberta (2)</li> <li>U of A Black Medical Students' Association of Alberta (1)</li> </ul> </li> <li>Professional Association of Resident Physicians of Alberta representative (Vacant)</li> <li>CPSA Indigenous Health Advisory Circle representative (Vacant)</li> <li>Additional representatives of individuals or groups who have experienced racism and discrimination may be appointed as required</li> </ul> |
| Secretariat (non-voting)                   | <ul style="list-style-type: none"> <li>Chief of Staff</li> <li>Executive Assistant to Chief of Staff</li> <li>Program Manager, Policy</li> </ul>  |
| Additional Support (non-voting)            | <ul style="list-style-type: none"> <li>Director of Communications</li> <li>Standards of Practice Advisor</li> <li>Senior Communications Advisor</li> </ul>  |
| CPSA President and Registrar by Invitation | <ul style="list-style-type: none"> <li>CPSA President and Registrar may be invited as required</li> </ul>   |

Recommendation for Council Member appointments will be made by acknowledgement of interest.

Recommendations for appointment of CPSA Team Members and Members at Large will be made by the Registrar.

Recommendations for appointment and reappointment of the chair will be reviewed and made from among the membership annually. A vice-chair, who will assume the chair's responsibilities if the chair is unable to be present, will be chosen from the voting members as needed.

Initial term of membership is one year. Within the one-year time period, EDI Advisory Committee members will evaluate membership composition and terms and make recommendations for what the future composition and terms of membership should be. Committee composition will allow for an initial membership for continuity purposes and additional representation as required to enable the committee to be responsive to key issues as they arise.

EDI Advisory Committee membership will be reviewed annually and may be reviewed more frequently based on the evolving needs of the Committee. At any point in time, the EDI Advisory Committee or the Registrar may make recommendations for amending the membership.

Should a member resign, a new member may be appointed by the Registrar in accordance with membership requirements in this Terms of Reference.

## **Authority and Accountability**

CPSA has developed a framework to guide it in promoting equity, diversity and inclusion and tackling racism and discrimination in the healthcare system. The Equity, Diversity and Inclusion Framework (EDI Framework) recognizes that CPSA's responsibility to its staff and its authority to govern the medical profession intersect with a broader ecosystem within which CPSA can be an influencer for positive change.

On March 5, 2021, CPSA Council gave unanimous consent to a proposal to establish a working group with Council members to develop a plan based on the EDI Framework to address racism and discrimination and assist CPSA in understanding where it has the greatest authority and influence to implement change.

The EDI Advisory Committee is advisory in nature. It is understood the EDI Advisory Committee will have no formal decision-making authority. The EDI Advisory Committee's advice and recommendations will inform decisions made by Council and the Registrar regarding CPSA's policies, processes, programs and initiatives.

The EDI Advisory Committee will

- Report to Council Executive Committee and Council through the Chair or the Registrar as designate;
- Submit advice and recommendations directly to Council in writing to be tabled before Council; and
- Provide a progress report to be tabled before Council at each Council meeting.

## **Roles and Responsibilities**

The EDI Advisory Committee will assist CPSA in developing an Action Plan and Framework for Disrupting Racism and Promoting Equity, Diversity and Inclusion (EDI) that may include:

- Developing a CPSA Anti-Racism and Discrimination Position Statement;
- Increasing awareness of and identifying individual and systemic bias, both real and perceived, to remove barriers in
  - CPSA internal operations, processes, policies and procedures, including
    - Human resource practices,
    - Participation in CPSA Council and CPSA committees, and
    - Complaints and registration processes;
  - Guidance provided to regulated members, including
    - Standards of Practice and Advice to the Profession; and
  - Communication with regulated members and the public;
- Clarifying expectations of regulated members, including
  - Developing a Standard of Practice and/or Advice to the Profession document to augment CPSA Code of Ethics and Professionalism; and

- Incorporating acceptable and culturally sensitive concepts, actions and language into existing standards of practice and advice to the profession; and
- Identifying training and educational opportunities that may be undertaken by
  - CPSA Council, Executive, Leadership and staff; and
  - CPSA regulated members.

Recommendations may be made for amendment of the Terms of Reference in response to priorities and issues as they arise and to reflect the knowledge, expertise and experiences of members. Amendments will be approved by Council.

Terms of Reference will be reviewed annually and may be reviewed more frequently in response to evolving priorities as identified by EDI Advisory Committee members, CPSA Council or CPSA Leadership. Recommendations for revision will be brought forward to CPSA Governance Committee and Council for confirmation and approval to ensure they are in alignment with CPSA's purpose, vision and strategy.

## Meetings

**Frequency:** The EDI Advisory Committee will meet at least 4 times per year. Additional meetings may be called as required at the request of the Chair in consultation with the Secretariat.

**Procedure:** Meetings will be held in person where possible. Video conferencing will be used when in person meetings are not feasible. If video conferencing is not feasible, meetings will be held by telephone conference.

Meeting requirements will be set out at the first meeting of the EDI Advisory Committee.

Meetings will not be held in public.

**Quorum:** Quorum will be fifty percent (50%) of the voting members of the EDI Advisory Committee.

**Recommendations/Decisions:** Recommendations and advice will be finalized on a consensus basis.

**Records:** All EDI Advisory Committee records will be retained by CPSA per CPSA's retention schedule.

**Confidentiality:** Member respect for confidentiality, privacy, and each other is critical to ensure a safe space for discussion. All written materials and discussions related to recommendations or decisions made at the meetings of the EDI Advisory Committee are confidential except any information deemed necessary to communicate with stakeholders.

The Confidentiality and Non-disclosure Agreement signed annually by Council members extends to their work and actions on the EDI Advisory Committee.

The Confidentiality Agreement & Policy Acknowledgement signed annually by CPSA Team members extends to their work and actions on the EDI Advisory Committee.

EDI Advisory Committee Members at Large will annually sign a Confidentiality and Non-disclosure Agreement that will apply to their work and actions on the EDI Advisory Committee.

**Subcommittees:** The EDI Advisory Committee may from time to time, as required, recommend the formation of working or project groups to achieve time-limited work.

The Registrar approves the formation of a working or project group. If formed, such a group will

- Be established for a maximum length of time, appropriate to the purpose;
- Report back to the EDI Advisory Committee on progress at regular intervals; and
- Provide a written report to the EDI Advisory Committee upon completion of the task or project; and
- Fulfill the deliverable for which it was formed.

## **Committee Resources**

Council approves the budget of the EDI Advisory Committee.

Council Members and Members at Large will be paid an honorarium and will be reimbursed for expenses in accordance with CPSA's Honoraria and Expense Policy.

The Chief of Staff will attend all EDI Advisory Committee meetings.

The Executive Assistant to the Chief of Staff or designate will act as Recording Secretary for the EDI Advisory Committee.

The EDI Advisory Committee may from time to time invite guests and guest speakers. Guests and guest speakers may be remunerated at the discretion of the Registrar.

**DRAFT Terms of Reference**  
***Indigenous Health Advisory Circle***  
***Approved: mm/yyyy***

## **Purpose**

The Indigenous Health Advisory Circle (the Circle) will provide advice and recommendations to CPSA Council and Leadership on strategies for better understanding and supporting Indigenous patients and guiding physicians in providing culturally safe, equitable care to and improving health outcomes for First Nations, Métis and Inuit Peoples in Alberta.

## **Membership**

For the first year of operation, the Circle's membership will include up to 12 members, including a representative from CPSA Council, Indigenous and non-Indigenous physicians, and Indigenous individuals reflecting the lived experiences and diversity among First Nations, Inuit, and Métis Peoples in Alberta (including the perspectives of urban; rural; on and off reserve; and on and off settlement Indigenous Peoples).

Members initially appointed to the Circle will determine how they can invite additional individuals to share information and, where comfortable, stories of lived experience to enhance the awareness and understanding of Circle members and inform the Circle's work.

For the first year of operation, Circle membership will include the following:

| Role/Representation               | Member  |
|-----------------------------------|---|
| Co-Chair (Council representative) | CPSA Council Member                                       |
| Co-Chair                          | From among Circle Membership                              |
| Elders (1-3)                      | One each from First Nations, Metis and Inuit communities  |
| Physicians (4)                    | Indigenous physicians (2)<br>Non-Indigenous physician (2) |

| Role/Representation                             | Member   |
|---|--|
| Members at Large (4)                            | Indigenous individuals with lived experience from treaty, rural, urban, First Nations, Metis and Inuit communities and non-Indigenous individuals with experience working with or advocating for Indigenous Peoples                      |
| Secretariat Support (non-voting)                | <ul style="list-style-type: none"> <li>• Chief of Staff</li> <li>• Executive Assistant to Chief of Staff</li> <li>• Program Manager, Policy</li> </ul>   |
| Additional Support (non-voting and as required) | <ul style="list-style-type: none"> <li>• Communications Advisor</li> <li>• Standards of Practice Advisor</li> <li>• Cultural Helper or Technician (from within Indigenous communities) to assist Elders with technology, etc.</li> </ul> |
| CPSA President and Registrar by Invitation      | <ul style="list-style-type: none"> <li>• CPSA President and Registrar may be invited as required</li> </ul>  |

Recommendation for Council Member appointment will be made by acknowledgement of interest.

Recommendations for appointment of Circle members will be made by the Indigenous Health Advisory Circle Selection Panel (Selection Panel).

A call for expressions of interest will be extended to First Nations, Inuit, and Métis communities, Indigenous organizations, and physicians to identify potential members for initial appointment to the Circle. Expressions of interest for Circle positions will be reviewed and recommendations for appointment will be made by the Selection Panel in accordance with membership requirements. If diverse representation is not reflected in the expressions of interest received, CPSA will actively seek out additional members for recommendation for appointment and/or seek recommendations from members initially appointed to the Circle.

Recommendation for appointment of candidates sought by CPSA or proposed by members of the Circle will be made by the Registrar.

Initial term of membership is one year. Within the one-year time period, Circle members will evaluate membership composition and terms and make recommendations for what the future composition and terms of membership should be. Circle composition will allow for an initial membership for continuity purposes and additional representation as required to enable the Circle to be responsive to key issues as they arise.

Circle membership will be reviewed annually and may be reviewed more frequently based on the evolving needs of the Circle. At any point in time, membership may be amended at the Registrar's discretion.

For the first year of the Circle's operation, the position of Chair will be shared by two individuals: the Council member and a Circle member endorsed by Council will serve as Co-Chairs.

At any point in time, the Circle or the Registrar may make recommendations for amending the membership.

Should a member resign, a new member may be appointed by the Registrar in accordance with membership requirements in this Terms of Reference.

CPSA staff will provide support to the Circle.

## **Authority and Accountability**

On September 10, 2020, CPSA Council committed to the establishment of a committee or other mechanism to advance regulation for the protection of Indigenous Peoples.

The Circle is advisory in nature. It is understood the Circle will have no formal decision-making authority. The Circle's advice and recommendations will inform decisions made by Council and the Registrar regarding CPSA's policies, processes, programs and initiatives.

The Circle will:

- Report to Council Executive Committee and Council through the member Councillor who is Co-Chair or the Registrar as designate;
- Submit advice and recommendations directly to Council in writing to be tabled before Council; and
- Provide a progress report to be tabled before Council at each Council meeting.

## **Roles and Responsibilities**

The Circle will assist CPSA in:

- Expanding and establishing relationships with Indigenous partners, including liaising with Indigenous leaders, organizations and communities;
- Revising CPSA's Standards of Practice through an Indigenous lens;
- Making CPSA's complaints process more accessible to, and easier to navigate by, Indigenous peoples
- Acknowledging and raising awareness of systemic Indigenous bias and encouraging change within CPSA and the medical profession including:



- Enhancing Indigenous cultural competency among CPSA staff and CPSA regulated members; and
- Identifying means for them to support Indigenous rights to self-determination as they relate to healthcare; and
- Influencing change in Alberta's healthcare system to improve health outcomes for Indigenous people and communities.

Recommendations may be made for amendment of the Terms of Reference in response to priorities and issues as they arise and to reflect the knowledge, expertise and experiences of members. Amendments will be approved by Council.

Terms of Reference will be reviewed annually and may be reviewed more frequently in response to evolving priorities as identified by Circle members, CPSA Council or CPSA Leadership. Recommendations for revision will be brought forward to CPSA Governance Committee and Council for confirmation and approval to ensure they are in alignment with CPSA's purpose, vision and strategy.

## Meetings

**Frequency:** The Circle will meet a minimum of four times a year. Additional meetings may be called as required through consultation between the Co-Chairs and the Secretariat.

**Procedure:** Meetings will be held in person where possible. Video conferencing will be used when in person meetings are not feasible. If video conferencing is not feasible, meetings will be held by telephone conference.

Meeting requirements will be set out at the first meeting of the Circle.

Meetings will not be held in public.

**Quorum:** Quorum will be set out at the first meeting of the Circle.

**Recommendations/Advice:** Recommendations and advice will be finalized on a consensus basis. Methods for finalizing recommendations or advice in the event consensus cannot be achieved will be set out at the first meeting of the Circle.

**Records:** All Circle records will be retained by CPSA per CPSA's retention schedule.

**Confidentiality:** Member respect for confidentiality, privacy, and each other is critical to ensure a safe space for discussion. All written materials and discussions related to recommendations or decisions made at the meetings of the Circle are confidential except any information deemed necessary to communicate with stakeholders.

The Confidentiality and Non-disclosure Agreement signed annually by Council members extends to their work and actions on the Circle.

Elders, Physicians and Members at Large will annually sign a Confidentiality and Non-disclosure Agreement that will apply to their work and actions on the Circle.



**Subcommittees:** The Circle may from time to time, as required, recommend the formation of working or project groups to achieve time-limited work.

The Registrar approves the formation of a working or project group. If formed, such a group will

- Be established for a maximum length of time, appropriate to the purpose;
- Report back to the Circle on progress at regular intervals; and
- Provide a written report to the Circle upon completion of the task or project; and
- Fulfill the deliverable for which it was formed.

## **Committee Resources**

Council approves the budget of the Circle.

Circle members will be paid an honorarium and will be reimbursed for expenses in accordance with [CPSA's Honoraria and Expense Policy](#). Consideration will be given to aligning honorarium with cultural protocols

The Chief of Staff will attend all Circle meetings.

The Executive Assistant to the Chief of Staff or designate will act as Recording Secretary for the Circle.

The Circle may from time to time invite guests and guest speakers. Guests and guest speakers may be remunerated at the discretion of the Registrar. Consideration may also be given to recognition of contributions made in accordance with cultural protocols at the discretion of the Chief of Staff.

|                |                |
|----------------|----------------|
| Submission to: | <b>Council</b> |
|----------------|----------------|

|                    |   |   |   |
|--------------------|---|---|---|
| Meeting Date:      | Submitted by:   |   |   |
| December 2, 2021   | Levonne Louie   |   |   |
| Agenda Item Title: | Committee Appointments – Council members  |   |   |
| 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>That Council approves the following new appointments to Council Committees as noted below and recommended by the Governance Committee:</p> <p><b>Competence Committee</b> – no changes to current membership</p> <p><b>Finance and Audit Committee</b></p> <ul style="list-style-type: none"> <li>- Jaelene Mannerfeldt for a term to expire December 31, 2024 (to replace Daisy Fung whose appointment will be rescinded) and</li> <li>- Nicole Cardinal for a three year term effective January 1, 2022 to expire December 31, 2024 (to replace Jim Stone)</li> <li>- Patrick Etokudo for a three year term effective January 1, 2022 to expire December 31, 2024 (subject to Mr. Etokudo's reappointment as a public member to Council).</li> </ul> <p><b>Governance Committee</b> – no changes to current membership</p> <p><b>Governance Review Subcommittee</b></p> <ul style="list-style-type: none"> <li>- Laurie Steinbach,</li> <li>- Christopher Fung,</li> <li>- Levonne Louie and</li> <li>- Jaelene Mannerfeldt</li> </ul> <p>For a term equivalent to the duration of the Governance Review</p> <p><b>Legislation &amp; Bylaw Committee</b></p> <ul style="list-style-type: none"> <li>- Collin May for a three year term to expire December 31, 2024 (subject to Mr. May's reappointment as a public member on Council)</li> </ul> <p><b>Medical Facility Accreditation Committee</b></p> <ul style="list-style-type: none"> <li>- Ian Walker – for a two year term to expire December 31, 2023</li> </ul> |
|----------------------------------|---|

|             |  |
|-------------|--|
|             | <p><b>Equity, Diversity and Inclusion Advisory Committee</b></p> <ul style="list-style-type: none"> <li>- Daisy Fung,</li> <li>- John O'Connor,</li> <li>- Ian Walker,</li> <li>- Levonne Louie,</li> <li>- Linda McFarlane</li> <li>- Laurie Steinbach</li> </ul> <p>Appointments to the EDI Advisory Committee are effective immediately. Term lengths will be determined as the terms of reference for the Committee are finalized.</p> <p><b>Indigenous Health Advisory Circle</b></p> <ul style="list-style-type: none"> <li>- Tyler White. Term length will be determined as the terms of reference for the Circle are finalized.</li> </ul>   |
| Background: | <p>All Council members are expected to sit on at least one Committee of Council. In making the appointments, the Governance Committee tried to recommend appointments based on the skills and interests of the Council member. However, there are times when the needs of the organization must outweigh the needs of the individual.</p> <p>The attached Committee appointments listing provides an overview of the proposed committee appointments.</p> <p>Additionally, the Governance Committee reaffirmed the following appointments during their meeting:</p> <ul style="list-style-type: none"> <li>• John O'Connor as the CPSA representative on the Board of Directors for the Rural Health Professions Action Plan (RhPaP). John's term on Council ends on December 31, 2022 and a new Council member will need to be appointed to RhPaP's Board.</li> <li>• Christopher Fung as the CPSA member on the Alberta Medical Association's (AMA) Bylaws Committee. As above, if Christopher Fung is not re-elected in 2022, a new Council member will need to be appointed to the AMA Bylaws Committee for 2023.</li> <li>• The current members of the Strategic Planning Working Group will continue in those positions until the group disbands in early 2022. The members are: Levonne Louie, Daisy Fung, Linda McFarlane and Richard Buckley. John</li> </ul> |

|   |   |
|---|---|
|   | Bradley will also continue to serve this group until it disbands. |
| Next Steps:                                       |   |
| List of Attachments:                              |   |
| 1. <a href="#">Committee appointments listing</a> |   |

|                |                |
|----------------|----------------|
| Submission to: | <b>Council</b> |
|----------------|----------------|

|                    |   |   |   |
|--------------------|---|---|---|
| Meeting Date:      | Submitted by:   |   |   |
| December 2, 2021   | Levonnie Louie  |   |   |
| Agenda Item Title: | Committee Appointments – non council members  |   |   |
| Action Requested:  | <input checked="" type="checkbox"/> The following items require approval by Governance Committee See below for details of the recommendation. | <input type="checkbox"/> The following item(s) are of particular interest to<br>Choose an item.<br>Feedback is sought on this matter. | <input type="checkbox"/> The attached is for information only. No action is required. |

#### AGENDA ITEM DETAILS

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| Recommendation (if applicable) : | <p>The Governance Committee recommends Council approves the appointments of the following non-Council members to the Council Committees noted below:</p> <ul style="list-style-type: none"> <li>• That Don Newell be appointed to the Finance and Audit Committee (FAC) for a three year term, effective January 1, 2022 as the technical advisor on the Committee.</li> <li>• That Dr. Evan Lundall be appointed to the Medical Facility Accreditation Committee (MFAC) for a three year term, effective January 1, 2022</li> <li>• That Dr. Ion Bratu be appointed to the Medical Facility Accreditation Committee (MFAC) for a three year term, effective January 1, 2022</li> <li>• That the appointment of Dr. Thomas Szabo to the Medical Facility Accreditation Committee be extended until December 31, 2022 to ensure continuity on the Committee.</li> <li>• That Dr. Kannin Ose-Tutu, Dr. Ehi Iyayi and Ms. Fisayo Aruleba be appointed to the Equity Diversity and Inclusion Advisory Committee, effective immediately. Length of terms to be determined once the Committee's Terms of Reference are finalized.</li> <li>• That Dr. Gordon Giddings, Dr. Ewan Affleck, Ms. Nazrina Umarji (currently on maternity leave) and Ms. Anita Naiker (for the duration of Ms. Umarji's maternity leave), Ms. Fizza Gilani, and Dr. Nicole Kain (PhD) be appointed to the Equity, Diversity and Inclusion Advisory Committee, effective immediately. Length of terms to be determined once the Committee's Terms of Reference are finalized.</li> </ul> |
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|             | <ul style="list-style-type: none"> <li>• That Dr. Lindsay Crowshoe, Dr. Charlene Lyndon, Ms. Reagan Bartel, Ms. Margo Dodginghorse, Dr. Norma Dunning (PhD), Ms. Audra Foggin, Elder Doreen Spence and Mr. Lee Thom be appointed to the Indigenous Health Advisory Circle effective immediately. Length of terms to be determined once the Circle's Terms of Reference are finalized.</li> </ul> <p>Further that Council appoints the following individuals to the membership list for Hearing Tribunals and Complaint Review Committees:</p> <ul style="list-style-type: none"> <li>• Dr. Emmanuel Gye to a three year term effective January 1, 2022</li> </ul> <p>The following individuals are recommended to be appointed to a third, three year term on the membership list for Hearing Tribunals and Complaint Review Committees, effective January 1, 2022:</p> <ul style="list-style-type: none"> <li>• Dr. Brinda Balachandra</li> <li>• Dr. Douglas Faulder</li> <li>• Dr. Erica Dance</li> <li>• Dr. Vonda Bobart</li> <li>• Dr. William Craig</li> </ul>  |
| Background: | <p>To note, these appointees have been vetted and reviewed not only by the Governance Committee but also by the committees they are being appointed to if applicable. The processes to recruit members have been open and transparent.</p> <p>With respect to the appointments for a third term to the membership list for Hearing Tribunals and the Complaint Review Committees, the following rationale has been offered:</p> <p>With three (3) other committee members' terms expiring who did not express interest in continuing, maintaining an experienced and committed pool of physicians for the Complaint Review Committee/Hearings Tribunal is essential. The number of hearings alone increased by nearly 50% between 2020 and 2021 and is poised to rise by other 50% in 2022. These committee members have proven their reliability and participated in various workshops (e.g. decision writing) in 2021. All have served as Chairs.</p> <p>It has been a challenge during the COVID-19 pandemic to recruit physicians to the CRC/HT who are able to provide the level of service the role requires (hence only one recommendation for a new member). Having these qualified committee members'</p> |

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|                             | <p>appointments extended for a third term will ensure consistency and efficiency to the complaints/hearings process.</p> |
| <p>Next Steps:</p>          |  |
| <p>List of Attachments:</p> |  |
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| Submission to: | <b>Council</b> |
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| Meeting Date:      | Submitted by:   |   |   |
| December 2, 2021   | Levonnie Louie  |   |   |
| Agenda Item Title: | Chair Appointments  |   |   |
| 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

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| Recommendation (if applicable) : | <p>The Governance Committee recommends that Council appoints the following individuals as chairs for the Committees of Council for 2022:</p> <p>Competence Committee – Richard Buckley<br/>         Finance and Audit Committee – Levonne Louie<br/>         Governance Committee – Levonne Louie<br/>         Governance Review Committee – Laurie Steinbach<br/>         Legislation &amp; Bylaw Committee – Christopher Fung<br/>         Medical Facility Accreditation Committee – Dr. Thomas Szabo*<br/>         Equity, Diversity and Inclusion Advisory Committee - Dr. Ehi Iyayi<br/>         Indigenous Health Advisory Circle – Tyler White and Dr. Lindsay Crowshoe as Co-chairs.</p> <p>A chair for the Building Fund Project will be discussed once the committee is established.</p> <p>The Strategic Planning Working Group will be concluding its work early in the new year. However, as the appointment of chairs is for a one year term, a formal motion should be made for Levonne Louie to be appointed as Chair until the Working Group disbands in early 2022.</p> |
| Background:                      | <p>Generally, the appointment of chairs to the various committees is conducted in consultation with each committee. It is expected that each committee will have conversations with all committee members to ensure openness and transparency around the appointment of the chairs. Following these conversations, a recommendation is shared with the Governance Committee. The</p>   |



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|                      | <p>above recommendations were put forward by the Committees and have been reviewed and discussed by the Governance Committee.</p> <p>*The appointment of Dr. Thomas Szabo as chair in 2022 is predicated on the approval of extending his term of appointment for an additional year. See non-Council member appointment document.</p> |
| Next Steps:          |  |
| List of Attachments: |  |
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| <b>Submission to:</b>                   | <b>Council</b>   |   |  |
| <b>Meeting Date:</b>                    | <b>Submitted by:</b>   |   |  |
| December 2, 2021                        | Laurie Steinbach   |   |  |
| <b>Agenda Item Title:</b>               | Governance Review Subcommittee Report  |   |  |
| <b>Action Requested:</b>                | <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. |
| <b>AGENDA ITEM DETAILS</b>              |  |   |  |
| <b>Recommendation (if applicable) :</b> | N/A  |   |  |
| <b>Background:</b>                      | <p>The Governance Review Subcommittee comprised of Christopher Fung, Levonne Louie, Jaelene Mannerfeldt and Laurie Steinbach held its inaugural meeting on October 10, 2021. The following items were discussed:</p> <ol style="list-style-type: none"> <li>1. Terms of Reference for the Committee – these were revised and forwarded to the Governance Committee for final review before being brought to Council for approval.</li> <li>2. Selection of a Chair – the Committee selected Laurie Steinbach to serve as chair.</li> <li>3. The Request for Proposals (RFP) was reviewed. The final RFP will be shared with Laurie Steinbach prior to it being uploaded on a procurement website.</li> <li>4. The Committee will meet as necessary and until the Governance Review is completed and the Committee is disbanded.</li> </ol> <p>The RFP has been developed and will be deployed on or before November 24, 2021.</p> <p>The RFP will be posted on Alberta Purchasing Connection and the CPSA website with submissions closing January 4, 2022.</p> <p>CPSA will email the RFP directly to organizations that have known Governance Review experience to ensure the highest calibre submissions.</p> |   |  |
| <b>Next Steps:</b>                      | Once the RFP closes, the Committee will meet to review the candidates and make a recommendation to Council to award the contract.  |   |  |

**Proposed Amendments to CPSA Bylaws  
Consent Agenda Items**

| Current            | Proposed  | Rationale/Discussion   |
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| <b>Definitions</b> |   |  |
| N/A                | <b>“Consent agenda” means an item on the Agenda of a Council meeting listing matters for which the recommended action is to approve or accept for information without discussion, question, or debate.</b>  | This definition is added to support amendments noted below which formalize the Consent Agenda process currently used by Council. A policy for determining what is appropriate for inclusion on a Consent Agenda will be developed.   |
| N/A                | <b>“Emergency meeting” means a meeting called to address a matter that could not be foreseen which requires immediate attention and possible action, and for which it is not practical to provide advanced notice.</b>  | This definition is added to provide clarity for the purpose of making a distinction between “Emergency” and “Special” meetings. (See definition for special meeting below.)  |
| N/A                | <b>“Member at large” means the Member at large as appointed by Council.</b>   | This definition is added to align with the existing definitions of the terms for “President” and “Vice President” referenced in the bylaws regarding appointments to Executive Council.  |
| N/A                | <b>“Member of Council” means</b> <ul style="list-style-type: none"> <li><b>a regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), elected to Council who has the right to vote; and</b></li> <li><b>a public member appointed to Council by the Lieutenant Governor in Council who has the right to vote.</b></li> </ul> | This definition is added to in response to a request to clarify those members who have the right to vote. This definition distinguishes a voting member from a non-voting member and mitigates the need for repetition of the terms ‘voting member of Council’ and ‘non-voting member of Council’ throughout the bylaws. |
| N/A                | <b>“Non-voting member of Council” means a person appointed by Council by virtue of the position they serve within an organization, committee or other entity to participate in Council meetings, including discussions and debates, but who does not have the right to vote.</b>  | This definition is added to provide clarification and reflect Council’s current practice in identifying individuals for appointment as non-voting members.   |
| N/A                | <b>“Past President” means the person who was appointed as president of Council in the year prior to the person who is currently appointed as President of Council.</b>  | This definition is added for the purpose of streamlining subsection 1.2 which currently describes the position of past president in the bylaw statement itself.  |

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|  | <b>“Special meeting” means a meeting called to address an issue of immediate concern for which it is not practical to wait until a scheduled Council meeting but for which it is practical to give advanced notice.</b>  | This definition is added to provide clarity for the purpose of making a distinction between “Emergency” and “Special” meetings. (See definition for emergency meeting above.)   |
| “Vice President” means the Vice President of Council.  | <b>“Vice President” means the Vice President of Council as appointed by Council.</b>   | This definition is amended to parallel the construct of the definition of President.<br>(Note: Subsection 3.1 refers to Council electing from among the members of Council, a President, Vice President and Member at large who will be considered Executive Committee. The term ‘appointed by Council’ is retained because Council ultimately endorses these decisions.) |
| <b>Council &amp; Officers</b>  |  |   |
| <b>1 Composition of Board</b>  | The heading for section 1 is amended by striking out “Board” and substituting “Council” as follows:<br>1 Composition of <b>Council</b>   | The term ‘Board’ is replaced in the heading for section 1 by the term “Council” as ‘Board’ is not used in the Bylaws.   |
| 2. Council may invite the person who was president of Council in the year prior to the current president of Council to sit as a non-voting* member of Council and any committee of Council for a term of up to one year, until the current president finishes his/her term as president, or upon simple majority resolution of Council to remove the past-president, whichever occurs first.<br><br>*the past president is a non-voting member of a committee unless otherwise stated in the committee’s Terms of Reference. | Subsection 2 is amended by striking out “person who was president of Council in the year prior to the current president of Council” and substituting “Past-President” as follows:<br><br><del>2. Council may invite the person who was president of Council in the year prior to the current president of Council</del> <b>Past-President</b> to sit as a non-voting* member of Council and any committee of Council for a term of up to one year, until the current president finishes his/her term as president, or upon simple majority resolution of Council to remove the past-president, whichever occurs first.<br>*The past president is a non-voting member of a committee unless otherwise stated in the committee’s Terms of Reference. | Past President” is now defined so the term does not need to be described in the text of the bylaw itself.   |
| 4. Other nonvoting members of Council are:<br><br>(a) A representative from the Professional Association of Resident Physicians of Alberta<br>(b) A student member of either the University of Alberta’s Student Medical   | Subsection 4 is amended in clause (b) by <ul style="list-style-type: none"> <li>striking out “student member” and substituting “representative”;</li> <li>striking out “Student Medical Association” wherever it occurs and substituting “Medical Students’ Association” as follows:</li> </ul>  | This subsection is amended in clause (b) to align with the construct of the use of the term “representative” in clause (a) and to correct the names of the referenced associations accuracy.  |

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| Association or the University of Calgary's Student Medical Association  | <p>4. Council may invite the following to sit as non-voting members of Council for a term of up to one year or upon simple majority resolution to remove them:</p> <p>(a) A representative from the Professional Association of Resident Physicians of Alberta</p> <p>(b) A <b>representative</b> of either the University of Alberta's <b>Medical Students' Association</b> or the University of Calgary's <b>Medical Students' Association</b>.</p> |   |
| <b>3 Officers of Council</b>  |   |   |
| <p>1. Council shall elect from among the members of Council, a President, Vice President and Member at large who will be considered Executive Committee.</p> <p>2. The President shall preside as Chair in Council.</p> <p>3. In the absence of the President, the Vice President shall preside as Chair in Council.</p> <p>4. In the absence of the President, the Vice President shall have the powers and duties of the President.</p>   | <p>Section 3 is amended by adding the following after subsection 1:</p> <p><b>2. Election of members of Council for appointment to Executive Committee shall be held by secret ballot.</b></p>  | <p>This new subsection 2 is added to reflect Council's practice in electing members of Council to Executive Committee by secret ballot.</p> <p>The remaining subsections will be subsequently renumbered.</p>   |
| <b>5 Removal of Council Members</b>   |   |   |
| <p>1. An elected member of Council may:</p> <p>(a) be removed</p> <p>(b) have the member's voting rights suspended for a period of time determined by Council, or</p> <p>(c) be prohibited from attending and participating in a meeting of Council for a period of time determined by Council by a two-thirds (2/3) majority vote at a meeting of Council.</p> <p>2. Council, by a two-thirds (2/3) majority vote at a meeting of Council may recommend to the Lieutenant Governor in Council that</p> | <p>Subsection 5 is amended by adding "If a decision is made in camera" before "Council" as follows:</p> <p>5. <b>If a decision is made in camera</b>, Council may also, by simple majority vote, decide to publish a report of the meeting when the vote was held and the decision made under subsections 1 and 3, or the recommendation made under subsection 2.</p>   | <p>Minutes of meetings, except where a portion of the meeting is held in camera, are made public. The phrase 'if a decision is made in camera' is added to subsection 5 to clarify that, in the event a vote to remove a Council member were to take place in camera (ie., where the minutes would not posted), Council has the discretion to publish this information.</p> |

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| <p>the appointment of a public member be rescinded.</p> <p>3. An appointed member of Council may:</p> <p>(a) have the member's voting rights suspended for a period of time determined by Council, or</p> <p>(b) be prohibited from attending and participating in a meeting of Council for a period of time determined by Council by a two-thirds (2/3) majority vote at a meeting of Council.</p> <p>4. Before a vote under subsections 1, 2 or 3 may be held, the President of Council, or the Vice President of Council, if the member facing the vote is the President, shall give the members of Council seven (7) days' notice of the date on which the vote is to be held and the member facing the vote shall have the opportunity to make submissions to Council before the vote is held.</p> <p>5. Council may also, by simple majority vote, decide to publish a report of the meeting when the vote was held and the decision made under subsections 1 and 3, or the recommendation made under subsection 2.</p> |  |   |
| <b>8 Bylaws Under The Medical Profession Act</b>  |  |   |
| <p>1. The Bylaws of the College under the Medical Profession Act are hereby repealed.</p>   | <p>Section 8 is repealed.</p>  | <p>Given the transition of the regulation of physicians from the <i>Medical Profession Act</i> (MPA) to the <i>Health Professions Act</i> (HPA) took place in 2009 and the MPA has been repealed, this section is no longer necessary. It is proposed this section be repealed.</p> |
| <b>13 Eligibility for Election</b>  |  |   |
| <p>1. A regulated member of the College shall be in good standing only if:</p>  | <p>The following is added before subsection 1:</p> <p><b>1. A regulated member on the General Register, the Provisional Register or the Limited Practice</b></p> | <p>This subsection is added before existing subsection 13.1 to clarify that a member on the General Register, the Provisional</p>   |

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| <p>(a) no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College;</p> <p>(b) the member has a valid and current practice permit that is not currently suspended; and</p> <p>(c) the member is in compliance with all orders or directions made pursuant to the Act.</p> <p>2. A regulated member who:</p> <p>(a) is currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act; or</p> <p>(b) has been formally charged with unprofessional conduct that has not yet been determined by a Hearing Tribunal; or</p> <p>(c) has been found guilty of unprofessional conduct within the preceding ten (10) years; or</p> <p>(d) has been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada;</p> <p>(e) is elected to federal or provincial public office; occupies a senior position (Assistant Deputy Minister or higher) with the Government of Alberta; is a senior member or officer of a Regional Health Authority; or as their primary responsibility in the course of their employment represents an organization in collective bargaining or in proceedings under a collective bargaining agreement with regulated members; where those proceedings negotiates or sets fees charged by regulated members for professional services unless they cease to</p> | <p><b>Register, (whether a physician, surgeon, osteopath or physician assistant), who is in good standing, may be eligible for nomination for election to a regulated member vacancy on Council.</b></p> <p>Existing subsection 2 is renumbered as subsection 3 and is amended by striking out “A regulated member” and substituting “Notwithstanding subsection 2, a regulated is not eligible for nomination or election as a member of Council if the related member” as follows:</p> <p>3. <del>A regulated member</del> <b>Notwithstanding subsection 2, a regulated member is not eligible for nomination or election as a member of Council if the regulated member</b></p> <p>(a) is currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act; or</p> <p>(b) has been formally charged with unprofessional conduct that has not yet been determined by a Hearing Tribunal; or</p> <p>(c) has been found guilty of unprofessional conduct within the preceding ten (10) years; or</p> <p>(d) has been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada.</p> <p>Clause 3(e) is renumbered as subsection 4 and is amended by adding “Notwithstanding subsection 2, a regulated member is not eligible for nomination or election as a member of Council is the regulated member” before “is elected”; striking out “a senior member or” and substituting “an executive”; and striking out “is not eligible to be nominated for or elected as a member of Council” as follows:</p> | <p>Register or the Limited Practice Register who is in good standing, may also may be eligible for nomination for election to a regulated member vacancy on Council.</p> <p>Subsequent subsections will be renumbered accordingly.</p> <p>In addition, existing subsection 3 has been split into two parts to make a distinction between the circumstances in which a regulated member would be considered ineligible for nomination or election as a member of Council.</p> <p>Revised subsection 3 refers to ineligibility on the basis of disciplinary actions.</p> |
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| <p>have those positions and five years have passed from the date of the election. is not eligible to be nominated for or elected as a member of Council.</p>  | <p><del>3(e)</del> 4. <b>Notwithstanding subsection 2, a regulated member is not eligible for nomination or election as a member of Council if the regulated member</b> is elected to federal or provincial public office; occupies a senior position (Assistant Deputy Minister or higher) with the Government of Alberta; is <del>a senior member or an</del> <b>executive</b> officer of a Regional Health Authority; or as their primary responsibility in the course of their employment represents an organization in collective bargaining or in proceedings under a collective bargaining agreement with regulated members; where those proceedings negotiate or set fees charged by regulated members for professional services unless they cease to have those positions and five years have passed from the date of the election <b>vacating the position</b> is not eligible <del>to be nominated for or elected as a member of Council.</del></p> | <p>Clause (e) of existing subsection 3 has been added as new subsection 4 to refer to ineligibility on the basis of potential conflict of interest circumstances such as collective bargaining affiliation.</p> <p>Reference to an executive officer of a Regional Health Authority in the newly created subsection 4 clarifies that positions of concern would be those considered to have influence due to the nature of their status within an organization. A policy will be developed for further clarification.</p> <p>An additional change in newly created subsection 4 clarifies that a regulated member who is ineligible on the basis of conflict of interest circumstances remains ineligible unless 5 years have passed from the date of their vacating the conflict of interest position rather than from the date of the election.</p> |
| <p><b>14 Election of Council</b></p>  |  |   |
| <p>1. There shall be an election for any regulated member vacancy on Council each year on a date set by the Registrar.</p> <p>2. A regulated member of Council may serve a maximum of two (2) consecutive terms.</p> <p>3. The term of office for an elected member of Council shall be a period of three (3) years commencing on the first day of January of the year following the election in which that member was elected.</p> | <p>Subsection 2 is amended by adding 'elected as a member' after 'A regulated member' as follows:</p> <p>2. A regulated member <b>elected as a member</b> of Council may serve a maximum of two (2) consecutive terms.</p> <p>Subsection 3 is amended by striking out "an elected" and adding "'a regulated member elected as a" before "member of Council" as follows:</p> <p>3. The term of office for an <del>elected</del> <b>a regulated member elected as a</b> member of Council shall be a period of three (3) years commencing on the first day of January of the year following the election in which that member was elected.</p>   | <p>This change clarifies that the reference here is to a regulated member who has been elected rather than appointed as a member of Council.</p> <p>A similar clarification revision is made to subsection 3.</p>   |
| <p><b>22 Council Meetings</b></p>   |  |   |



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| <p>1. There shall be at least four (4) regular meetings of the Council during the calendar year.</p> <p>2. All members of Council shall receive at least three months' notice of regular meetings.</p> <p>3. The agenda and order of business at a meeting of the Council will be determined by Council, and may be amended at Council's discretion.</p> <p>4. A special meeting of the Council may be held at the call of the President.</p> <p>5. All members of Council shall receive at least seven (7) days' notice of a special meeting.</p> <p>6. The President may call an emergency meeting of the Council.</p> <p>7. A member of Council may call an emergency meeting of Council with the agreement of two-thirds (2/3) of the members of Council.</p> <p>8. All members of Council shall receive at least twenty-four (24) hours' notice of an emergency meeting.</p> <p>9. A record of a Council meeting will be maintained in the form of minutes.</p> <p>10. Council may make the minutes publicly available in a form determined by Council.</p> <p>11. Council may determine procedures to be used at any meeting.</p> <p>12. If Council has not determined a procedure to be used at a meeting, Robert's Rules of Order shall apply.</p> <p>13. A meeting of Council shall be open to the public except when Council moves in-camera.</p> | <p>Subsection 2 is amended by adding `and all non-voting members of Council" after 'All members of Council' as follows:</p> <p>2. All members of Council <b>and all non-voting members of Council</b> shall receive at least three months' notice of regular meetings.</p> <p>Subsection 3 is amended by striking out "Council" after 'The agenda and order of business at a meeting of the Council will be determined by" and substituting "Executive Committee" as follows:</p> <p>3. The agenda and order of business at a meeting of the Council will be determined by <del>Council</del> <b>Executive Committee</b>, and may be amended at Council's discretion.</p> <p>The following subsections are added to this section after subsection 3:</p> <ul style="list-style-type: none"><li>• <b>The proposed agenda shall include all items for information or with a recommendation or motion for action received.</b></li><li>• <b>The first order of business at any Council meeting shall be consideration of the proposed agenda and adoption of it, subject to any amendment that Council may approve.</b></li><li>• <b>Items that have been selected for consent on the Consent Agenda may be voted on together.</b></li><li>• <b>A member of Council and non-voting member may request that any item or component thereof of the Consent Agenda be removed.</b></li></ul> <p>The following subsection is also added after existing subsection 4:</p> <ul style="list-style-type: none"><li>• <b>A member of Council may request the President to call a special meeting.</b></li></ul> | <p>The amendment to subsection 2 ensures both voting and non-voting members of Council receive advanced notice of Council meetings.</p> <p>The amendment to subsection 3 reflects the practice of Executive Committee in setting the agenda for a Council meeting.</p> <p>The addition of these subsections is intended to formalize Council's current practice in adopting an agenda and its use of a Consent Agenda, including allowing for both voting and non-voting members to request items be removed from the Consent Agenda.</p> <p>Remaining subsections will be subsequently renumbered.</p> <p>Currently, a special meeting is only held at the call of the President. The addition of this subsection provides an</p> |
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| <p>14. Quorum shall be fifty (50) percent of the voting members of Council.</p> <p>15. Unless otherwise required by these bylaws, a majority vote of Council members present at a meeting decides any vote.</p> <p>16. All decisions of Council need to be made by a vote on a motion which has been duly moved and seconded.</p> <p>17. The Chair does not vote unless there is a tied vote, in which case the Chair’s vote decides the matter.</p> <p>18. Council may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.</p> <p>19. Subject to Division 5 of the Act, sections 87 to 89 inclusive, Council may determine to conduct any portion of a meeting in-camera in accordance with the following principles where there will be discussion of:</p> <p>(a) advice from legal counsel or other privileged information;</p> <p>(b) financial, personnel or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that Council meetings be open to the public;</p> <p>(c) information that the College is otherwise required by law to keep confidential; and</p> <p>(d) any matter that would reveal private information about an individual.</p> <p>20. An in-camera session involves Council members and at the discretion of the Council president, the registrar, deputy registrar and</p> | <p>Existing subsection 5 is amended by adding “and non-voting members of Council” after “All members of Council” as follows:</p> <p>5. All members of Council <b>and non-voting members of Council</b> shall receive at least seven (7) days’ notice of a special meeting.</p> <p>Similarly, existing subsection 8 is amended by adding “and non-voting members of Council” after “All members of Council” as follows:</p> <p>8. All members of Council <b>and non-voting members of Council</b> shall receive at least twenty-four (24) hours’ notice of an emergency meeting.</p> <p>Existing subsection 14 is amended by striking out “fifty (50) percent of voting members” and substituting “a simple majority” as follows:</p> <p>14. Quorum shall be <del>fifty (50) percent</del> <b>a simple majority</b> of the voting members of Council.</p> | <p>opportunity for a member of Council to request the President to call a special meeting.</p> <p>This amendment to subsection 5 reflects current practice to ensure non-voting members of Council receive notice of a special meeting.</p> <p>As is the case with changes to subsection 5, this amendment to subsection 8 reflects current practice to ensure non-voting members of Council receive notice of an emergency meeting.</p> <p>Subsection 14 was amended in May 2021 to provide for quorum to be fifty (50) percent of the voting members of Council. This was recognition of the even number of voting members on Council prescribed in subsection 1.1 (ie., regulated members elected by regulated members of the College, and 9 public members appointed by the Lieutenant Governor in Council).</p> <p>Government’s public member appointment process has, however, often resulted in vacant voting member positions. These vacancies can result in an uneven (odd) number of voting members on Council. This has raised questions in terms of what a quorum of 50% would look like under such circumstances. The amendment to revise quorum to be simple majority of the voting members of Council is intended to address this potential complication.</p> |
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| <p>assistant registrars, and other resource persons as the president may determine.</p> <p>21. Not all matters that individual Council members wish to raise are appropriate to discuss in an in-camera session. In-camera sessions are designed to address specific sensitive matters that are better initially discussed without notes being taken or observers present. They are not designed as a forum to raise personal agendas or special interests, nor to alter a decision that has been presented by management and approved.</p> | <p>The following subsections added after existing subsection 14:</p> <ul style="list-style-type: none"><li>• <b>For the purpose of calculating a simple majority, a vacant position will not be counted for the purpose of determining quorum.</b></li><li>• <b>A member who has been stripped of voting rights shall not be counted for the purpose of determining quorum.</b></li></ul> <p>Existing subsection 20 is repealed and replaced with the following:</p> <p><b>20. An in-camera session or portion thereof involves members of Council and, at the discretion of the Chair, may involve non-voting members of Council, the registrar, deputy registrar and assistant registrars, chief of staff and other resource persons as the Chair may determine.</b></p> <p>Existing subsection 21 is amended by striking out “that are better initially discussed without notes being taken or observers present. They are not designed as a forum to raise personal agendas or special interests, nor to alter a decision that has been presented by management and approved” after “matters” as follows:</p> <p><b>21. Not all matters that individual Council members wish to raise are appropriate to discuss in an in-camera session. In-camera sessions are designed to address specific sensitive matters.</b></p> | <p>The inclusion of additional subsections regarding positions that shall not be counted for the purpose of determining quorum are intended to add further clarification and to confirm that public member positions on Council to which the Lieutenant Governor in Council has not appointed an individual will not be counted.</p> <p>Subsection 20 as revised is intended to</p> <ul style="list-style-type: none"><li>• Provide for the Chair to determine who is involved in an in-camera session in recognition that there may be instances where the President is absent and that a Vice President who assumes the role of Chair at the meeting may require this authority.</li><li>• Provide for the inclusion of non-voting members of Council at an in-camera session to reflect current Council practice as is the chief of staff and to provide for inclusion of the chief of staff.</li></ul> <p>This amendment to subsection 21 is made in response to concerns that the detail on the matters that may be addressed in an in-camera sessions is more appropriately addressed in a policy. A policy for determining what is appropriate to be addressed in an in-camera session will be developed.</p> |
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|  | <p>The following subsections are added to this section:</p> <ul style="list-style-type: none"><li>• <b>Minutes summarizing the discussion and decisions of an open session shall be taken, provided to Council for approval at the next Council meeting and posted publicly.</b></li><li>• <b>Minutes summarizing the discussion and decisions of an in-camera session involving any non-voting members, the registrar, deputy registrar, assistant registrars, chief of staff or other resource persons shall be taken, provided to Council for approval at the next Council meeting and shall not be posted publicly.</b></li><li>• <b>No minutes are required to be taken when no action is agreed upon in an in-camera session that involves only members of Council and when no non-voting members, the registrar, deputy registrar, assistant registrars, chief of staff or other resource persons are in attendance.</b></li><li>• <b>Any action agreed upon in an in-camera session in which only members of Council are involved shall be brought into the minutes of the next meeting of Council and provided to Council for approval at that meeting.</b></li><li>• <b>All in-camera matters, including all discussion, action, and documentation shall be kept in confidence by every member of Council and any other attendee.</b></li></ul> <p>The following subsections are also added:</p> <ul style="list-style-type: none"><li>• <b>With the exception of equipment used expressly by CPSA for a meeting of Council, any private or unauthorized use of a recording or broadcasting device during a meeting of Council is prohibited.</b></li><li>• <b>The expression “recording or broadcasting device” includes any equipment that can be used to record or broadcast either through</b></li></ul> | <p>These subsections are added to provide clarity regarding when minutes of Council must be taken, including in cases where only members of Council may be in attendance, to ensure transparency and Council accountability when a decision or action is agreed upon.</p> <p>These subsections are added for the purpose of maintaining the integrity of Council proceedings.</p> |
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|  | <b>photography, videotaping or audio recording, an image, sound or a conversation, including cameras, cellular telephones, smartphones or any similar device.</b>  |  |
| <b>32 Physician Assistants</b>   |  |  |
| <p>1. The Physician Assistant register includes the names of non-regulated members who are:</p> <p>(a) A graduate of a Physician Assistant training program meeting one of the following criteria:</p> <p>(i) provided through the Canadian Forces Medical Services School,</p> <p>(ii) accredited by the Canadian Medical Association Conjoint Accreditation Process in Canada, or</p> <p>(iii) accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States of America, and</p> <p>(b) A certified Physician Assistant with one of the following credentials:</p> <p>(i) Canadian Certified Physician Assistant (CCPA), granted by the Physician Assistants Certification Council of the Canadian Association of Physician Assistants, or</p> <p>(ii) Physician Assistant – Certified (PA-C), granted by the National Commission on Certification of Physician Assistants in the United States of America.</p> <p>2. Each applicant for registration as a Physician Assistant must:</p> <p>(a) complete the application form to the satisfaction of the Registrar, and</p> <p>(b) submit the registration fee.</p> <p>3. A Physician Assistant shall only work under the supervision of a regulated member</p> | <p>Section 32 is repealed.</p> <p><del>1. The Physician Assistant register includes the names of non-regulated members who are:</del></p> <p><del>(a) A graduate of a Physician Assistant training program meeting one of the following criteria:</del></p> <p><del>(i) provided through the Canadian Forces Medical Services School,</del></p> <p><del>(ii) accredited by the Canadian Medical Association Conjoint Accreditation Process in Canada, or</del></p> <p><del>(iii) accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States of America, and</del></p> <p><del>(b) A certified Physician Assistant with one of the following credentials:</del></p> <p><del>(i) Canadian Certified Physician Assistant (CCPA), granted by the Physician Assistants Certification Council of the Canadian Association of Physician Assistants, or</del></p> <p><del>(ii) Physician Assistant – Certified (PA-C), granted by the National Commission on Certification of Physician Assistants in the United States of America.</del></p> <p><del>2. Each applicant for registration as a Physician Assistant must:</del></p> <p><del>(a) complete the application form to the satisfaction of the Registrar, and</del></p> <p><del>(b) submit the registration fee.</del></p> <p><del>3. A Physician Assistant shall only work under the supervision of a regulated member on the General Register or the Provisional Register Conditional Practice, and that regulated member will take responsibility for the clinical performance of the Physician Assistant.</del></p> <p><del>4. If the Registrar determines that a Physician Assistant has not paid the registration fee or an annual</del></p> | <p>This section is repealed as Physician Assistants are now regulated members of CPSA and these matters are addressed in the Regulation.</p> |

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| <p>on the General Register or the Provisional Register Conditional Practice, and that regulated member will take responsibility for the clinical performance of the Physician Assistant.</p> <p>4. If the Registrar determines that a Physician Assistant has not paid the registration fee or an annual fee, has not worked only under the supervision of a regulated member, has provided incomplete or inaccurate information to the Registrar or no longer qualifies for registration as a Physician Assistant, the Registrar may cancel the registration of the Physician Assistant.</p> <p>5. If the Registrar cancels the registration of a Physician Assistant under subsection 4, the Registrar may publish the information as the Registrar determines is required in the circumstances.</p> | <p><del>fee, has not worked only under the supervision of a regulated member, has provided incomplete or inaccurate information to the Registrar or no longer qualifies for registration as a Physician Assistant, the Registrar may cancel the registration of the Physician Assistant.</del></p> <p><del>5. If the Registrar cancels the registration of a Physician Assistant under subsection 4, the Registrar may publish the information as the Registrar determines is required in the circumstances.</del></p> |  |
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| Submission to: | <b>Council</b> |
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| Meeting Date:      | Submitted by:   |   |  |
| December 2, 2021   | Christopher Fung  |   |  |
| Agenda Item Title: | Legislation Committee Report  |   |  |
| 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 checked="" type="checkbox"/> The attached is for information only. No action is required. |

#### AGENDA ITEM DETAILS

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| Recommendation (if applicable) : | In addition to the items included for information below, the Legislation and Bylaw Committee is recommending Council approves the bylaw revisions included in the attached document.   |
| Background:                      | <p>The Legislation and Bylaw Committee met on November 12 and discussed the following matters:</p> <ol style="list-style-type: none"> <li>1. Update on the Health Statutes Amendment Act (Bill 46)<br/>Bill 46 amendments are intended to strengthen and focus a college's mandate to govern its members and protect Albertans; and to streamline the regulatory processes under the Health Professions Act.<br/>The amendments are being brought into force in two phases. In the current phase, all health professions governed by the Health Professions Act are required to separate their functions such that the Colleges are not engaged in any activities with could be categorized as functions of an association. This phase is anticipated to have limited impact on CPSA's bylaws. During the second phase of this bill coming into force, a number of matters currently included in the regulations will be moved into the Health Professions Act itself, Standards of Practice or into the Bylaws.</li> <li>2. Committee's Terms of Reference<br/>The Committee reviewed and accepted the revisions to its Terms of Reference which are being forwarded by the Governance Committee for approval by Council.</li> <li>3. Comprehensive Bylaw Review<br/>A comprehensive review of the Bylaws is still under consideration, but will need to take into consideration</li> </ol> |

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|   | <p>revisions as a result of Bill 46 and any outcomes from the upcoming Governance Review.</p> <ol style="list-style-type: none"> <li>4. Recommended Bylaw Amendments<br/>The Committee reviewed a number of proposed Bylaw amendments that address some of the concerns raised during recent Council meetings as well as administrative and housekeeping changes. They are identified in the attached document for approval by Council.</li> <li>5. In the context of its review, additional issues that have implications for a potential shift in current policy and/or practice require further discussion with Council and will be brought forward as part of the meeting agenda. (see item 3.3)</li> <li>6. The Committee deferred discussion of the Executive Elections policy to their first meeting in 2022.</li> <li>7. The Committee will be meeting as follows in 2022: <ol style="list-style-type: none"> <li>a. February 4</li> <li>b. November 4</li> </ol> </li> </ol> |
| Next Steps:   |   |
| List of Attachments:  |   |
| <ol style="list-style-type: none"> <li>1. <a href="#">Proposed Bylaw Amendments – list of changes and explanations</a></li> <li>2. <a href="#">Proposed Bylaw Amendments</a> – tracked changes in Bylaw document</li> </ol> |   |



**College of Physicians and Surgeons of Alberta**

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**BYLAWS**

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**Proposed Amendments  
December 2021**

## **DEFINITIONS**

|                                   |  |
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| <b>"Act"</b>                      | means the Health Professions Act;  |
| <b>"College"</b>                  | means the College of Physicians & Surgeons of Alberta;   |
| <b><u>"Consent agenda"</u></b>    | <u>means an item on the agenda of a Council meeting listing matters for which the recommended action is to approve or accept for information without discussion, question, or debate.</u>  |
| <b>"Council"</b>                  | means the Council of the College;  |
| <b>"Electronic signature"</b>     | means electronic information that a person creates or adopts in order to sign a record and that is in, attached to or associated with the record;  |
| <b><u>"Emergency meeting"</u></b> | <u>means a meeting called to address a matter that could not be foreseen which requires immediate attention and possible action, and for which it is not practical to provide advanced notice;</u>   |
| <b><u>"Member at large"</u></b>   | <u>means the Member at large as appointed by Council;</u>  |
| <b><u>"Member of Council"</u></b> | <u>means</u><br><u>(a) a regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), elected to Council who has the right to vote; and</u><br><u>(b) a public member appointed to Council by the Lieutenant Governor in Council who has the right to vote;</u> |

**"Non-voting member of Council"**

means a person appointed by Council by virtue of the position they serve within an organization, committee or other entity to participate in Council meetings, including discussions and debates, who does not have the right to vote;

**"Past-President"**

means the person who was appointed as president of Council in the year prior to the person who is currently appointed as President of Council;

**"President"**

means the President of Council as appointed by Council;

**"Registrar"**

means the Registrar of the College;

**"Regulations"**

means regulations relating to the College made under the Act;

**"Special meeting"**

means a meeting called to address an issue of immediate concern for which it is not practical to wait until a scheduled Council meeting but for which it is practical to give advanced notice;

**"Vice-President"**

means the Vice President of Council as appointed by Council;

Terms that are defined in the Act and the regulations have the same meaning in these bylaws.

## PART 1 – ORGANIZATION

### Section A – The College

#### Council & Officers

##### **1 Composition of the ~~Board~~Council**

1. Effective April 1, 2021, the Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or designate) may in the discretion of Council, serve as a non-voting member of the Council, and the voting members shall consist of:
  - (a) Nine (9) regulated members elected by regulated members of the College, and
  - (b) Nine (9) public members appointed by the Lieutenant Governor in Council.
2. Council may invite the ~~person who was president of Council in the year prior to the current president of Council~~ Past-President to sit as a non-voting\* member of Council and any committee of Council for a term of up to one year, until the current president finishes his/her term as president, or upon simple majority resolution of Council to remove the past-president, whichever occurs first.

\*the past president is a non-voting member of a committee unless otherwise stated in the committee's Terms of Reference.

3. Notwithstanding subsection 1, effective January 1, 2022, the Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or designate) may in the discretion of Council, serve as nonvoting members of the Council, and the voting members shall consist of:
  - (a) Eight (8) regulated members elected by regulated members of the College, and
  - (b) Eight (8) public members appointed by the Lieutenant Governor in Council.
4. Other nonvoting members of Council are:
  - (a) A representative from the Professional Association of Resident Physicians of Alberta

- (b) A student member representative of either the University of Alberta's Student Medical Students' Association or the University of Calgary's Student Medical Students' Association

## **2 Remuneration of Council Members**

1. Members of Council and members of committees when attending or conducting business on behalf of the College may claim expenses and per diem amounts as determined by resolution of Council.
2. The Council may permit the past-president sitting as a non-voting\* member of Council or a committee of Council to claim expenses and per diem amounts as if a member of Council or a member of a committee of Council.

\*the past president is a non-voting member of a committee unless otherwise stated in the committee's Terms of Reference.

## **3 Officers of Council**

1. Council shall elect from among the members of Council, a President, Vice President and Member at large who will be considered Executive Committee.
2. Election of members of Council for appointment to Executive Committee shall be held by secret ballot.
- ~~2.3.~~ The President shall preside as Chair in Council.
- ~~3.4.~~ In the absence of the President, the Vice President shall preside as Chair in Council.
- ~~4.5.~~ In the absence of the President, the Vice President shall have the powers and duties of the President.

## **4 Vacancies on Council**

1. If, at any time, there is a vacancy of a position on Council to be held by a regulated member, the Council may, in its discretion:
  - (a) elect to leave the position vacant until the next scheduled election for Council members,
  - (b) hold a by-election in the same manner as an annual election, all necessary modifications implied; or
  - (c) invite the first runner-up from the most recent election for Council to assume the vacant position on Council, with the understanding and acceptance that this position would be considered one term as per bylaw 14.



## 5 Removal of Council Members

1. An elected member of Council may:
  - (a) be removed
  - (b) have the member's voting rights suspended for a period of time determined by Council, or
  - (c) be prohibited from attending and participating in a meeting of Council for a period of time determined by Council

by a two-thirds (2/3) majority vote at a meeting of Council.

2. Council, by a two-thirds (2/3) majority vote at a meeting of Council may recommend to the Lieutenant Governor in Council that the appointment of a public member be rescinded.
3. An appointed member of Council may:
  - (a) have the member's voting rights suspended for a period of time determined by Council, or
  - (b) be prohibited from attending and participating in a meeting of Council for a period of time determined by Council

by a two-thirds (2/3) majority vote at a meeting of Council.

4. Before a vote under subsections 1, 2 or 3 may be held, the President of Council, or the Vice President of Council, if the member facing the vote is the President, shall give the members of Council seven (7) days' notice of the date on which the vote is to be held and the member facing the vote shall have the opportunity to make submissions to Council before the vote is held.
5. If a decision is made in camera, Council may also, by simple majority vote, decide to publish a report of the meeting when the vote was held and the decision made under subsections 1 and 3, or the recommendation made under subsection 2.

## 6 Awards

1. Certificates of Merit may be awarded by Council to individuals who have provided outstanding service to the profession, the community or both.

## 7 Bylaws

1. A bylaw, or an amendment to a bylaw, under section 132(1) of the Act may be passed at any meeting of the Council provided:



- (a) A notice of motion has been given at a previous meeting
  - or
  - (b) A notice of motion has been sent to all members of Council at least fourteen (14) days prior to the meeting.
- 2. A notice of motion may be waived by a unanimous vote of the Council.
- 3. Despite section 22(15), a bylaw or an amendment of a bylaw requires a two-thirds (2/3) majority vote of the Council members participating and eligible to vote at a meeting of Council.
- 4. Whenever an amendment is made to the bylaws, any consequential editorial changes to the bylaws as required are implied.

## ~~8 Bylaws Under The Medical Profession Act~~

- ~~1. The Bylaws of the College under the Medical Profession Act are hereby repealed.~~

## **98 Code of Ethics and Standards of Practice**

- 1. At least thirty (30) days before Council considers a motion to adopt or amend a code of ethics or a standard of practice, the Registrar shall provide, for review and comment, a copy of the proposed code of ethics or standard of practice in accordance with section 133(2) of the Act.
- 2. A person receiving notice under subsection 1 may make submissions in writing to the Registrar within the time period stipulated by the Registrar.
- 3. Council shall review and consider any submissions made under subsection 2.
- 4. Despite section 73), Council may, on a two-thirds (2/3) majority vote of members of Council present at a meeting, adopt or amend the code of ethics and, on a majority vote of members of Council present at a meeting, adopt or amend standards of practice.
- 5. Whenever amendments are made to the code of ethics or standards of practice, any consequential editorial changes as required are implied.

## **~~109~~ Grants**

1. The Council may make grants as it determines from time to time.

## **Elections**

### **~~1110~~ Electoral District**

1. Regulated members on Council are elected from one electoral district, being the entire Province of Alberta.

### **~~1211~~ Entitlement to Vote**

1. A regulated member on the General Register, the Provisional Register or the Limited Practice Register, (whether a physician, surgeon, osteopath or physician assistant), who is in good standing, may vote in an election.

### **~~1312~~ Eligibility for Election**

1. A regulated member on the General Register, the Provisional Register or the Limited Practice Register, (whether a physician, surgeon, osteopath or physician assistant), who is in good standing, may be eligible for nomination for election to a regulated member vacancy on Council.

- 1.2. A regulated member of the College shall be in good standing only if:

- (a) no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College;
- (b) the member has a valid and current practice permit that is not currently suspended; and
- (c) the member is in compliance with all orders or directions made pursuant to the Act.

- 2.3. A regulated member who: Notwithstanding subsection 2, a regulated member is not eligible for nomination or election as a member of Council if the regulated member

- (a) is currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act; or
- (b) has been formally charged with unprofessional conduct that has not yet been determined by a Hearing Tribunal; or
- (c) has been found guilty of unprofessional conduct within the preceding ten (10) years; or

(d) has been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada.

4. Notwithstanding subsection 2, a regulated member is not eligible for nomination or election as a member of Council if the regulated member is elected to federal or provincial public office; occupies a senior position (Assistant Deputy Minister or higher) with the Government of Alberta; is an executive senior member ~~or~~ officer of a Regional Health Authority; or as their primary responsibility in the course of their employment represents an organization in collective bargaining or in proceedings under a collective bargaining agreement with regulated members; where those proceedings negotiates or sets fees charged by regulated members for professional services unless they cease to have those positions and five years have passed from the date of the election vacating the position.
- ~~is not eligible to be nominated for or elected as a member of Council.~~

### **1413 Election of Council**

1. There shall be an election for any regulated member vacancy on Council each year on a date set by the Registrar.
2. A regulated member elected as a member of Council may serve a maximum of two (2) consecutive terms.
3. The term of office for ~~an elected a regulated member elected as~~ a member of Council shall be a period of three (3) years commencing on the first day of January of the year following the election in which that member was elected.

### **1514 Election Procedure**

1. Council may establish rules for the conduct of an election, including campaigning and the resolution of disputes arising from the election.
2. The Registrar shall, at least sixty (60) calendar days before the date on which the election is to be held, forward information regarding the nomination process and the date of the election to each regulated member entitled to vote.

3. The information to be provided under subsections 2 and 6 may be sent to members electronically or by other means determined by the Registrar.
4. A nomination form will be valid if it is signed by three (3) other regulated members eligible to vote and by the nominee indicating acceptance of the nomination.
5. The Registrar shall not accept any nomination that is not received at least thirty-five (35) calendar days before the date fixed for the election.
6. If more than one nomination is received for a vacancy, the Registrar, no less than twenty-eight (28) calendar days before the date fixed for the election, shall send information regarding the instructions to vote and the list of persons nominated for the election to each regulated member eligible to vote.
7. If the number of nominations received is equal to or less than the number of vacancies on Council, then each nominee shall be elected by acclamation.
8. Voting shall be by a secure electronic process approved by Council.
9. A regulated member entitled to vote shall have one vote for each vacancy on Council.
10. The results of the voting shall be reported promptly following the day of the election.
11. The candidate or candidates with the largest number of votes shall be declared elected by the Council.
12. If there are an equal number of votes for two or more candidates, the Registrar shall, within a reasonable period of time, hold a by-election in the same manner as an annual election, all necessary modifications implied, for the candidates with the equal number of votes.
13. The Registrar shall notify the candidates of the number of votes cast in favor of each candidate.
14. The Registrar shall publish the ratified results of the election promptly following the declaration of Council under subsection 11.

**1615 Eligibility for Re-election**

1. Subject to Bylaw 14(2), a regulated member of Council is eligible for re-election or to be appointed to fill a vacancy under Bylaw 4 if at least three hundred and sixty-five (365) days have passed since the regulated member's last day as a previous voting or non-voting member of Council.

**Committees****1716 Committees**

1. Subject to the Act, Council may appoint standing committees to assist Council in carrying out its duties and responsibilities.
2. Council shall approve terms of reference for all standing committees.
3. All standing committees shall meet at least annually.
4. Council shall appoint a chair for each standing committee.
5. Council shall appoint members for each standing committee, and the membership list for complaint review committees and hearing tribunals, subject to the following:
  - (a) an appointment shall be for a three (3) year term, except for members of the Executive who are appointed annually,
  - (b) there shall be an optional further appointment of an additional three (3) year term for a total of six (6) years, for all members of standing committees other than members of the Executive,
  - (c) there shall be a minimum period of one (1) year off the membership list for complaint review committees and hearing tribunals or a standing committee prior to an additional re-appointment to the list or the same standing committee,
  - (d) despite subsections (a) and (c), the Council may, in its sole discretion, extend the member's appointment on the membership list for complaint review committees and hearing tribunals or a standing committee for a period of time, and
  - (e) a person who is not a member of the College may be appointed by Council to sit on a standing committee.
6. Standing committees shall include, but are not limited to:
  - (a) Executive Committee,

- (b) Governance Committee,
  - (c) Finance and Audit Committee,
  - (d) Competence Committee, and
  - (e) Appeals Committee.
- 7. Subject to sections 19 and 20 of the Act, Council or a standing committee may at its discretion appoint a sub-committee.
- 8. Subject to the Act, the Council may appoint an ad hoc committee as necessary to perform specific functions.
- 9. Where Council has delegated a power or duty to a person or committee, that person or committee may not delegate that power or duty to any other person or committee unless expressly authorized to do so.
- 10. Subsection 17(9) does not apply to delegation to the Registrar.

#### **1817 Vacancies on Committees**

- 1. A vacancy on the membership list for complaint review committees and hearing tribunals or on a standing committee shall be filled at the next meeting of Council subject to the following;
  - (a) should a member be unable to complete his term of appointment, a new member will be appointed to complete the unexpired term,
  - (b) further appointment at the end of this term shall be in accordance with Section 17 subsection (5).

#### **1918 Removal of Committee Member**

- 1. A member of a standing committee may be removed on a two-thirds (2/3) majority vote of the Council members participating and eligible to vote at a meeting of Council.
- 2. Before a vote under subsection (1) may be held, the President of Council shall give the members of Council seven (7) days written notice of the date on which the vote is to be held and the member facing the vote for removal the opportunity to make submissions to Council before the vote is held.

#### **Appeals**

#### **2019 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.

#### **2120 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 Chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, to authorize a different date for the filing deadline. ..
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 Chair of the Panel, through the Hearings Director that the Panel, with notice to all involved parties, to authorize written submissions in excess of the 30-page limit.
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, to the Chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, authorize oral submissions in excess of the 60-minute limit.

## **Meetings**

### **2221 Council Meetings**

1. There shall be at least four (4) regular meetings of the Council during the calendar year.
2. All members of Council and all non-voting members of Council shall receive at least three months' notice of regular meetings.
3. The agenda and order of business at a meeting of the Council will be determined by ~~Council~~ Executive Committee, and may be amended at Council's discretion.
4. The proposed agenda shall include all items for information or with a recommendation or motion for action received.
5. The first order of business at any Council meeting shall be consideration of the proposed agenda and adoption of it, subject to any amendment that Council may approve.
6. Items that have been selected for consent on the Consent Agenda may be voted on together.



- 3.7. A member of Council and non-voting member may request that any item or component thereof of the Consent Agenda be removed.
8. A special meeting of the Council may be held at the call of the President.
- 4.9. A member of Council may request the President to call a special meeting.
- 5.10. All members of Council and all non-voting members of Council shall receive at least seven (7) days' notice of a special meeting.
- 6.11. The President may call an emergency meeting of the Council.
- 7.12. A member of Council may call an emergency meeting of Council with the agreement of two-thirds (2/3) of the members of Council.
- 8.13. All members of Council and all non-voting members of Council shall receive at least twenty-four (24) hours' notice of an emergency meeting.
- 9.14. A record of a Council meeting will be maintained in the form of minutes.
- 10.15. Council may make the minutes publicly available in a form determined by Council.
- 11.16. Council may determine procedures to be used at any meeting.
- 12.17. If Council has not determined a procedure to be used at a meeting, Robert's Rules of Order shall apply.
- 13.18. A meeting of Council shall be open to the public except when Council moves in-camera.
19. Quorum shall be fifty (50) percent a simple majority of the voting members of Council.
20. For the purpose of calculating a simple majority, a vacant position will not be counted for the purpose of determining quorum.
- 14.21. A member who has been stripped of voting rights shall not be counted for the purpose of determining quorum.
- 15.22. Unless otherwise required by these bylaws, a majority vote of Council members present at a meeting decides any vote.
- 16.23. All decisions of Council need to be made by a vote on a motion which has been duly moved and seconded.

~~17.24.~~ The Chair does not vote unless there is a tied vote, in which case the Chair's vote decides the matter.

~~18.25.~~ Council may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.

~~19.26.~~ Subject to Division 5 of the Act, sections 87 to 89 inclusive, Council may determine to conduct any portion of a meeting in-camera in accordance with the following principles where there will be discussion of:

- (a) advice from legal counsel or other privileged information;
- (b) financial, personnel or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that Council meetings be open to the public;
- (c) information that the College is otherwise required by law to keep confidential; and
- (d) any matter that would reveal private information about an individual.

~~27. An in-camera session or portions thereof may, at the discretion of the Chair, involve members of Council, non-voting members of Council, the registrar, deputy registrar and assistant registrars, chief of staff, and other persons as the invited by the Chair.~~

~~20. An in-camera session or portion thereof involves members of Council and, at the discretion of the Chair, may involve non-voting members of Council, the registrar, deputy registrar and assistant registrars, chief of staff and other resource persons as the Chair may determine.~~

~~28. Not all matters that individual Council members wish to raise are appropriate to discuss in an in-camera session. In-camera sessions are designed to address specific sensitive matters, that are better initially discussed without notes being taken or observers present. They are not designed as a forum to raise personal agendas or special interests, nor to alter a decision that has been presented by management and approved.~~

~~29. Minutes summarizing the discussion and decisions of an open session shall be taken, provided to Council for approval at the next Council meeting, and posted publicly.~~

30. Minutes summarizing the discussion and decisions of an in-camera session involving any non-voting members, the registrar, deputy registrar, assistant registrars, chief of staff or other resource persons shall be taken, provided to Council for approval at the next Council meeting, and shall not be posted publicly.
31. No minutes are required to be taken when no action is agreed upon in an in-camera session that involves only members of Council and when no non-voting members, the registrar, deputy registrar, assistant registrars, chief of staff or other resource persons are in attendance.
32. Any action agreed upon in an in-camera session in which only members of Council are involved shall be brought into the minutes of the next meeting of Council and provided to Council for approval at that meeting.
33. All in-camera matters, including all discussion, action, and documentation shall be kept in confidence by every member of Council and any other attendee.
34. With the exception of equipment used expressly by CPSA for a meeting of Council, any private or unauthorized use of a recording or broadcasting device during a meeting of Council is prohibited.
- 21.35. The expression "recording or broadcasting device" includes any equipment that can be used to record or broadcast either through photography, videotaping or audio recording, an image, sound or a conversation, including cameras, cellular telephones, smartphones or any similar device.

## **2322 Head Office**

1. The head office of the College is located in Edmonton, Alberta or at such other location as may be determined by the Council.

## **Section B – College Administration**

### **2423 Registrar**

1. Council shall appoint a Registrar.
2. The Registrar shall perform all duties required of, and exercise the powers provided to, the Registrar in the Act, the Regulations and these bylaws.
3. Subject to section 19 of the Act, Council may delegate any of its duties or powers to the Registrar.
4. Council may impose conditions upon any delegation made under subsection 3.
5. Subject to section 20 of the Act, the Registrar may delegate any of the powers or duties of the Registrar to any other member of the College staff or to a committee or working group appointed under subsection 6.
6. The Registrar may appoint such committees and working groups as the Registrar considers necessary to assist in performing the duties or exercising the powers of the Registrar.

### **2524 Acting Registrar**

1. If the office of the Registrar becomes vacant or the Registrar otherwise becomes incapable of acting for any reason, Council may appoint an Acting Registrar, who shall have all the powers and duties of the Registrar under the Act, the Regulations and these bylaws.
2. The Acting Registrar holds office until:
  - (a) The Registrar again becomes capable of acting;
  - (b) Council appoints a new Registrar; or
  - (c) Council terminates the appointment of the Acting Registrar.

### **2625 Fees, Charges and Levies**

1. The fees, charges and levies of the College shall be determined by resolution of Council.

### **2726 Fiscal Year**

1. The fiscal year of the College commences January 1 and ends the following December 31.

### **2827 Auditors**

1. Council shall appoint one or more chartered accountants registered in the Province of Alberta as auditor for the College.

2. The Auditor shall, at least once each year, examine the accounts, books, and securities of the College, and provide a written report to the Council.
3. The Registrar shall publish annually a copy of the audited financial statements.

### **2928 Money on Deposits**

1. All funds of the College shall be deposited in the banking institution designated by the Registrar.
2. The Registrar shall designate the individuals authorized to withdraw and pay out the funds of the College.

### **3029 Investments**

1. Investments made by the College shall be made in the name of the College of Physicians & Surgeons of Alberta.
2. Council shall establish an investment policy and amend it from time to time.

## PART 2 – REGISTRATION

### Section A - General

#### **3130 Retired Members**

1. The Retired Member Register includes the names of those former regulated members who:
  - (a) have retired from the practice of medicine; and
  - (b) were in good standing with the College on the date of retirement.
2. Each applicant for registration as a retired member must notify the College in writing of the effective date of retirement.
3. A retired member shall not practise medicine in Alberta.

#### **~~32 Physician Assistants~~**

- ~~1. The Physician Assistant register includes the names of non-regulated members who are:~~
  - ~~(a) A graduate of a Physician Assistant training program meeting one of the following criteria:~~
    - ~~(i) provided through the Canadian Forces Medical Services School,~~
    - ~~(ii) accredited by the Canadian Medical Association Conjoint Accreditation Process in Canada, or~~
    - ~~(iii) accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in the United States of America, and~~
  - ~~(b) A certified Physician Assistant with one of the following credentials:~~
    - ~~(i) Canadian Certified Physician Assistant (CCPA), granted by the Physician Assistants Certification Council of the Canadian Association of Physician Assistants, or~~
    - ~~(ii) Physician Assistant – Certified (PA-C), granted by the National Commission on Certification of Physician Assistants in the United States of America.~~
- ~~2. Each applicant for registration as a Physician Assistant must:~~

- ~~(a) — complete the application form to the satisfaction of the Registrar, and~~
  - ~~(b) — submit the registration fee.~~
- ~~3. — A Physician Assistant shall only work under the supervision of a regulated member on the General Register or the Provisional Register Conditional Practice, and that regulated member will take responsibility for the clinical performance of the Physician Assistant.~~
- ~~4. — If the Registrar determines that a Physician Assistant has not paid the registration fee or an annual fee, has not worked only under the supervision of a regulated member, has provided incomplete or inaccurate information to the Registrar or no longer qualifies for registration as a Physician Assistant, the Registrar may cancel the registration of the Physician Assistant.~~
- ~~5.4. — If the Registrar cancels the registration of a Physician Assistant under subsection 4, the Registrar may publish the information as the Registrar determines is required in the circumstances.~~

### **3331 Practice Permits**

1. The Registrar shall determine any decision on issuance or renewal of a practice permit.
2. A practice permit:
  - (a) is effective on January 1 or on the actual date that it is issued, whichever is later, and
  - (b) expires on December 31 following the date of issue of the practice permit.
3. A regulated member shall submit to the Registrar a completed annual form for the renewal of a practice permit along with the required annual renewal fee by December 31 in the year in which the practice permit expires.
4. A regulated member whose registration or practice permit has been suspended or cancelled for a reason other than under Part 4 of the Act, may apply in writing for the practice permit to be issued or the registration to be reinstated in accordance with these bylaws.
5. An application under subsection 4 shall be in the form determined by the Registrar along with the required fee, any outstanding fees, charges or levies, and any other information required by the Registrar.

6. The Registrar shall, within a reasonable period of time, consider a completed application under subsection 4 in accordance with section 30 or section 40 of the Act, as the case may be.

### **3432 Limited Liability Partnership**

1. Regulated members or professional corporations are not permitted to enter into a limited liability partnership for the practice of medicine or osteopathy.

NOTE: The remaining sections of the Bylaws remain unchanged except for revising the section/bylaw numbering. The complete Bylaws as currently approved are available [here](#) and the sections which will be unchanged begin on page 23.



|                |                |
|----------------|----------------|
| Submission to: | <b>Council</b> |
|----------------|----------------|

|                    |   |   |  |
|--------------------|---|---|--|
| Meeting Date:      | Submitted by:   |   |  |
| October 28, 2021   | Liz McBride   |   |  |
| Agenda Item Title: | Medical Facility Accreditation Committee Report   |   |  |
| 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): | Not applicable  |
| Background:                     | <p><b>The Medical Facility Accreditation Committee (MFAC) met on October 28, 2021 and addressed the following:</b></p> <p><b>1. Facility Accreditation/Physician Approvals</b></p> <ul style="list-style-type: none"> <li>Completed a 4 Year review of the following accredited facilities:             <ul style="list-style-type: none"> <li>Pulmonary Function - 5</li> <li>Diagnostic Imaging - 27</li> <li>Laboratory Medicine - 28</li> <li>Non-Hospital Surgical - 1</li> <li>Cardiac Stress Testing - 1</li> </ul> </li> <li>Completed the accreditation of the following new facilities/new modalities:             <ul style="list-style-type: none"> <li>Sleep Medicine - 4</li> <li>Pulmonary Function - 5</li> <li>Laboratory Medicine - 3</li> <li>Diagnostic Imaging - 19</li> <li>Non-Hospital Surgical - 1</li> </ul> </li> <li>Approved/Confirmed the following physician approvals/privileges:             <ul style="list-style-type: none"> <li>Pulmonary Function - 4</li> <li>Diagnostic Imaging - 25</li> <li>Non-Hospital Surgical - 90</li> <li>Cardiac Stress Testing - 1</li> </ul> </li> </ul> |

## **2. Off-label Use of Sedatives and Anesthetics Standards**

An update was provided to the Committee regarding the development of the standards for the off-label use of sedatives and anesthetics. Based on previous direction from MFAC, the expert working group was reconvened and has suggested further revisions to the standards limiting the use of this therapy to those specific indications in the psychiatric and chronic pain management fields where there is most evidentiary support. The standards will also require that patients being seen for these indications must be referred from and be under the auspices of a formal multi-disciplinary chronic pain or psychiatric support program for pre and post treatment support. Physicians providing these procedures must be appropriately credentialed. For these indications, the administering physician must be either a Royal College certified anesthesiologist or a CPSA recognized chronic pain specialist with privileges to perform procedures in the NHSF. The NHSF Committee was to have reviewed the newly revised draft standards in September however this ad hoc meeting was cancelled due to the unavailability of NHSF Committee members as a result of resource challenges related to the 4<sup>th</sup> wave of the pandemic. It is anticipated that the meeting to review the standards will be rescheduled for early January 2022.

## **3. Audit of Advisory Committee Meeting**

MFAC member audit of the following Advisory Committee meeting was provided to the Committee for information:

- Advisory Committee on Pulmonary Function Diagnostics – September 16, 2021 – audit conducted by Dr. Hrynchyshyn.

No concerns or issues were noted.

## President's Report

As my term ends with this last Council meeting of 2021, I want to take a few minutes and reflect on this past year at CPSA—our first full calendar year living through the COVID-19 pandemic.

The words that stand out to me the most are when our Registrar, Scott McLeod, said, *"All you can do is try and make the organization a little better than when you started"*.

Collectively, I think we did just that. We all made the organization better than when we started. And we accomplished that while working in a virtual environment all year; an amazing feat that we should celebrate!

We also had our first virtual Council retreat that was very successful and rewarding as we got to know each other better and created a trusting environment in which our Council can thrive.

We settled on a bold legacy of using \$5 million from CPSA's Building Fund Reserve for the betterment of all Albertans. Now we have to be visionary, innovative and courageously reach for the stars, delivering something truly disruptive and futuristic where we can measure the impact.

We welcomed the Grand Chief of Treaty 8, Arthur Noskey, to address CPSA Council; a first in the history of the organization.

We supported the spirit of reconciliation by establishing an Indigenous Health Advisory Circle to guide us as we move forward in this incredibly important work.

We are planning an exciting Council retreat that will focus on gaining a better and richer understanding of First Nations, Inuit and Métis cultures.

We now proudly begin our Council meetings with greetings, wisdom and prayers from elders.

We continue to refine and personalize our Territorial Land Acknowledgments before committee and other meetings with each other and CPSA's partners so they are meaningful and heartfelt.

We established an ad hoc working group to look at the history of CPSA and reflect on where we have been in order to identify where we need to go.

We started another working group, focused on strategic planning, that will help Council decide where we are going; an exciting initiative in which Council will soon have the opportunity to be more fully engaged.

We decided to do a limited review of CPSA's Governance structures, making sure we are continuously thinking of new ways to be more efficient and responsive to societal needs in regulation.

We will now have a full-time Governance support person on CPSA's team, as approved by FAC.

We elected an all-female Executive Committee; what a powerful statement.

We are supporting a new Equity, Diversity and Inclusion Committee that will guide us in this important endeavor.

We continue to support the innovative redesign of our complaints process.

We have started exploring Talking Circles as a means of addressing complaints in a culturally-sensitive manner.

We debated and found common ground on the issue of mandatory vaccination for physicians, a difficult conversation that led to Council penning widely-supported open letters to regulated members and Albertans.

We warmly welcomed three new public members to Council, making them feel at home and encouraging their early engagement.

We connected virtually with a number of communities across Alberta and engaged our partners in open and frank conversations. We listened and we learned.

We hosted a nominees' forum for candidates running for CPSA Council elections, giving them the opportunity to introduce themselves and share a bit about their platforms.

We look forward to welcoming Alberta's Minister of Health for an in-camera visit in December—a Council first.

Did we always agree with each other? No, and that is healthy, so long as it is respectful. We need to continue creating a safe space for those hard-to-have conversations.

One question remains: Did we leave CPSA better than when we started? I sincerely believe we have, and I thank each and every one of you for getting us to this place.

I have no doubt 2022 will be an even greater year when we have our fully-populated CPSA Council in place, and I look forward to building on the incredible work that was accomplished in 2021

**To:** CPSA Council  
**From:** Scott McLeod  
**Date:** December 2, 2021

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### Introduction

Every year when I put together my final report of the year, I look back at what I wrote to you at the beginning of the year. This year I was particularly surprised to see how accurate I was in predicting the year we've had. In my March 2021 report I state "After the year we had with 2020, I wish I could say that 2021 should be easier, but I'm afraid there will be nothing easy about the year ahead of us. The pandemic will continue to have an impact on all Canadians, the profession will still have its struggles to sort out agreements with the Government of Alberta, the Health System will continue to be strained, CPSA will continue to address racism and discrimination in the medical profession, and the rate of burnout in medicine will continue to be an issue that impacts the care all Albertans receive."

I really wish I would have been wrong in that prediction but unfortunately this has been a very difficult year for most Albertans.

During that same report of March 2021, I also stated that "Despite the reality that 2021 will be a challenging year, I'm excited about the opportunities that lie ahead of us, because these are the times when we learn the most about ourselves and demonstrate our innovation in addressing challenging problems. These are the times that will set us up for success in the years ahead."

I'm happy to report that despite the challenges we've all had throughout 2021, the CPSA team has continued to strive for excellence in all that we do and I would say the team has done exceptionally well under some very trying and unpredictable conditions. I'll try to hit the highlights below.

### A. Project Bluebird

I'm very pleased to inform Council that project Bluebird, our transformation of the CPSA Complaints Department, is going exceptionally well. Under the leadership of Dr. Dawn Hartfield and Ms. Susan Babiuk, the team has made some enormous strides that I'm confident will dramatically improve our processes. Even though we have not yet achieved the results we need, we are seeing some very positive signs that we're heading in the right direction.

Not only are we improving our process, but we are dealing with important issues such as racism and discrimination as well as embracing a more culturally appropriate way of investigating Indigenous complaints. For example:

1. It's not uncommon for CPSA to receive complaints with racist and discriminatory language in them. We no longer accept such complaints until the racist or discriminatory wording is removed or redacted.

2. We have introduced the option of having an Indigenous talking Circle as a method of collecting evidence during an investigation involving an Indigenous complainant or physician.

Overall I'm confident we will see an improvement in the complaints backlog over the coming year.

### **B. Racism and Discrimination**

Earlier this year we proposed a method of addressing racism, discrimination, equity, diversity and inclusion (EDI) in all aspect of our work. This included establishing the EDI Working group and the Indigenous Advisory Circle. Both have now been successfully constituted and work has begun. This year has mainly been focused on CPSA learning and accepting our role throughout history. The following are just a few examples of the things we have done so far this year.

1. As you know Grand Chief Noskey presented to Council during our May meeting and we were fortunate to hear his personal perspective on anti-Indigenous racism and discrimination in Alberta's health care system.
2. We published CPSA's first ever special edition of the Messenger dedicated to racism and discrimination
3. September 30<sup>th</sup> 2021 was the first official day dedicated to truth and reconciliation in Canada. On that day, the entire CPSA Team had the opportunity to meet with and hear from Elder Laurie MacDonald from the Enoch Cree Nation. He gave us 2 hours of his valuable time where he shared his lived experience being a survivors of the residential school system.

### **C. National Exams**

This was an incredibly challenging year for the Royal College of physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Medical Council of Canada. The greatest challenge has been trying to assess practical skills in the virtual environment. All three organizations have had to adapt or cancel their objective, structured clinical examinations (OSCE) because they could not be held in person.

This has resulted in a new cohort of physicians receiving certification with a very different assessment of competence to what we have classically accepted. CPSA has adapted to this and with Council's support we have been able to continue licensing physicians.

Only time will tell if there will be any risks associated with the different assessments done in the past year and the variable clinical experience many students and residents have had throughout the pandemic, but it has certainly spurred interest in how we currently assess for competence and how we should do this moving forward.

### **D. Competency Assessment in Medicine**

The challenges related to competency assessment over the past two years have raised many questions from the medical regulatory authorities (MRAs) as to the current process of assessing competence to practice. I shared with Council that Federation of Medical Regulatory Authorities of Canada (FMRAC) has been working with a consultant to identify a way forward related to competency assessment. The consultants recently shared their report with FMRAC. That report basically stated there was no burning platform to

revolutionize regulation and how it related to competency. FMRAC did, however, also hear that competency expectations and assessment will be much different in the future than they are today. The consultants outlined how data will be essential for ongoing assessments of competence and suggested regulators need to consider how they assess competence that goes well beyond the medical expert and embraces the reality of team based care.

One of the key phrases pulled from the report that resonated with many was that “based on a great deal of systematic research, physicians (who are) considered competent contribute in aggregate to much more harm than the negative outlier physicians.” For me, this touches on the requirement for quality improvement as a core requirement for the medical profession.

There seemed to be consensus among the MRAs on the fact that the future of medicine will be far different. Some of those differences are driven by the increasing demands from society, the incorporation of virtual care and the use of big data and machine learning in health care. However, such factors do not translate into an urgency for regulators to change the foundations of regulation.

It was also apparent that many MRAs just don’t have the capacity to take on a major transformative change at this time and unless there is a crisis, it’s unlikely there will be a unified approach to how we move forward.

The key things that have become clear for me from that report are the following:

1. Team based care is the reality moving forward, so how do we assess competency in that environment?
2. Big data will be essential in assessing competence. By using that data we can actually look at patient outcomes.
3. Point in time assessments are not sufficient for assessing the complexity of competence moving forward. We need to have a better way of assessing competence through the continuum of a physician’s professional career span.
4. Remediation needs to be done, but regulators aren’t necessarily the ones who should be doing that work.
5. As a minimum, there needs to be a greater emphasis on the [CanMeds](#) non-medical expert roles.

From my perspective I believe we are undervaluing the authority MRAs have in this space and I don’t believe we need to be doing the work of assessing competence. In fact I agree there is no burning platform for regulation, but if we don’t provide some guidance and direction for the profession we’ll have one on our hands before too long. FMRAC is now working on the next steps and we will be working closely with our partners at the National and Provincial levels.

### **E. Impact of COVID 19 on CPSA Operations**

Over the past year CPSA has made a variety of attempts to reopen the office and bring people back to a safe work environment. If this pandemic has taught us anything it’s clear we need to remain flexible and adaptable. Each attempt to return to the office has been halted because of another wave of illness, but I’m confident we’re getting there and we will soon have the majority of staff back in the office. The current plan is to start reopening in the New Year, but we know this may change due to the COVID numbers and the public

health guidance. No matter what, we will prioritize the health and wellbeing of our team over the need to open the office.

In order for us to decrease the risk of reopening and demonstrate that CPSA supports vaccination as a key requirement of getting through the pandemic, the CPSA Leadership team unanimously decided to introduce a vaccination policy that makes vaccination against COVID-19 a condition of employment for CPSA. [The policy is attached](#) for your information. It's important to note that we did not take this decision lightly and we went through an extensive process to be sure we were making the right decision. The following is a brief outline of that process:

1. We identified what we were trying to achieve with our policy. We determined that our key goals of the policy were:
  - a) Protecting the health of the public.
  - b) Protecting the health of our team.
  - c) Demonstrating leadership.
  - d) Aligning with public health policy.
  - e) Ensuring we are consistent in our messaging.
  - f) Building trust within our team that our office is a safe place, where we're all doing our best to take care of ourselves and each other.
2. To address these goals, we considered five options for CPSA's future state:
  - a) No vaccine requirement.
  - b) Keep the office closed for the foreseeable future.
  - c) Only require vaccination for those working in the office.
  - d) Restrict access to the office to those who are either vaccinated or have a negative COVID-19 test.
  - e) Require a COVID-19 vaccine as a condition of employment at CPSA.
3. We ranked how each option aligned with our organizational values and brand characteristics, considering:
  - a) CPSA's position as a trusted voice in the community.
  - b) Our responsibility to set an example for the medical profession.
  - c) The value of working effectively together in person, to maintain and continue building our collaborative culture.
  - d) The uncertainty of the sensitivity and specificity of rapid testing.
  - e) Demonstrating leadership by doing what we are asking others to do.
  - f) The five actions committed to by the leadership team.

In ranking each option, each member of the leadership team challenged their own personal beliefs, and the benefits and risks associated with each option.

4. A policy requiring all CPSA team members to be fully vaccinated ranked the highest of all the options considered and most aligned with our values, characteristics and responsibilities as an employer and a leader in health care.

Therefore, as of January 4<sup>th</sup> 2022, all CPSA employees and contractors are expected to be fully vaccinated against COVID-19.



### F. 2021 Q3 KPIs

As you can see from the attached reports ([Dashboard](#) and [Business Update](#)), we were able to successfully accomplish most of the work we set out to do in the past year. There are, however, some areas in which it appears as though we are falling short. To that end, I would like to point out that even though we're still behind with the complaints backlog, the foundational work to accomplish that work is solidly in place and I'm confident we will achieve long term and sustainable success as a result. I also believe the indicators for those KPIs were not an accurate way to represent that work. Next year's KPIs will be far more accurate.

The other area for consideration is the increased work all staff have taken on related to COVID-19. The one thing that I don't think any of us could have predicted were the numbers of concerns and complaints that have come in related to physician behaviour during the pandemic. We have had to deal with physicians spreading misinformation, inappropriately issuing exemptions for masks and vaccinations, and prescribing medications contrary to the recommendations of Health Canada.

Since the outset of the pandemic, CPSA has fielded approximately 530 unique concerns pertaining to medical clinics and/or physicians who are not adhering to COVID-19 public health requirements or recommendations. We continue to discuss and triage each of these concerns within Continuing Competence alongside senior medical staff. In most cases, the matters are resolved with a phone call from CPSA to the physician in question, however many have required much greater attention.

Starting in October 2021, using Part 3.1 of the Health Professions Act, CPSA also began conducting unannounced inspections of physicians following the receipt of a significant volume of concerns and/or the type of concern that was thought to be jeopardizing public and patient safety. As of November 26th, there have been eight unannounced in-clinic inspections conducted. To date, two physicians have signed voluntary agreements with CPSA whereby the physician agrees to no longer offer exemptions from COVID-19 vaccination or masking requirements, or prescribe or recommend Ivermectin. For those physicians who do not agree to these conditions, the matter is referred by the Deputy Registrar to the Complaints Director on grounds of unprofessional conduct.

Inspections have been taking about 60-90 minutes and primarily involve a review of patient charts. Inspections are conducted by two CPSA inspectors: the IPAC Program Manager and a physician. The turnaround time between inspection and the issuance of a voluntary agreement to the physician is about 10-14 days. So far, inspections have been conducted in the Edmonton, Calgary, Central and South Zones. When appropriate, practice restrictions are placed on a physician's practice permit and reported on the physician profile on the CPSA website.

This work has become an organizational and departmental priority and we have been able to respond to the need in a nimble way with the objective of avoiding the complaints process when possible and appropriate.

This has also resulted in a great deal more work for our Communications team. For media, we saw an increase of 14 proactive (a story based off a CPSA media release or outreach) and 89 reactive (a story that directly mentioned CPSA without our outreach) articles from

Jan-Oct of this year compared to Jan-Oct of last year. We had over 70 reactive article mentions this September and October alone, which accounted for half of our total reactive articles for Jan-Oct, 2021. In addition, we saw an increase of 710 tertiary articles (health care articles related to, but not mentioning CPSA) from Jan-Oct of this year compared to Jan-Oct of last year.

For social media, we continue to see a high volume of questions and concerns especially as vaccines became available. In addition, the Communications team has been lending support to Professional Conduct in searching for posts and videos involving physicians as part of the investigation process.

From a website perspective, we don't have comparative year over year data as we launched the new site in February 2021, but we continued to see spikes in traffic whenever public sentiment was negative (for some) towards COVID-19 related government announcements (such as restrictions and vaccine roll-out). This contributed to increases in contact form submissions which increased workload for various departments across CPSA.

We also saw a major spike in traffic (our largest yet) when Council released the letter to Albertans, resulting in more than 15,000 page views and bringing in 5,720 new users to our site. CPSA's original tweet for the letter generated more than 27,900 impressions, 82 retweets and 130 likes, which are large numbers for us.

### G. Response to the CPSA Council Letters

#### 1. Letter to the profession

- a. Total email responses received to info@cpsa.ab.ca: 20
- b. Number of positive responses: 14
- c. Number of neutral responses: 5
- d. Number of negative responses: 1

#### Question/comment themes:

- a. Many "thank yous," agreement and positive messages of support for the letter.
- b. Physicians seeking clarity on why CPSA is not mandating vaccinations and expressing support for mandatory vaccination.
- c. Physicians expressing that a vaccine mandate and addressing the spread of misinformation by physicians does not have to be an either/or approach (i.e., why not both?).
- d. One physician sought clarity on whether vaccination is a term of licensure with CPSA.

#### 2. Letter to Albertans

- a. Total email responses received to info@cpsa.ab.ca: 6
- b. Number of positive responses: 4
- c. Number of neutral responses: 1
- d. Number of negative responses: 1

#### Question/comment themes:

- a. Many "thank yous," agreement and positive messages of support for the letter. Appreciation for the stronger position and show of support for physicians.
- b. Question about CPSA-approved protocol for the management of COVID-19-positive patients in various settings, including community clinics, hospitals, ERs and ICUs.

- c. An Albertan wrote in to express she's appalled by CPSA's letter, stating that natural immunity trumps the vaccine, refers to mRNA vaccines as "gene therapy," and asserts that, "The CPSA and AHS are responsible for the mass majority of covid 19 related deaths in Alberta due to the repressive actions against early treatment of covid 19."

### H. Physician commendations

Reading up until now, one may be concerned that the profession is in trouble, but I'm happy to report that since our new website became active in February of this year and we included the ability to commend a physician, we have seen a significant increase in the number of commendations that are submitted.

This past year we have seen 155 commendations come into CPSA so far. This compares to the 30 commendations in total in 2020. That vast majority of the commendations have been directly related to the new website making it easier for people to submit a commendation.

### I. 9. Departmental Updates

As the year comes to a close I asked each department to share a short summary of their work with Council. Their write ups are certainly not intended to cover everything done in the department, but I hope it provides you with some insight into what everyone has been up to over the past year. I have attached that summary for Council members as a separate document.

### Conclusion

*In March I said "These are very challenging times for the medical profession and there is a great deal of very important work for CPSA in the next year. I'm confident we have a strong team and together we can adjust to the ongoing demands, but we can't lose sight of the reality that 2021 will have many of the same challenges that came in 2020. We all need to work together and support each other moving forward."*

I'm happy to report that our team did work together and supported each other to achieve our goal. I don't claim that we were perfect, but I believe we maintained a steady and consistent approach over the past year. We have adapted as required and were able to accomplish an incredible amount of priority work. For that I would like to thank everyone at the CPSA for their hard work and dedication!

## Our Policy on: Vaccination for COVID-19

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Employment policies are an important part of life at CPSA. Our People Philosophy guides their development to ensure people remain at the center of all that we do.

***"The philosophy of our people is to be intrinsically invested in our work, our teams, and each other."***

### Policy Highlights:

- The wellness of all team members is a priority, and CPSA is committed to protecting the health and safety of team members and others from the COVID-19 virus.
- All team members including employees, assessors, committee members and students working for CPSA are required to provide proof of full vaccination against COVID-19 effective Jan. 4, 2022.
- Team members claiming an exemption based on a protected ground in the *Human Rights Act* will need to provide the required documentation, as noted in this policy and related procedure to the Director, People & Culture or their representative.

If you have any questions or need clarification regarding this policy, please talk to your immediate supervisor.

### 1.0 Policy Statement

- 1.1** The wellness of all CPSA team members is a priority and CPSA is committed to protecting the health and safety of team members and others from COVID-19.
- 1.2** CPSA recognizes formal public health research which shows vaccination is effective in protecting against severe outcomes and the transmission of COVID-19.
- 1.3** To support the health and safety of our workplace and our community, this policy on Vaccination of COVID-19 (the "procedure") outlines CPSA's expectation that all team members (as defined below) will be *fully vaccinated* against COVID-19, unless they have obtained an approved exemption from this policy as an accommodation or otherwise.

### 2.0 Definitions

- a)** "Fully vaccinated" means the individual is considered fully vaccinated by the public health authority in Alberta, which currently requires that the individual has received all required doses of an accepted COVID-19 vaccine, in all cases with a 14-day

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period having passed since the individual received their final dose of the applicable COVID-19 vaccine.

- b) "Team member" or "team members" includes employees or contractor in an employment relationship, assessors, committee members (appointed by administration), and students working with or for CPSA. This includes full-time and part-time staff, as well as permanent and term/contract employees.
- c) "Workplace" includes all facilities and worksites used for the purpose of performing CPSA business, including third-party premises on which CPSA business is carried out or at which CPSA social activities are conducted, but excludes a team member's home, to the extent the team member is permitted to work from home.

### **3.0 Background**

**3.1** CPSA is continually monitoring COVID-19 in the community and continues to implement controls in response to science, data and public health directives.

**3.2** Considering the data, the COVID-19 situation in Alberta, and CPSA's future plans to have a hybrid working model (which would require all employees to spend some percentage of their time in the office), CPSA has determined it necessary to implement a mandatory COVID-19 vaccination policy to act as another layer, in addition to the current workplace controls, to mitigate against COVID-19 and its transmission. This policy is in addition to, and not a substitute for, CPSA's other COVID-19 health and safety policies.

### **4.0 Purpose**

The purpose of this policy is to mandate all team members in the workplace be fully vaccinated against COVID-19, to ensure the health and safety of the workplace.

### **5.0 Scope**

This policy applies to all existing and future CPSA team members in the workplace.

CPSA reserves the right to revise, amend, supplement, or rescind all or a portion of this policy or the related procedures at any time and without prior notice. Team members will be notified of any such changes as they become effective.

For greater certainty, CPSA reserves the right to require that team members receive vaccine boosters and provide proof of same, if such boosters are authorized and recommended by the Public Health Agency of Canada and/or the provincial health authority.

### **6.0 Application**

**6.1** As part of CPSA's commitment to the continued development and implementation of workplace controls to reduce the hazards and mitigate the risks of COVID-19, CPSA requires all existing and future team members in the

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workplace to be fully vaccinated against COVID-19 and provide CPSA with proof of vaccination in accordance with this policy.

- 6.2** Confirmation a team member is fully vaccinated (including the type of COVID-19 vaccine(s) received and the date of such dose(s)) is to be provided to a member of People & Culture by Jan. 4, 2022. Acceptable proof of vaccination includes an Alberta vaccine record (with or without a QR Code), other provincial vaccination records, First Nation vaccine records, Canadian Armed Forces vaccine records, or other vaccine records accepted in Alberta.
- 6.3** Team members who cannot be vaccinated for medical reasons or on the basis of any other reason protected by the *Alberta Human Rights Act* may request a reasonable accommodation.

## **7.0 Exemptions**

- 7.1** Team members who cannot be fully vaccinated for medical reasons or on the basis of any other reason protected by the *Alberta Human Rights Act* may request a reasonable accommodation from People & Culture. Accommodation requests will be considered on a case-by-case basis and CPSA will engage in an interactive process with the team member to determine whether a reasonable accommodation can be provided that does not pose a direct threat to the health or safety of others in the workplace, and/or to the team member, and/or otherwise create an undue hardship for CPSA.
- 7.2** Team members who wish to request a medical exemption must have their physician or a nurse practitioner complete the Alberta Health Medical Exemption form (available to physicians on the physician portal), which should indicate whether the medical reason for the inability to become fully vaccinated is temporary or permanent and if temporary, specify the end date. CPSA retains the right to follow up with the physician or nurse practitioner for additional information if necessary. All forms will be reviewed by a CPSA Adjudication Panel.
  - 7.2.1** The Adjudication Panel will be comprised of two leadership team members, two non-leadership members, and a physician employee. The Director, People and Culture will chair the committee, seek and maintain membership.
- 7.3** Team members who wish to request a religious exemption must complete the [Request for Religious Accommodation form](#), attesting in detail the reasons for which the team member believes they are exempt on religious grounds. CPSA retains the right to follow up for additional information if necessary. All forms will be reviewed by a CPSA Adjudication Panel.

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**7.4** CPSA will work with eligible team members to develop and implement an appropriate accommodation up to the point of undue hardship. CPSA encourages team members to suggest specific reasonable accommodations. However, CPSA is not required to make a specific accommodation requested by a team member and may provide an alternative effective accommodation, to the extent any reasonable accommodation can be made without imposing an undue hardship on CPSA (including threatening the health and safety of team members or the public in the workplace).

**7.5** Team members who choose not to become fully vaccinated for reasons that are not protected by the *Alberta Human Rights Act* must notify a member of People & Culture in writing as soon as possible (and by no later than Dec. 7, 2021). In such cases, CPSA will review the information provided by the team member and reserves the right to implement corrective measures, which may include termination of employment or contract.

## **8.0 Non-Compliance**

**8.1** CPSA reserves the right, in its sole discretion, to take corrective measures, including termination of employment or contract, in respect to any team member who fails to comply with or violates this policy, subject to reasonable accommodation and other requirements of applicable federal and provincial law.

**8.2** Corrective measures may include:

8.2.1 in rare instances, being required to work from home temporarily if possible, depending on the team members role and responsibilities;

8.2.2 termination of employment or contract; and/or

8.2.3 other reasonable considerations as determined by CPSA, such as temporarily being placed on unpaid leave.

**8.3** Team members who make false attestations about their vaccination status or provide false documents such as proof of vaccination or information provided in a request for accommodation will be subject to corrective measures, up to and including termination of employment or contract.

**8.4** CPSA prohibits any form of discipline, retaliation, reprisal or intimidation for reporting a violation of this policy, in accordance with our Safe Disclosure Policy, or any other good faith health and safety concern, or requesting an accommodation under this policy. Team members have the responsibility to report work-related injuries and illnesses, and CPSA will not discipline, discriminate or otherwise retaliate against employees for reporting violations of this policy or any other good faith health and safety concern.



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## **9.0 Guiding Principles**

- 9.1** Under the *Occupational Health & Safety Act*, CPSA has legislated obligations to provide a safe and healthy workplace. CPSA considers the wellness of all team members a priority and is committed to protecting the health and safety of team members and others.
- 9.2** Formal public health research indicates high vaccination rates against COVID-19 are an effective measure in reducing the spread and severity of the virus. CPSA will continue to monitor COVID-19 in the community and will continue to implement controls in response to science, data and public health directives.
- 9.3** CPSA team members must continue to follow health and safety protocols to prevent the spread of COVID-19, as designed by CPSA's Health & Safety team and the C-Team. This includes, but is not limited to, social distancing and wearing of appropriate personal protective equipment (PPE) including approved face masks.

## **10.0 Privacy**

- 10.1** CPSA will keep confidential any medical and personal information obtained in connection with this policy, including vaccination status and information provided in respect of any request for a reasonable accommodation. Subject to the *Personal Information Protection Act* ("PIPA"), team members' personal information shall be collected, used, disclosed and stored only in accordance with CPSA's Privacy Policy, and only to the extent necessary to meet the objectives of and administer this policy, except where the team member has otherwise consented or as required or permitted by law.
- 10.2** Only a team member's status, as fully vaccinated, will be recorded by People & Culture to determine continued eligibility to work at CPSA, to ensure the health and safety of all individuals through appropriate health and safety planning.
- 10.3** All medical and personal information obtained in connection with this policy, including in respect of any request for a reasonable accommodation, will be kept separate from personnel files and access will be limited to only those employees of CPSA who require such information to carry out their responsibilities in relation to the policy. All medical and personal information collected in accordance with this policy will be destroyed when no longer required for the purposes of this policy or for legal or business reasons.



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## **11.0 Responsibilities**

### **Leadership Team Responsibilities:**

- Ensure proper application of this policy and ensure team members act in accordance with this policy.
- Ensure COVID-19 safety processes comply with corporate standards and current government regulations, orders and directives.
- Ensure information and resources promoting the importance of being fully vaccinated and following current health and safety protocols to prevent the spread of COVID-19 are provided to team members.
- Authorize corrective measures for team members who do not comply with this policy, which may include termination of employment or contract.

### **Adjudication Panel Responsibilities:**

- Review COVID-19 vaccination accommodation requests and action as appropriate, within the timeframe outlined.
- Ensure confidentiality of information provided in the review process.

### **Team Member Responsibilities:**

- Review and abide by this policy.
- Submit proof of COVID-19 vaccination to designated People & Culture representative or submit a completed Alberta Health Medical Exemption form (if claiming an exemption from the COVID-19 vaccination requirement based on medical reasons) or Religious Accommodation form (if claiming an exemption from the COVID-19 vaccination requirement based on a sincerely-held religious belief).
- Continue to follow health and safety protocols to prevent the spread of COVID-19 as designed by CPSA's Health & Safety team and the C-Team, including (but not limited to) social distancing and wearing approved Personal Protective Equipment (PPE), including an approved face mask.

### **People & Culture Responsibilities:**

- Collect, maintain and store vaccination status information and forms in accordance with PIPA and CPSA's Privacy Policy.
- Ensure team members who are not fully vaccinated and are requesting an accommodation have submitted required forms.
- Review and provide guidance regarding medical or religious/spiritual accommodation requests in consultation.
- Ensure all future hires are aware of and meet the requirements of this policy.
- Ensure availability of COVID-19 information resources for team members.
- Ensure information and resources promoting the importance of being vaccinated and following current health and safety protocols to prevent the spread of COVID-19 are available to employees.

## 12.0 Procedure

### 12.1 COVID-19 Vaccination Requirements

- Effective Jan. 4, 2022, all CPSA team members must be *fully vaccinated* against COVID-19 and provide CPSA proof of vaccination, as per the policy.
- A team member on a leave of absence must be fully vaccinated against COVID-19 prior to returning to the workplace.
- A newly-hired or rehired team member must be fully vaccinated or have an approved exemption before their first day at the workplace.
- CPSA supports team members in obtaining their COVID-19 vaccination. To facilitate full vaccination by Jan. 4, 2022, a team member, in consultation with their supervisor, can take work time to be vaccinated without loss of compensation, or the requirement to use vacation or PTO. A final COVID-19 vaccination dose will need to be received by Dec. 21, 2021 in order to be considered fully vaccinated as defined in 2.0 of this policy.

### 12.2 Proof of Vaccination for COVID-19

- By no later than Jan. 4, 2022, team members must present proof of their COVID-19 vaccination to the designated People & Culture representative.
- Any new team members must present their proof of vaccination only after an offer of employment has been made by CPSA, whose offer will be conditional on the individual being fully vaccinated, subject to reasonable accommodation and other requirements of applicable federal and provincial law.
- Acceptable proof of vaccination includes Alberta vaccine record (with or without a QR Code), other provincial vaccination records, First Nation vaccine records, Canadian Armed Forces vaccine records, or other vaccine records accepted in Alberta.

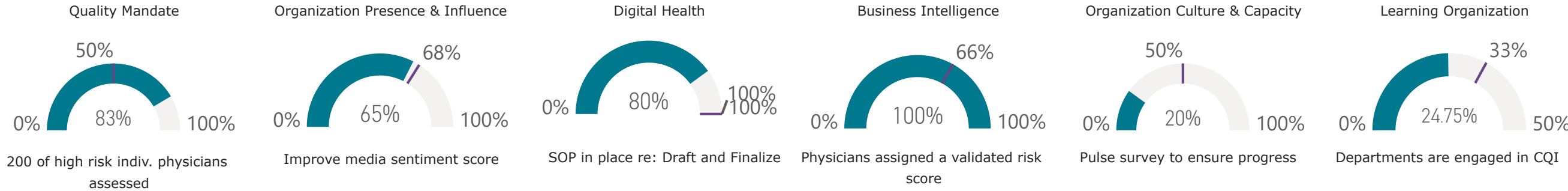
| COVID-19 Vaccination Policy         |   |                  |                 |
|-------------------------------------|---|------------------|-----------------|
| <b>Effective Date:</b>              | November 8, 2021  | <b>Revision:</b> | n/a             |
| <b>Policy Owner</b>                 | People & Culture  | <b>Approver</b>  | Leadership Team |
| <b>Cross Reference(s) / Sources</b> | Occupational Health & Safety Act<br>Alberta Human Rights Act<br>Personal Information Protection Act                 |                  |                 |
| <b>Review Period</b>                | Annually (may be reviewed and/or amended before the scheduled review date depending on public health circumstances) |                  |                 |



KPIs



September 30 2021



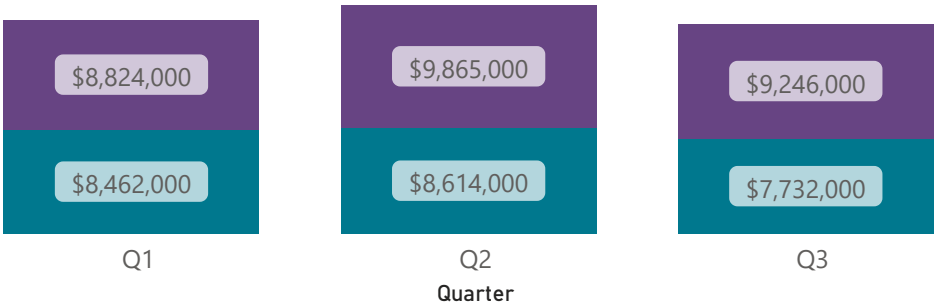
Legislated Activity

| Legislative Activity  |   |                          |          |   |   |  |   |
|---|---|--------------------------|----------|---|---|--|---|
| KPI's   | 2021 Target   | Status                   | Progress | Detailed Explanation  | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE  |
| Bill 30 (Health Professions Act Related)  | > 50% public members on Council, HT, CRCs and appeals | Below Target             | 75%      | Current public members require 3 reappointments.  | Below target  | Significant Delay, this was due April 2021 however it is in the control of Government.   | Significant progress, we now have 3 of 4 public members with recent addition at the end of Sept 2021.   |
| Bill 46 (Health Professions Act Related) - significant changes to multiple departments, bylaws, SOPs  | Draft Plan to implement Legislative changes           | Exceeding/Meeting Target | 40%      |   | Legislation reviewed, plan being developed. New program manager, policy recruited; starting April 2021.                                       | Legislation reviewed, plan developed. New program manager, policy leading and an SoP is being developed.   | Currently in first phase of plan and on target. Assessment of Association Activities will go out Oct 19 2021  |
| To identify meaningful KPI for Professional Conduct.  | By the end of 2021                                    | Below Target             | 35%      | KPI Targets identified under the Bluebird Project and presented at Council in September. Work remains to set up reporting and to restructure workflow process.  | KPI to be developed   | KPI setting delayed to Sept 2021   | KPI elements identified. Set up of workflow restructure started to match new KPI elements.  |
| Non hospital surgical facilities assessed and open post renovation/ relocation/ added service within 20 business days of notification of facility change and receipt of required documentation. | 90%   | Below Target             | 50%      | Significant delays in process due to COVID-19; regular meetings continue with AH & AHS ; AHS/AH also using NHSF's to address pandemic surgical backlog which has further delayed RFPs (the RFP is being issued by AHS and Alberta Health in support of the Alberta Surgical Initiative) - 4th wave has further delayed processes and will have an impact on NHSF services; Developed revised assessment model to expedite these accreditations (required for greater than 50 % vol increases and new procedure types for currently accredited facilities) | Latest estimate for RFP release is end of April for Ophthalmology, May- June for Orthopedics and September for all other procedure contracts; | Latest estimate for RFPs: Ophthalmology in evaluation stage, targeting July for Orthopedic RFP to be released and September for all other procedure contracts; | Latest estimate for RFPs: Ophthalmology in due diligence/financial evaluation stage, Orthopedic RFP closed and in initial evaluation stage - delayed due to pandemic 4th wave; future RFPs for other procedures / geographic locations still under discussion at ministry level |

Financials

|                                   | 30-Sep-21    | Budget       | Variance  |       |
|-----------------------------------|--------------|--------------|-----------|-------|
| Revenues                          | (25,347,000) | (25,699,000) | (352,000) | -1%   |
| Expenses                          | 22,080,000   | 24,093,000   | 2,013,000 | 8%    |
| Operating Income                  | (3,267,000)  | (1,606,000)  | 1,661,000 |       |
| Development Costs                 | 34,000       | 144,000      | 110,000   | 76%   |
| Sub-total after Development Costs | (3,233,000)  | (1,462,000)  | 1,771,000 |       |
| Amortization & rental inducements | 399,000      | 436,000      | 37,000    | 8%    |
| Accreditation, net                | (293,000)    | 73,000       | 366,000   | 501%  |
| Sub-total                         | (3,127,000)  | (953,000)    | 2,174,000 |       |
| Other <income> loss               | (2,177,000)  | (186,000)    | 1,991,000 | 1070% |
| <Net Income>                      | (5,304,000)  | (1,139,000)  | 4,165,000 |       |

Revenues Compared to Expense (prior other income)




CPSA Business Activity Update


For the Period Ending September 30, 2021



| Status Options   |
|--|
| <div></div> White - Complete   |
| <div></div> Green – Exceeding/Meeting Target                                     |
| <div></div> Yellow - Below target at this time; plan to be on target by year end |
| <div></div> Red – Significant Delay  |

| <div></div> | Quality Mandate Strategy  |   |  |   |                       |                                |                          |          |   |  |   |   |
|-------------|---|---|--|---|-----------------------|--------------------------------|--------------------------|----------|---|--|---|---|
|             | <div>Definition: This strategy has two key elements:</div> <div><div></div><div>To ensure all physicians meet minimum standards expected of the profession.</div><div>To foster and support the highest quality of medical/health care through collaboration and cooperation with key stakeholders.</div></div> |   |  |   |                       |                                |                          |          |   |  |   |   |
| KPI #       | KPI's   |   | 2021 Target  |   | Accountability        | Owner                          | Status                   | Progress | Detailed Explanation  | Q1 2021 UPDATE   | Q2 2021 UPDATE  | Q3 2021 UPDATE  |
| QMS001      | High risk individual physicians are assessed  |   | 200 annually from 2020 onwards (2% of membership)  |   | Continuing Competence | Continuing Competence Director | Exceeding/Meeting Target | 83%      |   | 20 referrals + 46 PAF<br>30%   | 29 referrals + 56 PAF<br>43%  | 38 referrals + 97 PAF + 30 Factors<br>83%   |
| QMS002      | CPSA has engaged regulated members to encourage, support and confirm participation in QI  |   | Engage another 20% to a total of 40% of regulated members in clinical practice   |   | Continuing Competence | Continuing Competence Director | Exceeding/Meeting Target | 100%     |   | 2021 engagement status will be reported on 2022 RIF.<br>27%  | 10,589 regulated members self-reported of being engaged in quality improvement and/or personal development initiatives.   | 10,589 regulated members self-reported of being engaged in quality improvement and/or personal development initiatives.   |
| QMS003      | Practice enhancement/remediation is outsourced  |   | Up to 45% QA IPR outsourced  |   | Continuing Competence | Continuing Competence Director | Exceeding/Meeting Target | 48%      |   | 20 IPR outsourced<br>10%   | 38 IPR physicians have been referred to external CPSA partners this year for assessment and/or remediation work.  | 42 IPR physicians have been referred to external CPSA partners this year for assessment and/or remediation work.  |
| Action #    | Global Name   | 2021 Action/Tactics   | Expected Results   | KPI (Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability        | Owner                          | Status                   | Progress | Detailed Explanation  | Q1 2021 UPDATE   | Q2 2021 UPDATE  | Q3 2021 UPDATE  |
| A301        | ASI   | Alberta Surgical Initiative (ASI): Expansion of Non-hospital Surgical Facilities - AH/AHS have a plan for expansion of NHSF utilization over the next 4 years to shift additional low acuity day surgery procedures to these facilities. Primary areas for growth are gynecology, orthopedics, ophthalmology and some general surgery procedures.<br><br>Develop framework/strategic plan for NHSF program management of Alberta Surgical Initiative (ASI): Phase 1 - 2020/2021 (expansion of existing procedures in current NHSFs) | Accreditation will be impacted by a potential increase in new NHSF facilities, facility renovation and move assessments, increase in physician privileging, potential by-law revisions<br><br>Program able to manage all Phase 1 service increases |   | Accreditation         | Accreditation Director / AR    | Below Target             | 50%      | Significant delays in process due to COVID-19; regular meetings continue with AH & AHS ; AHS/AH also using NHSF's to address pandemic surgical backlog which has further delayed RFPs - 4th wave has further delayed processes and will have an impact on NHSF services; Developed revised assessment model to expedite these accreditations (required for greater than 50 % vol increases and new procedure types for currently accredited facilities) | See above  | Latest estimate for RFPs: Ophthalmology RFP in evaluation stage, targeting July for Orthopedic RFP to be released and September for all other procedure contracts                       | Latest estimate for RFPs: Ophthalmology in due diligence/financial evaluation stage, Orthopedic RFP closed and in initial evaluation stage - delayed due to pandemic 4th wave; future RFPs for other procedures / geographic locations still under discussion at ministry level |
| A302        | Accredited approval process for facilities  | Review secondary privileging / approval process for physicians in accredited facilities - view to streamline and eliminate redundant requirements   | Physicians in accredited facilities will have streamlined privileging and approvals and staff members will have a decreased workload / removal of non-value added tasks  |   | Accreditation         | Accreditation Director / AR    | Below Target             | 25%      | Program Managers are developing draft algorithms for each program area to determine path-ways for non-complex vs. complex approvals; future steps include meetings with Registration where determined relevant; an environmental scan for other jurisdictions is also being performed   | Progress delayed due to COVID-19 deferred assessment activity  | Progress delayed due to catching up on COVID-19 deferred assessment activity backlog and increase in new facility/service applications; brainstorming session scheduled for August 13th | Progress delayed due to catching up on COVID-19 deferred assessment activity backlog and increase in new facility/service applications; brainstorming session deferred to late Q3; also doing environmental scan of other jurisdictions   |
| A303        | Reality Headsets  | Investigate proposal for incorporation of augmented reality headsets into relevant CPSA assessment processes; initial pilot to occur in Accreditation   | CPSA will determine 'best use-case' scenarios for augmented reality technology that results in a positive return on investment (decreased costs / resources and increased efficiency)  |   | Accreditation         | Accreditation Director / AR    | Significant Delay        | 10%      | Project group including REVU, IT, Accreditation meetings to develop a project plan / 'proof of concept' for the use of the augmented reality technology are on-hold   | Environmental Scan in progress (REVU); had follow-up meetings with vendor and U.S. expert who had experience with AR in medical education assessment; potential facility has been identified for external pilot  | Progress delayed due to other competing priorities / resource challenges in all departments   | On-hold due to other competing priorities / resource challenges in all departments  |
| A304        | ISQua   | Pursue international accreditation of Diagnostic Imaging, Pulmonary Function Diagnostic and Sleep Medicine Diagnostic Standards by ISQua  | DI, PFD and SMD program standards and processes will achieve external recognition and certification in alignment with the Laboratory accreditation program   |   | Accreditation         | Accreditation Director         | Below Target             | 50%      | External accreditation for each program will involve completion of a detailed self-assessment in alignment with ISQua principles and processes as well as an external reviewer assessment   | Initial request was sent to ISQua March 29/21 to determine dates and timelines for self-assessment requirement and external review; initial work on self-assessment documents for all 3 programs was completed by Bev Padgett prior to leaving CPSA - Dec 2020 | ISQua has accepted the standards applications for DI, SMD and PFD. PFD survey slated for March 2022, DI, slated for June 2022 and SMD slated for September 2022.                        | ISQua has slated PFD survey for March 2022; DI is slated for June 2022 and SMD slated for September 2022 ; initial work on self-assessments for all 3 programs has begun; regular meetings with program areas to facilitate progress  |
| A305        | PIPP Comms Plan   | Roll out quality mandate communication strategies to all stakeholders.<br><br>Continued rollout of the PIPP communication plan  | Effectively communicate the quality mandate to achieve transparency and support from members, stakeholders and the public.   |   | Communications        | Communications Director        | Exceeding/Meeting Target | 75%      |   | Quality communication support is on track.   | PIPP communications initiatives continue to roll out.   | Continuing to support the program through video development and communication to the profession through Messenger.  |



| Action #  |  | Global Name   | 2021 Action/Tactics   | Expected Results   | KPI<br>(Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability              | Owner                          | Status                   | Progress    | Detailed Explanation  | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE   |
|---|--|---|---|--|--|-----------------------------|--------------------------------|--------------------------|-------------|---|---|--|--|
| A307  |  | Participate in CQI  | Begin to monitor member engagement/participation in CQI and CPSA continue to support members in meeting mandate. 100% membership reports on CQI engagement using RIF. CPSA continues to provide CQI support to member physicians with our QI programs. Develop a process for auditing 20% of membership annually on adherence to quality mandate. CC hand over first draft of quality mandate SOP to COS. | First draft of quality mandate SOP completed and hand over to COS. CPSA is better informed regarding how many member physicians still needing support to meet quality mandate. |  | Continuing Competence       | Continuing Competence Director | Exceeding/Meeting Target | 100%        |   | Working group for SOP developed. Draft is being reviewed before internal consultation begins in Q2. RIF data collected and member physicians still needing support have been identified for GPR and MSF.<br><br>25% | Working group for SOP is finalizing first draft to go our for consultation. We are ahead of schedule in comparison to government expectations. Physicians have been identified to participate in GPR and MCC360. | Working group for SOP is finalizing first draft to go our for consultation. We are ahead of schedule in comparison to government expectations. Physicians have been identified to participate in GPR and MCC360. |
| A308  |  | Medical Clinic SOP  | Study, explore and consult to inform the development of either a revised or new SOP requiring registration of medical clinics. Begin drafting the revised/new SOP. Develop assessment and education framework for newly registered clinics.   | First draft of revised/new SOP presented to COS. Present assessment and education framework to Council.  |  | Continuing Competence       | Continuing Competence Director | Exceeding/Meeting Target | 100%        |   | Work paused due to Program Manager transition. Plan to develop working group and schedule first meeting in Q3.<br><br>10%   | Project plan for clinic registration strategy is back on track. Project charter and timeline will be ready for Q3.   | Project plan for clinic registration developed with measurable timelines and metrics. Working group developed and has started collaboration.   |
| A309  |  | CQI support   | Providing CQI support for member physicians by investing in the development of Peer Coaching program and courses. The U of C will make available these program and courses for all physicians in Alberta.   | Peer Coaching and data facilitation resources are accessible for all physicians in Alberta.  |  | Continuing Competence       | Continuing Competence Director | Exceeding/Meeting Target | 100%        |   | In discussion with vendor on contract for 2021.   | Clinical Reasoning Course completed development and will begin to open for registration shortly. Development for Peer Coaching program and Learning Management System are both on track.                         | Clinical Reasoning Course completed development and will begin to open for registration shortly. Development for Peer Coaching program and Learning Management System are both on track.                         |
| A310  |  | High Functioning members  | Recognize high functioning members and seek their support for colleagues.   | Engage high performers based on continuum in our quality mandate work.   |  | Continuing Competence       | Continuing Competence Director | Exceeding/Meeting Target | 100%        |   | This is on-going  | This is on-going. We have identified a group of endoscopy specialists in North Zone as one of the early adopters.  | This is on-going. We have identified a group of endoscopy specialists in North Zone as one of the early adopters.  |
| A312  |  | Provisional Register monitoring program   | Provisional Register – development of supervision and monitoring program for members on the PR<br><br>Work with MCC, RC, CFPC, for reporting of exam attempts and results of members on PR Look at involving risk factors for analysis  |  |  | Physician Health Monitoring | Registration Director          | Below Target             | 35%         |   | Contacting MCC and national colleges for reporting need to work with Registration   | Same as other KPI. MCC has reporting but requires some editing, still working with other national colleges.  | Have contacted RC and CFPC, no response yet, continue to push  |
| A313  |  | Provisional Register monitoring program   | Provisional Register – development of supervision and monitoring program for members on the PR<br><br>Work with MCC, RC, CFPC, for reporting of exam attempts and results of members on PR Look at involving risk factors for analysis  |  |  | Registration                | Registration Director          | Below Target             | 35%         |   | will be reaching out to mcc and national colleges on reporting help   | MCC has reporting now, required some fine tuning. Still working with RC and CFPC.  | Have tried to contact RC and CPFP with no response   |
| A314  |  | Systematic Review   | Continue systematic review of the relationship between Impairment/functional capacity and a number of health conditions relevant to the Physician Health Monitoring Program   |  |  | Physician Health Monitoring | Physician Health Monitoring AR | Exceeding/Meeting Target | 50%         |   | RSI contract completed.<br><br>work on Age Related Cognitive Decline ongoing - RSI contracted. Initiating work on fatigue risk management   | ongoing work   | work continues   |
| A315  |  | Factors   | Apply factors to refer physicians to quality assurance programs, in addition to existing referrals from other sources such as Complaint.  | Approximately 2% of membership will be referred to QA programs in total.   | QMS001   | Continuing Competence       | Continuing Competence Director | Exceeding/Meeting Target | 100%        |   | Quality communication support is on track.  | Factors identified 56 physicians to participate in PAF for 2021 to date.   | Factors identified 97 physicians to participate in PAF for 2021 to date.   |
| <div></div> <b>Organization Presence &amp; Influence</b><br><b>Definition: CPSA is a respected and credible organization that promotes high quality healthcare for all Albertans and is recognized as a key stakeholder in the Alberta and Canadian healthcare scene. As an innovative and forward thinking regulator, CPSA is and is sought out to participate in health related initiatives provincially, nationally and internationally.</b> |  |   |   |  |  |                             |                                |                          |             |   |   |  |  |
| KPI #   |  | KPI's   |   | 2021 Target  |  | Accountability              | Owner                          | Status                   | Progress    | Detailed Explanation  | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE   |
| ORG001  |  | Improve media sentiment score<br><br>Sentiment Score is calculated: A positive story is scored as 3, neutral at 2 and negative at 1. We take the average of all articles each month that related to CPSA. A 67% score means an average of neutral |   | Average media sentiment score of 68%   |  | Communications              | Communications Director        | Below Target             | 65% Ave YTD | CPSA September media coverage was fairly challenging due to ivermectin and the letter to Albertans on vaccinations, this cause a reduction of the sentiment score to 60%. | Average sentiment score of 64% in Q1.   | Average sentiment score of 67% in Q2.  | Average sentiment score of 65% in Q3.  |
| Action #  |  | Global Name   | 2021 Action/Tactics   | Expected Results   | KPI<br>(Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability              | Owner                          | Status                   | Progress    | Detailed Explanation  | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE   |
| A301  |  | PFAC  | Increase public participation in regulatory role of the College Patient/ Family Advisory Council (PFAC)<br><br>Create Patient/Family Advisory Council<br><br>Launch public forums on our website, rollout Albertan engagement plan initiatives from the 2020 research   | PFAC implemented   |  | Communications              | COS                            | Below Target             | 25%         | Albertan focus groups and a trends watch survey to be held in 2021 Q4. A new strategy was developed and blogs will roll out in early 2022.                                | Greater focus in the latter part of the year.   | Albertan engagement plan is updated and will be presented to Executive Council in August for rollout in fall 2021.   | Strategy has been updated and planning for Q4 Alberta engagement has been done.  |

|  |  | Global Name  | 2021 Action/Tactics   | Expected Results  | KPI<br>(Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability          | Owner                   | Status                   | Progress | Detailed Explanation | Q1 2021 UPDATE   | Q2 2021 UPDATE  | Q3 2021 UPDATE   |
|--|--|--|---|---|--|-------------------------|-------------------------|--------------------------|----------|----------------------|--|---|--|
| Action #   |  |  |   |   |  |                         |                         |                          |          |                      |  |   |  |
| A302   |  | Brand Strategy   | Continue Communications Strategy, Brand Strategy, engagement, media and marketing<br>Ongoing media monitoring, rollout of brand initiatives, and proactive media pitches.   | Ongoing research and outreach to ensure communications are on-brand and on-message.<br>Physician engagement strategy developed and implemented. |  | Communications          | Communications Director | Exceeding/Meeting Target | 75%      |                      | Branding, media and communication work on track in Q1.   | Continued work on this initiative has been implemented in Q2.   | Ongoing work is happening to support CPSA brand and public perception.   |
| A303   |  | Disruptive Physician Initiative  | CPSA / AHS working on disruptive physician initiative   |   |  | Office of the Registrar | Deputy Registrar        | Completed                | 10%      | Project wound down.  | PROactive is winding down and CPSA/AHS have agreed to collaborate together to develop an approach to managing disruptive physicians. |   | PROactive work is winding down, however CPSA to engage AHS to see if some collaboration may benefit this file. Pandemic will likely impact our capacity to fully engage this work.   |
| A304   |  | Indigenous Advisory Circle   | Establish Culture Awareness LGBTQS2+<br>Indigenous Peoples<br>Immigrant, refugee, or newcomer<br>-Vulnerable Populations<br><br>Indigenous Advisory Circle will be created and engagement with Newcomers.   | Establish Culture Awareness LGBTQS2+<br>Indigenous Peoples  |  | Office of the Registrar | COS                     | Exceeding/Meeting Target | 80%      |                      |  | Indigenous Health Advisory Circle selection committee is being organized and activity to recruit advisory circle members is being done. The goal is to have a first meeting in August and an official ceremony at Council for Sept 2021. EDI Advisory Committee is being organized and should be stood up by Sept 2021. | Indigenous Health Advisory Circle selected and will be formalized at December council meeting. A Indigenous physician is still being recruited. EDI Advisory Committee finalized and one meeting has been completed, however the work of the advisory committee is still in development. |
| A305   |  | Provincial Quality Work  | Participate in Provincial Quality Work<br>Develop CPD framework with steering committee (CPSA, UofC, UofA, HQCA, AMA, AHS)  | Create 10 population based indicators across all stakeholders to improve health care with strategies for implementation.                        |  | Office of the Registrar | Deputy Registrar        | Below Target             | 50%      |                      |  | Below Target  | Below Target due to pandemic, however funding is in place for 2022 and a work plan has been developed. % of work completed increased to 50% from 25%.  |
| <div></div> <b>Digital Health Strategy</b>  |  |  |   |   |  |                         |                         |                          |          |                      |  |   |  |
| <b>Definition: Digital health refers to the use of information technology/electronic communication tools, services and processes to deliver health care services or to facilitate better health (definition from Canada Health Infoway).</b> |  |  |   |   |  |                         |                         |                          |          |                      |  |   |  |
| KPI #  |  | KPI's  |   | 2021 Target   |  | Accountability          | Owner                   | Status                   | Progress | Detailed Explanation | Q1 2021 UPDATE   | Q2 2021 UPDATE  | Q3 2021 UPDATE   |
| DHS001   |  | There is an Standard of Practice (SOP) in place outlining the requirements to practice digital health on AB patients |   | Draft & Finalize SOP  |  | Office of the Registrar | COS                     | Exceeding/Meeting Target | 80%      |                      | Below target   | Below target  | SOP out for consultation, on target at this point.   |
| Action #   |  | Global Name  | 2021 Action/Tactics   | Expected Results  | KPI<br>(Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability          | Owner                   | Status                   | Progress | Detailed Explanation | Q1 2021 UPDATE   | Q2 2021 UPDATE  | Q3 2021 UPDATE   |
| A301   |  | Digital Health Framework   | Develop a regulatory framework that provides oversight for the use of digital health technologies that aligns with regulations abroad, based on results from the scan. Digitally Enabled Care Working Group will be established and running in 2021 to provide additional guidance in this area. This WG will include staff and Council member(s) and will report through Competence Committee while focusing on Quality of Care. | Establish a regulatory framework for digital health technologies.   |  | Prescribing Analytics   | CINO                    | Exceeding/Meeting Target | 80%      |                      | Final draft of Alberta Virtual Care working group is completed.  | Alberta Virtual Care WG project report completed. Digitally Enabled Care Working Group meeting regularly and collaborating with CPSA internal staff on Standard development.  | Virtual Care Standard out for consultation. VC and DEC Working Groups continue to meet.  |
| A302   |  | Digital Health Comms Plan  | Roll out/Continue to educate and communicate to the public and membership the risks and benefits of receiving and delivering healthcare through digital means.<br><br>Measure the member and public awareness on the impact that digital health technologies and means have on public safety.<br><br>Ongoing work to raise the profile of Dr. Affleck's white paper and associated digital care projects                          | Public and membership acknowledge risks and benefits in receiving and delivering healthcare through digital means.                              | DHS001   | Communications          | Communications Director | Exceeding/Meeting Target | 75%      |                      | Virtual care communication support is on track.  | Virtual care communication support is on track.   | Dr. Affleck's virtual care paper is nearly complete and work is being done to rollout the 021 SOP consultation.  |
| A303   |  | Digital Health SOP   | Develop/Finalize a SOP (Standard of Practice) for digital health/telemedicine. Draft Pan-Canadian telemedicine SOP (through FMRAC) ; 2020 develop framework collaborate/partner with CARNA, ACP to align telemedicine SOP provincially SOP review with the lens of digital health   | Finalize telemedicine SOP and to work with other interested AB regulators to share our telemedicine SOP   |  | Office of the Registrar | COS                     | Exceeding/Meeting Target | 60%      |                      | Below target   | Below Target  | On target as SoP is out for consultation.  |

|   |          |   |   |  |   |                       |                             |                          |          |  |   |  |  |
|---|----------|---|---|--|---|-----------------------|-----------------------------|--------------------------|----------|--|---|--|--|
|  |          | <b>Business Intelligence Strategy</b>   |   |  |   |                       |                             |                          |          |  |   |  |  |
|   |          | <b>Definition:</b> Clear understanding and governance around the confidentiality, integrity and availability of the data that are required to fulfill the CPSA mandate in all areas. Development of analytics infrastructure to manipulate and report for all areas of the CPSA that need data informed results/decisions. This will be a unified model for all areas of the CPSA that not only looks at what we currently have and how to use it, but also future needs and scalability in the systems that will support it. |   |  |   |                       |                             |                          |          |  |   |  |  |
| KPI #   |          | KPI's   |   | 2021 Target  |   | Accountability        | Owner                       | Status                   | Progress | Detailed Explanation   | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE   |
| BIS001  |          | Physicians are assigned a validated risk score  |   | 66% of Target  |   | Prescribing Analytics | CINO                        | Completed                | 100%     |  | Latest RIF data currently being incorporated into existing model  | Latest RIF data included in risk models; internal presentation on July 22 and models finalized early August                                  | Models Finalized with existing 2021 data set.  |
|   |          | Global Name   | 2021 Action/Tactics   | Expected Results   | KPI (Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability        | Owner                       | Status                   | Progress | Detailed Explanation   | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE   |
|   | Action # |   |   |  |   |                       |                             |                          |          |  |   |  |  |
| A301  |          | SUDA Agreement  | Negotiate agreement with AH to have REVU staff (Data Analyst) work in AH environment to view anonymized data  | SUDA (Secondary use data agreement) in place   | BIS001  | Prescribing Analytics | CINO                        | Exceeding/Meeting Target | 90%      |  | Multiple meetings with AH in Q1 of 2021, request is with AH Human Resources. On target for Q2 start.  | Holding pattern until all signatures are received from AH>   | AH finalizing location for Nancy; AH workstation and tools completed.  |
| A303  |          | Amii  | Implement Alberta Machine Intelligence Institute (Amii) project plan for selected initiative (s)  |  |   | Prescribing Analytics | CINO                        | Below Target             | 50%      |  | Two projects identified for implementation/timing later in 2021   | ML Project Plan finalized  | Training Model developed, testing underway   |
| A304  |          | Data Discovery  | Understand how to operationalize and act on new and existing data discoveries   | Key stakeholders are engaged through clear process flow  | BIS001  | Prescribing Analytics | CINO                        | Exceeding/Meeting Target | 90%      |  | Data exploration will begin in Q2/Q3 2021   | Data exploration will begin in Q3 2021   | Delayed by AH until Q4 2021  |
| A305  |          | PMO Office  | Establish/update CPSA wide PMO (project management office) roll to help with kickoffs and identify communication channels   | PMO office in place  |   | IT                    | CIO                         | Below Target             | 75%      | Delays in working with team on rolling out communication on it due to other priorities and holidays  | Need to follow up with Leadership on proposed process   | Leadership have had second chance to respond and we will now go forward with putting together final look of what the process would look like | Delays with vacation and other priorities have pushed this, it will be a focus for quarter 4   |
| A306  |          | Technology Capacity   | Implement plan of current future technological capacity and needs (building on 2020:Start the process to reduce reliance on external consultants around Business Intelligence)  | Plan in place for status quo versus incorporating all external analytics capability with college staff and resources         |   | IT                    | CIO                         | Exceeding/Meeting Target | n/a      | this is something that is always being done through both backend development and increasing skillsets of developers  | Ongoing work  | Ongoing work   | Ongoing Work   |
| A307  |          | Physician Factors Developed   | Continuing physician factor work to focus on modifiable risk factors.   | Continue to validate physician factors and start work on publishing findings.  | BIS001  | Prescribing Analytics | CINO                        | Exceeding/Meeting Target | 80%      |  | Latest RIF data currently being incorporated into existing model  | Work continues on expanding factors and National Factors working group through FMRAC will resume in Q4                                       | Meeting of FMRAC Special Interest group scheduled for November.  |
|  |          | <b>Organizational Culture and Capacity Strategy</b>   |   |  |   |                       |                             |                          |          |  |   |  |  |
|   |          | <b>Definition:</b> To develop a culture where our people are intrinsically invested in our work, our teams, and each other. To develop a capacity and mix of staff to meet current and adaptable future needs to address a changing regulatory landscape.   |   |  |   |                       |                             |                          |          |  |   |  |  |
| KPI #   |          | KPI's   |   | 2021 Target  |   | Accountability        | Owner                       | Status                   | Progress | Detailed Explanation   | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE   |
| OCC001  |          | Exemplary Employee engagement as reported on the employee survey  |   | Pulse survey to Ensure progress  |   | People & Culture      | People and Culture Director | Below Target             | 20%      | The concept of a survey is being developed, however due to COVID it may be premature to survey when only a few items have been completed in response to the Aon results. | Below Target  | Below Target   | Below Target   |
|   |          | Global Name   | 2021 Action/Tactics   | Expected Results   | KPI (Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability        | Owner                       | Status                   | Progress | Detailed Explanation   | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE   |
|   | Action # |   |   |  |   |                       |                             |                          |          |  |   |  |  |
| A302  |          | Drop Zone   | 2019 Carried Over: Develop tool for document submission.<br>1) Develop Functionality on CPSA website for online form submission<br>2) XML functionality required to import document properties from website online forms to be reviewed by dept and uploaded into QUEST.<br>3)Receive payment online in a secure manner for transactions other than physician and PC annual billing | Streamline tool for customers submitting documents. Reduced admin time in uploading documents to QUEST (document drop zone). |   | Admin                 | CFO                         | Exceeding/Meeting Target | 55%      |  | 1) Online forms feature rolled out with new CPSA web site (Feb 2021);<br>2) IT and Communications working on capability for XML feed to capture document properties from online forms. Expected to be completed by year end;<br>3) CPSA website includes payment portal for collecting online payments. (Feb 2021 - 8 forms collecting payments). | XML file and coding to capture document properties and document content in development.<br><br>Project expected to be completed by year end. | Development in progress for tool to review webforms submitted via CPSA website. Software application to be called Submission Review Center (SRC). Mock up screens reviewed.<br><br>Application scheduled to be completed mid-December. |
| A304  |          | Litigation  | Litigation SharePoint site  | Central intake of litigation activity; tracking database in place.   |   | Admin                 | CFO                         | Below Target             | 75%      |  | Researching new tool to capture activity for litigation database.   | Tested the Smartsheet tool and developed work flows.<br><br>Plan to roll out the new tool in Q3 and provide training to the leadership team. | Smartsheet tool enhanced following testing. New tool to be used for contract process first in October, followed by litigation activity later in 2021.  |
| A306  |          | DC SERP   | Roll out new DC registered pension & SERP   | New pension plan in place for existing employee and new hires.   |   | Admin                 | CFO                         | Exceeding/Meeting Target | 97%      |  | Registered DC pension plan rolled out to eligible CPSA team members Jan 1, 2021. Pensioners received first payment Jan 4, 2021 from new recordkeeper. CPSA team members have access to Manulife web site to view pension details.   | DC Supplemental plan now live for applicable CPSA team members.<br><br>Contract remains to be finalized.                                     | DC Supplemental plan now live for applicable CPSA team members.<br><br>Contract remains to be finalized. Waiting on vendor for contract edits.   |

| Action # | Global Name              | 2021 Action/Tactics   | Expected Results   | KPI<br>(Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability   | Owner                       | Status                   | Progress | Detailed Explanation  | Q1 2021 UPDATE  | Q2 2021 UPDATE  | Q3 2021 UPDATE   |
|----------|--------------------------|---|--|--|------------------|-----------------------------|--------------------------|----------|---|---|---|--|
| A307     | Total Compensation       | Assess impact on employee benefits and determine if changes are needed.<br><br>- analyze 2020 salary survey material; analyze impact to market with Covid-10; plan approach for assessing compliance with Total Compensation philosophy. Plan for possible market survey to roll out Q1 2022.<br><br>Benefits must be coordinated with the work on the salary grids (Total compensation includes salary, benefits, pension) | Total compensation for employees in line with Total compensation philosophy.   |  | Admin            | CFO                         | Exceeding/Meeting Target | 5%       |   | Salary research planned Q4 2021.  | CPSA participated in salary survey for 2021 activity.<br><br>Salary research planned Q4 2021.   | CPSA participated in salary survey for 2021 activity.<br><br>Salary research planned Q4 2021.  |
| A308     | Risk Tolerance Model     | Roll out organizational risk tolerance model.   | Risk model applied to CPSA activity./ projects.  |  | Admin            | CFO                         | Below Target             | 5%       |   | Received HIROC risk report; Analysis to be completed in Q2  | Analysis deferred to Q3 due to other priorities.  | Analysis deferred to Q4 due to other priorities and staffing.  |
| A309     | Business Continuity      | Business Continuity Plan enhanced based on experiences in 2020.   | Updated Business Continuity Plan.  |  | Admin            | CFO                         | Significant Delay        | 10%      | Shortage in staff due to maternity leave and injury; deferring work to 2022.  | Updating of plan to occur in Q2 and Q3.   | Updating of plan will continue into Q3  | Defer to 2022 due to other priorities and staffing.  |
| A310     | PRC                      | Streamline work processes:<br>Research software for enhancing payroll processing and electronic work flows. Coordinate needs with People & Culture team including: (HRIS system)<br>- Time tracking<br>- payroll processing<br>- performance management<br>- recruiting<br>- PD tracking<br>- employee files<br><br>Roll out phase 1 of HRIS system.  |  |  | Admin            | CFO                         | Exceeding/Meeting Target | 65%      |   | Phase one of People Resource Centre to include: Time tracking, payroll and recruiting. Targeting Time tracking module to roll out Q2. | Time & attendance module rolled out in Q2.<br><br>Work has begun on the recruiting and onboarding module, and setting up of employee benefits for the payroll module, and the employee files. | Recruiting module continues to be developed.<br>Payroll data being imported and payroll processes being set up.<br><br>Parallel payroll runs for old system and new system scheduled for October 2021. |
| A311     | Focus Groups             | Implement plans resulting from focus groups in 2020. Determine survey tool to implement going forward in 2022   | Progress being made in major areas related to rewards & recognition, career & development, leadership, performance management, collaboration               |  | People & Culture | COS                         | Significant Delay        | 20%      | Work to begin in 2022   | Below Target  | Below Target  | Below Target   |
| A312     | Performance Management   | Create performance management strategy and plan for CPSA to address poor performance. Implement training and tools starting with leadership group and front-line supervisors. Facilitate feedback and goal assessing sessions for remainder of CPSA employees and offer on an annual basis moving forward.  | Leaders understand their responsibilities and are held accountable to having conversations and providing documentation, with support from People & Culture |  | People & Culture | People and Culture Director | Below Target             | 10%      | Initial work has begun to develop a more comprehensive performance management plan and support tools for managers.                  | Significant Delay   | Significant Delay   | Below Target   |
| A313     | Workforce Plan           | Implement new workforce plan:<br><br>• Inventory existing staff/identify gaps<br><br>• Identify core competencies for all staff required to be innovative and consistently striving to improve<br><br>• Articulate expectations<br><br>• Recruit and retain staff with desired competencies & skillset<br><br>Develop Promotion/Reclassification Framework to implement in workflow/system decision for PRC                 |  |  | People & Culture | People and Culture Director | Significant Delay        | 0%       | Work to begin in 2022   | Significant Delay   | Significant Delay   | Below Target   |
| A314     | Talent Pipeline          | Develop talent pipeline   |  |  | People & Culture | People and Culture Director | Significant Delay        | 0%       | Work to begin in 2022   | Significant Delay   | Significant Delay   | Below Target   |
| A315     | Professional Development | Review professional development training approach<br><br>Develop and implement additional PD fund reimbursement program   |  |  | People & Culture | People and Culture Director | Below Target             | 50%      | Work has been initiated and the additional PD funding program is being developed.   | Meeting expectations  | 2021 PD project will be rolled out in the fall to again support team members educational programs above regular program.  | Below Target   |
| A316     | Total Compensation       | Conduct Total Compensation Survey (salary, benefits & pension)<br>- Salary grid reviewed - Technology enhancements  |  |  | People & Culture | People and Culture Director | Below Target             | 25%      | Salary survey to be completed for May 2022 budget process.  | CPSA salary review scheduled Q3-Q4 2021.  | CPSA salary review scheduled Q3-Q4 2021.  | Below Target   |
| A317     | CPSA Onboarding          | Review and enhance onboarding of CPSA team members  | Develop and integrate enhanced onboarding experience   |  | People & Culture | People and Culture Director | Below Target             | 20%      | Work has begun on this project including an EDI framework for onboarding.   |   | Onboarding program being incorporated into new People Resource Center. Scheduling to go live Q2-Q3.   | Below Target   |
| A318     | Staff Training           | Coordinate internal staff training requirements<br>- internal PD<br>- cultural awareness, inclusion & diversity<br><br>Establish Cultural Awareness: Developing and coordinating training activities<br><br>Support Planning and execution of all Equity, Diversity & Inclusion work  |  |  | People & Culture | People and Culture Director | Below Target             | 30%      | Additional training support was provided for Sept 30 with more in support of EDI to come under the advisement of the EDI committee. | CPSA team training for unconscious bias completed in Feb 2021. Additional sessions scheduled for May 2021.                            | Additional unconscious bias training sessions offered for staff in Q2.  | Indigenous training resources provided for Sept 30.  |



| Action # | Global Name                   | 2021 Action/Tactics   | Expected Results  | KPI<br>(Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability          | Owner                   | Status                   | Progress | Detailed Explanation   | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE  |
|----------|-------------------------------|---|---|--|-------------------------|-------------------------|--------------------------|----------|--|---|--|---|
| A319     | License Portability Framework | Enter into a FMRAC (Federation of Medical Regulatory Authorities of Canada) collaborative agreement with those provinces that are ready to participate in an improved license portability framework and fast track license option.<br><br>Pilot the application of the improved license portability framework and fast track license option with a few MRAs (Medical Regulatory Authorities).   |   |  | Registration            | Registration AR         | Exceeding/Meeting Target | 75%      |  | waiting to hear from FMRAC on progress and moving forward   | waiting on FMRAC.  | Waiting to hear more from FMRAC, have had meetings with other Colleges about what has worked and what has not so if necessary we are prepared.  |
| A320     | Bill 11                       | Bill 11 (Fair Registration Practices Act) requirements need to be implemented including registration process review, audit/reporting, education development and implementation and QA process development   | Compliant with Bill 11  |  | Registration            | Registration AR         | Exceeding/Meeting Target | 100%     |  | completed baseline questionnaire, met with GOA office to review, no concerns at this time, reviewing website and Nazrina reviewing Field Law report                   | completed second survey, had second meeting with all regulators, no concerns. Documents being updated with help from HDO and website updated with help from Comms. | Attended third information session from GOA, no issues so far, continue to update website, and documents from HDO and Comms   |
| A321     | HPA                           | Complete HPA Act to Protect training requirements for members   | All members compliant and process is part of registration process for new members |  | Registration            | Registration Director   | Exceeding/Meeting Target | 50%      |  | Pt 1 Patient Relations completed Pt 2 to be completed and implemented into 2021 RIF for all members to complete   | Pt 2 in development with UC in Aug and should be complete for annual renewal   | Pt 2 should be rolling out with renewal   |
| A322     | Bill 21                       | Bill 21 of the Alberta Health Care Insurance Act – AH is going to be limiting PRACIDs in 2022 and we will need to align our processes with the legislative requirements and in collaboration with AHS. The regulations are currently being drafted and we are not certain about the implications or details about what changes will be required. The sponsorship model and process will likely need to be modified. This will require collaboration with AH, AHS, the Universities and other stakeholders               |   |  | Registration            | Registration Director   | Exceeding/Meeting Target | 100%     |  | Waiting to hear from GOA and AHS on implementation  | Waiting to hear from GOA and AHS but sounds like it will not be implemented at this time.  | No update on this implementation from GOA or AHS  |
| A323     | Blue Bird                     | PC Dept restructure to support new Director role and Complaints Director role to improve consistency and accountability in investigation and resolution processes. Redesign of reporting and overall department structure to improve consistency and accountability in all processes within the PC department. Realignment of job profiles to current and new duties. Realignment of reporting structure for improved efficiencies. Additional permanent positions to support departmental restructure and enhancement. |   |  | Complaints & Discipline | Professional Conduct AR | Below Target             | 30%      | Project Bluebird is a five year initiative. Year one focus involves: realignment of job profiles; quality enhancement and improvement in each workstream; Truth & Reconciliation design work for improving relations within the complaints process. Extensive analysis on previous trends leading to backlogs, future trend anticipation, and research on best practices in complaints and regulation. | Design of proposed Organizational structure is mostly complete.<br><br>HR consultant to be hired to assist with developing position profiles. RFP to be issued in Q2. | HR consultant hire process took longer than anticipated.   | HR Consultant released and profile alignment and recruitment performed in house. Established workflows and structure revisions - quality improvement and enhancement now underway for each workflow. Revisiting staffing allocations and needs for updated workflows. |
| A324     | Tech Needs                    | Technology needs identified<br>- DOC 2.0<br>- QUEST<br>rolled out for all departments   |   |  | IT                      | CIO                     | Below Target             | 50%      | Loss of Doc 2.0 developer as well as unforeseen issues with Quest upgrade have meant delays in both areas. We have engaged consultants to help with Quest upgrade and working to fit in internal developer on helping with DOC 2.0   | Ongoing work  | Loss of DOC 2.0 developer and delays in Quest upgrade have put things behind   | Consultants engaged to help with QUEST upgrade with target of December 2021 for majority of upgrade completed.  |



Learning Organization Strategy

Definition: A learning organization is an innovative organization that anticipates future trends and takes pro-active steps to prepare. A learning organization takes calculated risks and uses learnings from past successes and failures to continually improve processes.

| KPI #    | KPI's   |  | 2021 Target  |  | Accountability        | Owner                 | Status                   | Progress | Detailed Explanation   | Q1 2021 UPDATE   | Q2 2021 UPDATE  | Q3 2021 UPDATE   |
|----------|---|--|--|--|-----------------------|-----------------------|--------------------------|----------|--|--|---|--|
| LOS001   | Departments are engaged in CQI by:<br>Defining goals<br>Choosing improvement model<br>Determining baselines<br>Gathering and analyzing data |  | 33%  |  | Prescribing Analytics | CINO                  | Exceeding/Meeting Target | 75%      |  | Meeting with QI consultant to determine contract details | QI consultant hired; work has begun in May with Professional Conduct; improvement model selected. Initial exploratory meetings set with Registration in July. | Meetings and interviews with Registration staff have begun. Simul8 model design has begun. |
| Action # | Global Name   | 2021 Action/Tactics  | Expected Results   | KPI<br>(Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability        | Owner                 | Status                   | Progress | Detailed Explanation   | Q1 2021 UPDATE   | Q2 2021 UPDATE  | Q3 2021 UPDATE   |
| A301     | CQI Template  | All CPSA functional areas engage in high quality CQI<br><br>Create CQI template for setting up evaluation process within each department.            | CQI tool kit developed   | LOS001   | Prescribing Analytics | CINO                  | Below Target             | 50%      | Toolkits for review have been selected and preferred kit to be chosen in Q4.   | Waiting on hiring of QI Consultant                       | QI Consultant hired; work on template to begin in Q3  | Consultant working exclusively with Professional Conduct. CQI Template work delayed to Q4  |
| A303     | CQI in all processes  | Build evaluation processes into all CPSA functions<br>- Identify process<br>- Identify data source/questions<br>- Train staff<br>- Establish metrics | Evaluation processes built and running<br>Close linkage with business intelligence thru REVU | LOS001   | Prescribing Analytics | CINO/ Leadership Team | Below Target             | 50%      | Machine Learning Project moving ahead, next meeting set for November 3rd. Other project to look at Professional Conduct Intake forms delayed indefinitely due to project Bluebird. |  | QI Consultant hired; work on template to begin in Q3  | Working with Consultant for framework to be used across departments.                       |

|          | Legislative Activity  |                               |   |   |                         |                                  |                          |          |   |   |  |   |  |
|----------|---|-------------------------------|---|---|-------------------------|----------------------------------|--------------------------|----------|---|---|--|---|--|
| KPI #    | KPI's   |                               | 2021 Target   |   | Accountability          | Owner                            | Status                   | Progress | Detailed Explanation  | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE  |  |
| LEG001   | Bill 30 (Health Professions Act Related)  |                               | > 50% public members on Council, HT, CRCs and appeals |   | Office of the Registrar | COS                              | Below Target             | 75%      | Current public members require 3 reappointments.  | Below target  | Significant Delay, this was due April 2021 however it is in the control of Government.   | Significant progress, we now have 3 of 4 public members with recent addition at the end of Sept 2021.   |  |
| LEG002   | Bill 46 (Health Professions Act Related) - significant changes to multiple departments, bylaws, SOPs  |                               | Draft Plan to implement Legislative changes           |   | Office of the Registrar | COS                              | Exceeding/Meeting Target | 40%      |   | Legislation reviewed, plan being developed. New program manager, policy recruited; starting April 2021.                                       | Legislation reviewed, plan developed. New program manager, policy leading and an SoP is being developed.   | Currently in first phase of plan and on target. Assessment of Association Activities will go out Oct 19 2021  |  |
| LEG003   | To identify meaningful KPI for Professional Conduct.  |                               | By the end of 2021                                    |   | Complaints & Discipline | Professional Conduct Director/AR | Below Target             | 35%      | KPI Targets identified under the Bluebird Project and presented at Council in September. Work remains to set up reporting and to restructure workflow process.  | KPI to be developed   | KPI setting delayed to Sept 2021   | KPI elements identified. Set up of workflow restructure started to match new KPI elements.  |  |
| LEG004   | Non hospital surgical facilities assessed and open post renovation/ relocation/ added service within 20 business days of notification of facility change and receipt of required documentation. |                               | 90%   |   | Accreditation           | Accreditation Director/AR        | Below Target             | 50%      | Significant delays in process due to COVID-19; regular meetings continue with AH & AHS ; AHS/AH also using NHSF's to address pandemic surgical backlog which has further delayed RFPs (the RFP is being issued by AHS and Alberta Health in support of the Alberta Surgical Initiative) - 4th wave has further delayed processes and will have an impact on NHSF services; Developed revised assessment model to expedite these accreditations (required for greater than 50 % vol increases and new procedure types for currently accredited facilities) | Latest estimate for RFP release is end of April for Ophthalmology, May- June for Orthopedics and September for all other procedure contracts; | Latest estimate for RFPs: Ophthalmology in evaluation stage, targeting July for Orthopedic RFP to be released and September for all other procedure contracts; | Latest estimate for RFPs: Ophthalmology in due diligence/financial evaluation stage, Orthopedic RFP closed and in initial evaluation stage - delayed due to pandemic 4th wave; future RFPs for other procedures / geographic locations still under discussion at ministry level |  |
| Action # | Global Name   | 2021 Action/Tactics           | Expected Results                                      | KPI (Please list the KPI #s that are relevant to the corresponding Action listed) | Accountability          | Owner                            | Status                   | Progress | Detailed Explanation  | Q1 2021 UPDATE  | Q2 2021 UPDATE   | Q3 2021 UPDATE  |  |
| A301     | Physician Assistants  | Physician Assistants          | Regulate  |   | Registration            | Registration Director            | Completed                | 100%     |   | Processes in place to accept physician assistants. New regulation is effective April 1, 2021  | PAs now regulated members  | PAs new regulated members   |  |
| A302     | Bill 46   | Bill 46 - Fitness to Practice |   |   | Registration            | Registration Director            | Exceeding/Meeting Target | 50%      |   | in progress as we learn what is required from depts   | in progress as we learn what is required.  | in progress as we learn what is required.   |  |

|                |                |
|----------------|----------------|
| Submission to: | <b>Council</b> |
|----------------|----------------|

|                    |   |  |   |
|--------------------|---|--|---|
| Meeting Date:      | Submitted by:   |  |   |
| December 2, 2021   | Christopher Fung  |  |   |
| Agenda Item Title: | Legislation and Bylaw Committee Report  |  |   |
| 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:                      | <p>In the context of a review of proposed amendments to CPSA Bylaws at the November 12, 2021 meeting of the Legislation and Bylaw Committee, three (3) issues that have implications for a potential shift in current policy and/or practice were raised. Committee members recommended they be brought forward to Council for discussion and feedback.</p> <p><b>Section 1, Composition of the Board</b></p> <p><u>Invitation to Past-President to Sit as Non-Voting Member of Council or Council Committee</u></p> <ul style="list-style-type: none"> <li>Bylaw 1.2 states:<br/> <i>Council may invite the person who was president of Council in the year prior to the current president of Council to sit as a non-voting* member of Council and any committee of Council for a term of up to one year, until the current president finishes his/her term as president, or upon simple majority resolution of Council to remove the past-president, whichever occurs first.</i><br/> <i>*the past president is a non-voting member of a committee unless otherwise stated in the committee's Terms of Reference.</i> </li> <li>It was noted that there are no criteria established to guide Council in exercising this discretionary authority.</li> <li>It was subsequently proposed that this authority not be discretionary and that an invitation to sit as a non-voting member of Council or a Council committee should be automatically extended upon the expiration of a president's term.</li> </ul> |

- In the context of this discussion, it was noted that Bylaws do not prescribe a process for the appointment of the Deans of Alberta's two medical schools (Bylaw 1.1) or of representatives of the Professional Association of Resident Physicians of Alberta and the Universities of Alberta and Calgary Medical Students' Association (Bylaw 1.4). Furthermore, unlike any other positions elected or appointed to Council, there is no process in the Bylaws identified for removal of these three categories of non-voting members.
- It was subsequently proposed that there be a singular process prescribed in the Bylaws for appointing and removing all non-voting member Council positions.

## **Section 22, Council Meetings**

### Status of an Observer at Council Meeting

- Bylaw 22.13 provides for a Council meeting to be open to the public except when Council moves in-camera.
- It was noted that the Bylaws do not speak to Council proceedings in the event an observer\* attempts to address Council when a meeting is open to the public.  
\*In this context, an observer would be a regulated member or a member of the public who is not a voting or non-voting member of Council or who is not authorized in bylaws or determined by the President to be in attendance at a meeting (such as the registrar, deputy registrar and assistant registrars, and other resource persons).
- It was subsequently proposed that an individual attending a Council meeting as an observer may not address Council except with the permission of the Chair and that a request to address Council must be provided in writing in advance of the meeting.

### Voting in Secret

- Council's current practice is to hold election of members of Council for appointment to Executive Committee by secret ballot.
- It was noted that the Bylaws do not speak to Council proceedings in the event a member of Council would like to request that a vote to be taken by Council on other matters be made in secret.
- It was subsequently proposed that Council authority to make a vote in secret or not be made explicit.

### **Next Steps:**

Council's feedback will be used to inform options for consideration in CPSA's comprehensive bylaw and governance reviews.

### **List of Attachments:**

N/A



|                |                |
|----------------|----------------|
| Submission to: | <b>Council</b> |
|----------------|----------------|

|                    |   |  |   |
|--------------------|---|--|---|
| Meeting Date:      | Submitted by:   |  |   |
| December 2, 2021   | Jim Stone, Chair FAC  |  |   |
| Agenda Item Title: | Finance & Audit Committee – 2022 Budget   |  |   |
| 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 <b>Choose an item.</b> 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><b>It is recommended that Council approve the updated 2022 CPSA budget.</b></p> <p>The updated 2022 budget being recommended by FAC maintains the effective <u>physician annual fee of \$2,150</u>, comprised of \$1,792 as a new fee, and \$358 allocated from the building fund incorporated into the 2022 CPSA budget. The total allocation from the building fund is \$4,248,000.</p>   |
| Background:                      | <p><b>Background</b><br/>FAC recommended Council approved the 2022 budget at their September 2021 meeting. Council approved the initial budget.</p> <p><b>Issue</b><br/>Subsequent to the Council meeting, management has reviewed program costs and is proposing an amendment to the CPSA 2022 budget.</p> <p>The overall impact to the 2022 budget is an <u>increase</u> in expenses by \$563,000.</p> <p>The new costs include:</p> <p><b>1) Professional Conduct – Staffing (Bluebird 4 contract positions)</b></p> <ul style="list-style-type: none"> <li>○ Early Resolution Officer</li> </ul> |

- Investigator
- Senior Medical Advisor
- Administrative Assistant, Legal Referral

The Professional Conduct department presented to Council in September an overview of the Bluebird project.

## Bluebird Vision - The Approach

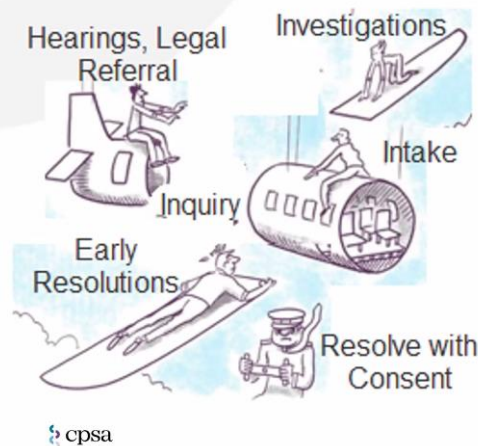
**Deliver excellence in service through alignment and modernization of the complaints structure and process**

- **Gather information** to understand the problems
- Understand **team function**: roles, reporting structure, challenging performance, right team = right attitude, recruitment plans
- **Deep dive** into the work – to appreciate clean clothes you have to do laundry – leadership doing the daily work to understand the processes involved.

Now the Quality Improvement Work can begin.....Build the Future

Their analogy was to build an airplane.

## Building the Airplane as we fly



- Putting all the parts together – started with four work streams and moved to six work streams
- Had to analyze our work flows and obtain a deeper understanding of how we work and interact amongst the work streams
- Flying with minimal workforce – feel where the pinch points are and to reset the teams and realign the job profiles

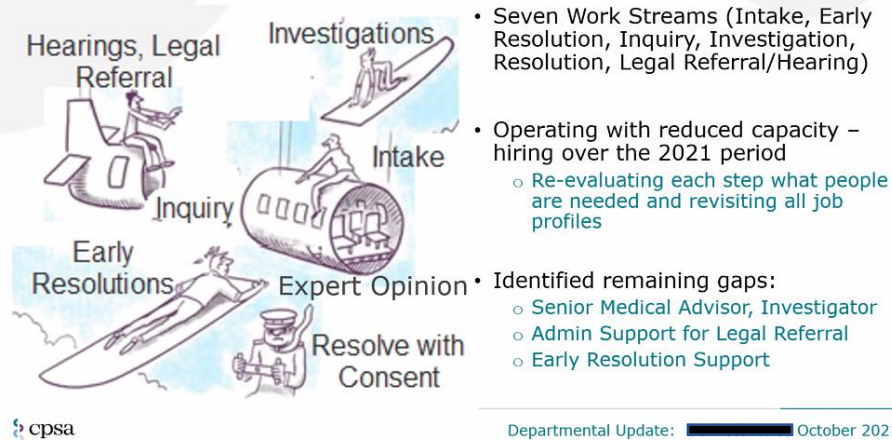
Project Bluebird: Council September 2021  
| 3 of 30

Dr. Dawn Hartfield also informed Council that they would be developing a 7<sup>th</sup> work flow.



Dr. Dawn Hartfield and Ms. Susan Babiuk from the CPSA Professional Conduct department presented an overview of the Bluebird project to FAC at their Nov. 5, 2021 meeting. The seven work flows were highlighted.

### Building the Airplane as we fly



The four new positions included in the updated 2022 budget would be hired as contract roles to allow the department to see the impact of the new structure of the department and the volume of complaint files.

### 2) Senior Medical Advisor (SMA)

- 1.0 SMA January – April 2022

CPSA has seen an increase in workload across several departments with Covid-19 and also as a result of medical leaves for existing senior medical advisors.

Some additional workload is from Covid-19 inspections for physician's offices for non-compliance with the provincial health restrictions.

Additional SMA resources are needed for a six month period, starting November 2021 to April 2022. The additional resources could be a combination of increased hours for existing part-time SMA or new resources recruited.



### Summary

The overall impact to the 2022 budget is an increase in expenses by \$563,000.

|   | Approved<br>budget | <b>Updated<br/>2022 Budget</b> |
|---|--------------------|--------------------------------|
| Revenues *  | 33,598,000         | 33,598,000                     |
| Expenses  | 32,992,000         | 33,555,000                     |
| <b>Income from operations</b>                                     | <b>606,000</b>     | <b>43,000</b>                  |
| Development costs   | 233,000            | 233,000                        |
| <b>Subtotal after<br/>development costs<br/>&lt;shortfall&gt;</b> | <b>373,000</b>     | <b>&lt;190,000&gt;</b>         |
| Amortization & rental<br>inducements                              | 553,000            | 553,000                        |
| Other income  | < 300,000 >        | < 300,000 >                    |
| Accreditation programs, net                                       | <196,000>          | <196,000>                      |
| <b>Effective Net Income<br/>&lt;Loss&gt;</b>                      | <b>316,000</b>     | <b>&lt; 247,000&gt;</b>        |

\* The accounting for the building fund contribution to operations will not be reflected on the income statement. The allocation will be reported on the Statement of Changes in Net Assets. \$4,248,000 is being allocated from the restricted surplus to the unrestricted surplus on the Statement of Changes in Net Assets. The Income Statement will reflect reduced revenues of \$4,248,000. (11,866 physicians x \$358 = \$4,248,000)

An updated 2022 budget is included as Schedule 1.

FAC has reviewed the budget changes and supports the changes brought forward by management.

### Staffing summary

Salaries and benefits continue to be the largest expense for CPSA, representing 63% of total expenses.

The total full time equivalent (FTE) staff is 160.65 for the 2022 budget. The original approved budget had an FTE count of 155.65 positions.

|                 |        |
|-----------------|--------|
| Permanent roles | 143.05 |
| Contract roles  | 17.6   |

|                                |            |        |
|--------------------------------|------------|--------|
| IT programmers                 | 4.0        |        |
| Senior medical advisor (AIR)   | 0.6        |        |
| Professional conduct roles     | 12.0       |        |
| Senior medical advisor (other) | <u>1.0</u> |        |
| Total                          | 17.6       |        |
| Total FTE                      |            | 160.65 |

FTE reconciliation from the 2021 budget to the updated 2022 budget:

|  |               |
|--|---------------|
| 2021 Budget  | 149.85        |
| <b>Changes in 2021:</b>                            |               |
| Roles not replacing                                | < 2.50>       |
| New positions                                      | 6.0           |
| Changes to existing positions                      | 0.24          |
| Deferring an accreditation position to future year | < 1.0>        |
| Net change in 2021                                 | <b>2.74</b>   |
| <b>Changes in 2022:</b>                            |               |
| Not renewing contract role                         | < .34>        |
| <b>New positions in 2022:</b>                      |               |
| Customer service                                   | 1.0           |
| Communication advisor                              | 0.4           |
| IT – contract programmers (2 years)                | 2.0           |
| Professional Conduct – contract                    | 4.0 new       |
| SMA (Jan-Apr)                                      | 1.0 new       |
| Net change in 2022                                 | <b>8.4</b>    |
| <b>2022 Budget FTE</b>                             | <b>160.56</b> |

### Physician Annual Fee

There is no change to the physician annual fee recommended in the updated budget for 2022.

The budget includes an effective physician annual fee of \$2,150, comprised of \$1,792 as a new fee, and \$358 allocated from the

|                             |  |
|-----------------------------|--|
|                             | <p>building fund. When the \$2150 was recommended to Council in 2020, it was proposed to remain at this level for three years.</p> <p>The allocation of \$358/ physician represents \$4,248,000 to be allocated from the building fund to operations for 2022.<br/>(11,866 physicians x \$358 = \$4,248,000)</p> <p><b>Impact to bottom line</b><br/>The increased costs result in a deficit budget for 2022. With the surplus in 2020 and the surplus projected for 2021, the deficit budget would decrease the accumulated unrestricted net assets in 2022.</p> <p><b>Recommendation</b><br/>FAC recommends Council approve the updated 2022 budget.</p> |
| Next Steps:                 | 1) No change to annual billing; no change in fees.   |
| List of Attachments:        |  |
| 1. CPSA Budget 2022 updated |  |

College of Physicians & Surgeons of Alberta  
Income Statement  
Financial Budget  
2022 Budget

Updated

Original

|  | 2019         | 2020         |                 |                  |                 |                        |         |
|--|--------------|--------------|-----------------|------------------|-----------------|------------------------|---------|
|  | ACT          | ACT          | 2021BUDGET_FULL | 2021 Q3 Forecast | 2022BUDGET_FULL | 2022BUDGET_FULL_BACKUP | Change  |
| Revenues   |              |              |                 |                  |                 |                        |         |
| Physician Annual Fees <sup>Note 1</sup>                                      | (23,399,995) | (26,185,373) | (26,829,000)    | (25,798,642)     | (26,078,000)    | (26,078,000)           |         |
| Allocation from building fund  |              |              |                 |                  | 4,248,000       | 4,248,000              |         |
| Physician Annual Fees, excluding building fund allocation                    |              |              |                 |                  | (21,830,000)    | (21,830,000)           |         |
| Physician Registration   | (783,000)    | (734,600)    | (733,000)       | (704,000)        | (566,600)       | (566,600)              |         |
| Professional Corporation Fees  | (1,863,650)  | (1,858,890)  | (1,725,000)     | (1,840,000)      | (1,803,000)     | (1,803,000)            |         |
| Continuing Competence Fees   | (288,856)    | (164,178)    | (535,000)       | (280,754)        | (550,000)       | (550,000)              |         |
| Analytics, Innovation & Research   | 0            | 0            | 0               | (1,850)          | 0               | 0                      |         |
| Practice Readiness Fees  | (1,662,010)  | (1,696,030)  | (1,793,615)     | (2,402,528)      | (1,986,985)     | (1,986,985)            |         |
| Grant Funding  | (867,894)    | (766,279)    | (936,380)       | (762,369)        | (916,941)       | (916,941)              |         |
| Recovery of Investigation & Hearing Expenses                                 | (283,883)    | (459,863)    | (157,072)       | (306,215)        | (290,492)       | (290,492)              |         |
| Physician Health Monitoring Fees   | (99,988)     | (104,111)    | (146,980)       | (147,254)        | (150,849)       | (150,849)              |         |
| Physician Assistant Fees   | 0            | 0            | (85,400)        | 0                | (20,700)        | (20,700)               |         |
| Miscellaneous  | (618,589)    | (614,105)    | (703,700)       | (600,996)        | (577,780)       | (577,780)              |         |
| Investment Income  | (871,502)    | (898,641)    | (474,000)       | (664,199)        | (657,000)       | (657,000)              |         |
| Total Revenue  | (30,739,366) | (33,482,072) | (34,119,147)    | (33,508,808)     | (29,350,347)    | (29,350,347)           | 0       |
| Expenditures   |              |              |                 |                  |                 |                        |         |
| College Activities <sup>Schedule A</sup>                                     | 17,845,463   | 17,356,590   | 19,944,766      | 19,542,961       | 20,900,782      | 20,338,056             | 562,726 |
| Administration   | 5,324,828    | 4,922,273    | 4,143,439       | 4,088,744        | 4,004,909       | 4,004,909              |         |
| People & Culture   | 0            | 551,707      | 672,322         | 600,337          | 732,688         | 732,688                |         |
| Information Technology   | 2,617,185    | 2,693,576    | 3,169,762       | 3,027,888        | 3,339,473       | 3,339,473              |         |
| Governance   | 1,205,447    | 1,167,851    | 1,269,288       | 1,095,303        | 1,515,218       | 1,515,218              |         |
| Office of the Registrar  | 1,466,070    | 1,246,870    | 1,593,626       | 1,358,842        | 1,749,669       | 1,749,669              |         |
| Communications   | 1,095,732    | 1,098,294    | 1,087,425       | 1,061,627        | 1,175,557       | 1,175,557              |         |
| Government Relations   | 332,752      | 130,601      | 289,446         | 77,212           | 137,423         | 137,423                |         |
| Total Expenditures   | 29,887,478   | 29,167,762   | 32,170,074      | 30,852,913       | 33,555,719      | 32,992,993             | 562,726 |
| Income From Operations   | (851,888)    | (4,314,310)  | (1,949,073)     | (2,655,895)      | 4,205,372       | 3,642,646              | 562,726 |
| Development Costs  |              |              |                 |                  |                 |                        |         |
| Factor-based IPR Pilot   | 18,353       | 0            | 0               | 0                | 0               | 0                      |         |
| Practice Review-Pilot Development Team                                       | 69,786       | 19,623       | 54,760          | 8,869            | 48,060          | 48,060                 |         |
| Practice Review-Pilot Development Project                                    | 1,390        | 0            | 0               | 0                | 0               | 0                      |         |
| Clinic Pre-Open Assessment Pilot   | 7,658        | 0            | 0               | 0                | 0               | 0                      |         |
| Competency Enhancement Development Committee                                 | 0            | 80,000       | 200,000         | 200,000          | 185,000         | 185,000                |         |
| Summative Assessments  | 33,486       | 0            | 0               | 0                | 0               | 0                      |         |
| DOC Development  | 191,234      | 205,673      | 0               | 25,170           | 0               | 0                      |         |
| Subtotal Development Costs   | 321,907      | 305,295      | 254,760         | 234,039          | 233,060         | 233,060                | 0       |
| Sub-total after development costs  | (529,981)    | (4,009,015)  | (1,694,313)     | (2,421,856)      | 4,438,432       | 3,875,706              | 562,726 |
| Amortization & Rental Inducements  | 581,428      | 553,915      | 581,284         | 582,284          | 553,284         | 553,284                |         |
| Sub-total  | 51,447       | (3,455,099)  | (1,113,029)     | (1,839,572)      | 4,991,716       | 4,428,990              | 562,726 |
| Fair value changes in investments  | (1,635,693)  | (634,642)    | (100,000)       | (1,105,224)      | (300,000)       | (300,000)              |         |
| Investment Income Building Fund  | (377,514)    | (389,823)    | (148,000)       | (791,986)        | 0               | 0                      |         |
| Accreditation Programs   |              |              |                 |                  |                 |                        |         |
| Revenues   | (3,279,708)  | (2,674,952)  | (3,304,509)     | (3,539,869)      | (3,448,076)     | (3,448,076)            |         |
| Expenses   | 3,255,092    | 2,448,515    | 3,341,714       | 3,124,304        | 3,251,407       | 3,251,407              |         |
| Net Accreditation Program  | (24,616)     | (226,437)    | 37,205          | (415,565)        | (196,669)       | (196,669)              |         |
| <NET INCOME> LOSS  | (1,986,376)  | (4,706,001)  | (1,323,824)     | (4,152,347)      | 4,495,047       | 3,932,321              | 562,726 |
| Allocation from Building Fund to be displayed on the Statement of Net Assets |              |              |                 |                  | (4,248,000)     | (4,248,000)            | 0       |
| Effective <Net Income> Loss  |              |              |                 |                  | 247,047         | (315,679)              | 562,726 |

Note 1: For presentation, includes \$4,248,000 which will be an allocation from the restricted surplus to the unrestricted surplus in the Statement of Net Assets.  
The Income Statement for 2022 will reflect reduced revenues of \$4,248,000

College of Physicians & Surgeons of Alberta  
College Activities  
Financial Budget  
2022 Budget

CPSA Activities  
Expenditures  
Register Physicians

Registration  
Practice Readiness

Investigate Complaints

Professional Conduct  
Hearings Director Office

Provide Clinical Review

Continuing Competence  
Analytics, Innovation & Research  
Tracked Prescription Program Alberta

Monitor Physicians

Physician Health Monitoring  
Practice Conditions Monitoring

Total Expenditures excluding Accreditation

|            |            |              |                  | Updated      | Schedule A<br>Original |         |
|------------|------------|--------------|------------------|--------------|------------------------|---------|
| 2019       | 2020       | 2021BUDGET_F |                  | 2022BUDGET_F | 2022 BUDGET            |         |
| ACT        | ACT        | ULL          | 2021 Q3 Forecast | ULL          | _FULL_BACKUP           | Change  |
| 2,401,058  | 2,357,727  | 2,827,438    | 2,579,016        | 2,678,297    | 2,678,297              |         |
| 1,793,522  | 1,838,513  | 1,800,209    | 2,291,298        | 1,976,893    | 1,976,893              |         |
| 4,194,580  | 4,196,240  | 4,627,647    | 4,870,314        | 4,655,190    | 4,655,190              | 0       |
| 3,987,414  | 4,116,905  | 4,648,354    | 4,462,200        | 5,427,440    | 4,953,706              | 473,734 |
| 591,022    | 770,438    | 750,475      | 1,025,383        | 800,888      | 800,888                |         |
| 4,578,435  | 4,887,343  | 5,398,829    | 5,487,582        | 6,228,328    | 5,754,594              | 473,734 |
| 4,072,099  | 3,371,467  | 4,275,591    | 4,077,478        | 4,500,396    | 4,411,404              | 88,992  |
| 2,186,348  | 2,111,592  | 2,491,353    | 2,219,369        | 2,411,713    | 2,411,713              |         |
| 1,015,028  | 906,804    | 1,013,340    | 898,443          | 993,961      | 993,961                |         |
| 7,273,476  | 6,389,863  | 7,780,284    | 7,195,290        | 7,906,070    | 7,817,078              | 88,992  |
| 1,651,380  | 1,656,025  | 1,935,754    | 1,739,486        | 1,826,439    | 1,826,439              |         |
| 147,592    | 227,119    | 202,252      | 250,289          | 284,755      | 284,755                |         |
| 1,798,972  | 1,883,144  | 2,138,006    | 1,989,775        | 2,111,194    | 2,111,194              | 0       |
| 17,845,463 | 17,356,590 | 19,944,766   | 19,542,961       | 20,900,782   | 20,338,056             | 562,726 |

College of Physicians & Surgeons of Alberta  
Expenses by Nature

|   | 201901        |                     | UPDATED         |                     | Original             |               | Change                     |
|---|---------------|---------------------|-----------------|---------------------|----------------------|---------------|----------------------------|
|   | A             |                     | B               |                     | B-A                  |               |                            |
|   | ACT           | FORECAST2021Q3      | 2022BUDGET_FULL |                     | 2022 Budget Original |               |                            |
|   | Total         |                     | Total           |                     | \$                   | Change        |                            |
| Expenses                                  |               | % of total expenses |                 | % of total expenses |                      |               |                            |
| Salaries and Benefits                     |               | % salaries          |                 | % salaries          |                      |               |                            |
| Salaries                                  | 15,904,085.87 |                     | 17,185,947.22   |                     | 18,536,004.00        | 17,952,956.00 |                            |
| Benefits                                  | 1,608,881.95  | 10%                 | 1,685,374.16    | 10%                 | 2,194,907.00         | 2,179,673.00  |                            |
| Membership Fees                           | 201.60        |                     | 0.00            |                     | 0.00                 | -             |                            |
| Pension                                   | 3,140,612.24  | 20%                 | 2,603,620.17    | 15%                 | 2,505,900.00         | 2,541,456.00  |                            |
| Professional Development                  | 370,425.46    | 2%                  | 207,262.49      | 1%                  | 355,140.00           | 355,140.00    |                            |
| Salaries and Benefits                     | 21,024,207.12 | 62%                 | 21,682,204.04   | 62%                 | 23,591,951.00        | 63%           | 23,029,225.00 (562,726.00) |
| % Salaries and Benefits as Total Expenses | 61.75%        |                     | 62.32%          |                     | 62.76%               |               | 62.19%                     |
| Bank and Interest Charges                 | 598,982.58    | 2%                  | 679,355.98      | 2%                  | 674,153.00           | 2%            | 674,153.00 0.00            |
| Travel, Meals, Accommodations             | 917,170.52    | 3%                  | 315,755.56      | 1%                  | 846,785.00           | 2%            | 846,785.00 0.00            |
| Consulting                                | 5,099,624.58  | 15%                 | 5,583,607.28    | 16%                 | 5,333,515.00         | 14%           | 5,333,515.00 0.00          |
| Honorariums                               | 787,348.89    | 2%                  | 594,488.26      | 2%                  | 899,094.00           | 2%            | 899,094.00 0.00            |
| Amortization                              | 581,428.28    | 2%                  | 582,284.08      | 2%                  | 553,284.00           | 1%            | 553,284.00 0.00            |
| Grants and Scholarships                   | 279,967.50    | 1%                  | 187,042.51      | 1%                  | 211,000.00           | 1%            | 211,000.00 0.00            |
| Legal                                     | 910,696.74    | 3%                  | 1,239,445.01    | 4%                  | 950,818.00           | 3%            | 950,818.00 0.00            |
| Programs Activity                         | 887,793.15    | 3%                  | 1,038,210.47    | 3%                  | 1,298,820.00         | 3%            | 1,298,820.00 0.00          |
| Printing, Supplies and Telephone          | 542,485.81    | 2%                  | 662,986.18      | 2%                  | 626,223.00           | 2%            | 626,223.00 0.00            |
| Other                                     | 518,668.41    | 2%                  | 439,737.92      | 1%                  | 721,677.00           | 2%            | 721,677.00 0.00            |
| Office Facilities                         | 1,897,531.59  | 6%                  | 1,788,422.35    | 5%                  | 1,886,150.00         | 5%            | 1,886,150.00 0.00          |
| Total Expenses                            | 34,045,905.17 | 100%                | 34,793,539.64   | 100%                | 37,593,470.00        | 100%          | 37,030,744.00 (562,726.00) |

Submission to: **Council**

|   |   |  |   |
|---|---|--|---|
| <b>Meeting Date:</b>                    | <b>Submitted by:</b>  |  |   |
| December 2, 2021                        | Jim Stone, Chair FAC  |  |   |
| <b>Agenda Item Title:</b>               | Finance & Audit Committee – Terms of Reference Building Fund Initiatives Working Group  |  |   |
| <b>Action Requested:</b>                | <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 <b>Choose an item.</b> Feedback is sought on this matter. | <input type="checkbox"/> The attached is for information only. No action is required. |
| <b>AGENDA ITEM DETAILS</b>              |   |  |   |
| <b>Recommendation (if applicable) :</b> | FAC is seeking Council approval:<br><br>1) Terms of Reference for the Building Fund Initiatives Working Group.<br>2) Membership for the Working Group.  |  |   |
| <b>Background:</b>                      | <p>In May 2021, Council passed a motion to allocate \$5 million from the building fund to support programs, initiatives or research to benefit all Albertans. The remaining balance in the building fund as of December 31, 2021 will be used towards operations for the 2022 fiscal year.</p> <p>In September 2021, FAC recommended to Council that:</p> <ul style="list-style-type: none"> <li>• a sub-committee of Council be established</li> <li>• a facilitated 2-3 hour dreaming session be held at a future Council meeting to clarify the vision</li> <li>• the terms of reference for the sub-committee be developed by FAC and brought back to Council for approval</li> <li>• a fundraising consultant be hired to maximize the available resources for the building fund project.</li> </ul> <p>In September 2021, Council approved to establish an Ad Hoc committee of Council that will oversee the building fund project work.</p> <p>FAC has developed a draft Terms of Reference for a Working Group. The initial draft name of the working group is Building Fund Initiatives Working Group.</p> |  |   |

The following Council members expressed interest in sitting on the Ad Hoc committee:

- Ian Walker
- Levonne Louie
- Louis Hugo Francescutti
- Raj Sherman

FAC is seeking Council's approval of membership for the Ad Hoc committee.

| Role/ Representation            |  | 2021   | 2022   |
|---------------------------------|--|--|--|
| CPSA Council (voting)           | Current Councillors of which: <ul style="list-style-type: none"> <li>• 2 are physician members</li> <li>• 2 are public members</li> </ul>                  | Raj Sherman<br>Ian Walker<br>Levonne Louie<br>TBD  | Raj Sherman<br>Ian Walker<br>Levonne Louie<br>TBD  |
| CPSA President (voting)         | <ul style="list-style-type: none"> <li>• CPSA President</li> </ul>   | Louis Hugo Francescutti                            | Stacey Strilchuk                                   |
| CPSA Staff (non-voting)         | <ul style="list-style-type: none"> <li>• Registrar</li> <li>• Chief Financial Officer</li> <li>• Executive Assistant to Chief Financial Officer</li> </ul> | Scott McLeod<br>Tracy Simons<br>Tina Giamberardino | Scott McLeod<br>Tracy Simons<br>Tina Giamberardino |
| Additional Support (non-voting) | <ul style="list-style-type: none"> <li>• Senior Accountant/Financial Analyst</li> <li>• Communications Advisor</li> </ul>                                  | Josh Eberhart<br>Melissa Campbell                  | Josh Eberhart<br>TBD                               |

#### Next Steps:

1. Establish the Working Group and seek membership for remaining positions based on approved Terms of Reference.
2. Host a facilitated 2-3 hour dreaming session at a future Council meeting to clarify the vision.
3. Develop a new name for the working group.
4. Finalize the work plan & process map for the project.

#### List of Attachments:

1. Draft Building Fund Initiatives Working Group Terms of Reference
2. Draft Process Map



## Terms of Reference Building Fund Initiatives Working Group <Insert approval date>

### Purpose

The mandate of the Building Fund Initiatives Working Group (Working Group) is to oversee the \$5 million Council has allocated from the CPSA building fund to support programs, initiatives or research to benefit Albertans.

The Working Group is a time-limited ad hoc committee of Council.

### Membership

The members serve on the Working Group until it is dissolved or until their term expires. Members include:

| Role/Representation             | Member   |
|---------------------------------|--|
| CPSA Council (voting)           | Current Councillors of which: <ul style="list-style-type: none"> <li>• 2 are physician members</li> <li>• 2 are public members</li> </ul>                  |
| CPSA President (voting)         | <ul style="list-style-type: none"> <li>• CPSA President</li> </ul>   |
| CPSA Staff (non-voting)         | <ul style="list-style-type: none"> <li>• Registrar</li> <li>• Chief Financial Officer</li> <li>• Executive Assistant to Chief Financial Officer</li> </ul> |
| Additional Support (non-voting) | <ul style="list-style-type: none"> <li>• Senior Accountant/Financial Analyst</li> <li>• Communications Advisor</li> </ul>                                  |

The Chair of the Working Group will be selected by and from the members of the Working Group.

The Chair will preside at all meetings of the Working Group.

Terms of membership are for two years. Within the first year of the working group, the Working Group members will evaluate membership composition and terms of membership and make recommendations for what the future composition and terms of membership should be.

At any point in time, membership may be amended at Council's discretion.

Should a member resign or their term expire, a new member may be appointed by Council in accordance with membership requirements in this Terms of Reference.

## **Authority and Accountability**

The Working Group is an ad hoc committee of Council for a period and frequency to be determined by Council until the funding for the building fund initiatives project(s) has been distributed.

The Working Group will report to Council following each committee meeting, and will provide a progress report to be tabled before Council at each Council meeting.

## **Roles and Responsibilities**

The Working Group will:

- Draft the allowable project(s) criteria based on Council direction for the building fund initiatives funding.
- Present the criteria to Council for approval.
- Develop the decision criteria to evaluate funding proposals.
- Develop the partner criteria to work with CPSA on building fund initiatives.
- Present the partner criteria to Council for approval.
- Develop the application form for funding proposals.
- Seek partners to work with CPSA to support building fund initiatives.
- Provide direction to an external fundraising consultant, if required.
- Review applications for projects against approved decision criteria.
- Present list of project(s) to Council for approval.
- Award project funding to successful project applications.
- Provide input to Council/leadership on the time frame the building initiatives funding will be invested to inform development of updated applicable Investment Policies.
- Monitor the effectiveness and efficiency of the building fund initiatives process.
- Provide regular updates to Council that monitor the progress of the building fund initiative projects.
- Provide a summary report on the total building fund initiatives to Council.
- Review and make recommendations on changes, as necessary, to these Terms of Reference.

## **Meetings**

### **Frequency:**

- The Working Group will meet at least quarterly. Additional meetings may be called as required at the request of the Chair in consultation with the Registrar.

### **Procedures:**

- Meetings may be held in-person or by video-conference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.

### **Decision Making:**

- Quorum will be a simple majority of Council members on the Working Group.
- Decisions will be made by consensus or motion.
- A majority vote of Working Group members present at a meeting decides any vote.

### **Records of the Committee**

- Notes of each meeting will be kept with a focus on action items and to inform next steps/agenda for the Working Group.
- The Executive Assistant to the Chief Financial Officer or designate will act as Recording Secretary for the Working Group.
- All Working Group records will be retained by CPSA per CPSA's retention schedule.

### **Confidentiality**

- The Confidentiality and Non-disclosure Agreement signed annually by all Council members extends to their work and actions on the Working Group.

### **Subcommittees**

- The Working Group may from time to time, as required, recommend to CPSA Council/Leadership Team the formation of working or project groups to achieve time-limited work.
- Council approves the formation of a working or project group. If formed, such a group will
  - Be established for a maximum length of time, appropriate to the purpose;
  - Report back to the Working Group on progress at regular intervals; and
  - Provide a written report to the Working Group upon completion of the task or project; and
  - Fulfill the deliverable for which it was formed.

## **Committee Resources**

Council approves the budget of the Working Group.

Council members will be paid an honorarium and will be reimbursed for expenses in accordance with CPSA's Honoraria and Expense Policy. The honorarium and expenses of the Working Group will be sourced from the building fund initiatives budget.

The Registrar and Chief Financial Officer attend all Working Group meetings. Others may attend meetings as needed to provide specific knowledge or expertise on matters before the Working Group.

The Working Group may from time to time invite guest speakers/advisors for information. Guests will not be remunerated.

The Working Group may engage the services of an external consultant, based on CPSA procurement policies, to assist the fund raising activities. The cost of such external consultants will be sourced from the building fund initiatives budget.

|    | A   | B                 | C               | D                                   | E                   | F              | G   | H           | I                      | J              | K                  | L                  | M          | N   |
|----|---|-------------------|-----------------|-------------------------------------|---------------------|----------------|-----|-------------|------------------------|----------------|--------------------|--------------------|------------|---|
| 1  | <div><div></div><div>CPSA Building Fund Initiatives Process Map</div><div>DRAFT</div></div> |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            | Updated   |
| 2  |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            | 27-Oct-21   |
| 3  |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 4  |   | Council           | FAC             | Building Fund Initiatives Committee |                     | CPSA Resources |     |             |                        |                | External Resources |                    |            |   |
|    | <div><div>Role</div><div>Project Deliverable (or Activity)</div></div>                      | Executive Sponsor | Project Sponsor | Project Manager (chair)             | Project Team Member | Registrar      | CFO | CINO / REVU | Administrative Support | Communications | Legal counsel      | Investment Manager | Consultant |   |
| 5  |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            | Comments/ questions   |
| 7  | Building fund vision  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 8  | - Develop vision  | A/R               | I               |                                     |                     | C/I            | I   | I           | I                      | I              | C                  |                    | C          | Facilitated session for Council (2 hours) Dec Council meeting |
| 9  |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 10 | Project plan  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 11 | - Draft project plan  |                   | C/I             |                                     |                     | A              | R   | C           | I                      | C              |                    |                    |            |   |
| 12 | - Approve project plan  | A/R               | C/I             |                                     |                     | C/I            |     |             |                        |                |                    |                    |            |   |
| 13 |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 14 | Building Fund Initiatives Committee   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 15 | - Develop Terms of Reference  | A                 | R               |                                     |                     | C/I            | C/I | C           | I                      | C              | C                  |                    |            |   |
| 16 | - Approve Terms of Reference  | A/R               | C               |                                     |                     | C/I            | I   | I           |                        |                |                    |                    |            |   |
| 17 | - Develop criteria for membership   | A                 | R               |                                     |                     | R/C            | C   | C           |                        |                |                    |                    |            |   |
| 18 | - Advertise and recruit member applications   |                   | A               |                                     |                     | R              | I   | I           | I                      | C              |                    |                    |            |   |
| 19 | - Review physician survey comments for expression of interest for possible committee member |                   |                 |                                     |                     | A              |     | R           |                        |                |                    |                    |            |   |
| 20 | - Select committee members  | A/R               | C               |                                     |                     | C              | I   | I           | I                      |                |                    |                    |            |   |
| 21 |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 22 |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 23 | Projects criteria   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 24 | - Develop projects criteria   |                   | A               | R                                   | R                   | R              | C   | C           | I                      | C              | C                  |                    | C          | One project vs multiple projects?                             |
| 25 | - Approve the criteria  | A/R               | C               | C/I                                 | C/I                 | C/I            | I   | I           | I                      | I              |                    |                    |            |   |
| 26 | - Develop the decision criteria   | I                 | C               | A/R                                 | R                   | R              | C   | C           | I                      | I              |                    |                    |            | Feedback on criteria to consider                              |
| 27 |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 28 | Partner criteria  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |
| 29 | - Develop partner criteria  |                   | C               | A/R                                 | A/R                 | R              | C   | C           | I                      | C              | C                  |                    | C          | Feedback on criteria to consider                              |
| 30 | - Approve the criteria  | A/R               | I               | I                                   | I                   | I              | I   | I           | I                      | I              |                    |                    |            |   |
| 31 |   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |   |

|    | A  | B                 | C               | D                                   | E                   | F              | G   | H           | I                      | J              | K                  | L                  | M          | N                   |
|----|--|-------------------|-----------------|-------------------------------------|---------------------|----------------|-----|-------------|------------------------|----------------|--------------------|--------------------|------------|---------------------|
| 4  |  | Council           | FAC             | Building Fund Initiatives Committee |                     | CPSA Resources |     |             |                        |                | External Resources |                    |            | Comments/ questions |
|    | <div>Role</div> <div>Project Deliverable (or Activity)</div> | Executive Sponsor | Project Sponsor | Project Manager (chair)             | Project Team Member | Registrar      | CFO | CINO / REVU | Administrative Support | Communications | Legal counsel      | Investment Manager | Consultant |                     |
| 5  |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 6  |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 32 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 33 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 34 | Application form   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 35 | - Draft application form                                     |                   |                 | A                                   | A                   | R              | C   | C           | I                      | C              | C                  |                    |            |                     |
| 36 | - Approve application form                                   |                   | I               | A/R                                 | A/R                 | I              | I   | I           | I                      | I              |                    |                    |            |                     |
| 37 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 38 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 39 | Partners   |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 40 | - Seek partners for projects                                 | A                 | R               | R                                   | R                   | R              |     | C           |                        | C              |                    |                    |            |                     |
| 41 | - Screen applications for partners                           | A                 | I               | R                                   | R                   | R              | C   | C           | I                      |                | C                  |                    | C          |                     |
| 42 | - Receive funding from partner                               | I                 | I               | I                                   | I                   | I              | A/R | I           | C                      |                |                    |                    |            |                     |
| 43 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 44 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 45 | Applications for projects                                    |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 46 | - Develop messaging for advertising for projects             |                   | I               | A                                   | A                   | R              | C   | C           | C                      | R/C            |                    |                    |            |                     |
| 47 | - Advertise for applications                                 |                   |                 | A                                   | A                   | C              |     |             |                        | R              |                    |                    |            |                     |
| 48 | - Collect applications and summarize for committee           |                   |                 | A                                   | A                   | I              | I   | I           | R                      |                |                    |                    |            |                     |
| 49 | - Review applications  |                   |                 | A/R                                 | A/R                 | C              | C   | C           | I                      |                | C                  |                    |            |                     |
| 50 | - Recommend applications                                     |                   |                 | A/R                                 | A/R                 | C              | I   | I           | I                      |                |                    |                    |            |                     |
| 51 | - Approve application(s)                                     | A/R               | I               | I                                   | I                   | I              | I   | I           | I                      |                |                    |                    |            |                     |
| 52 | - Inform applicants of committee decision                    | I                 | I               | A / R                               | A/R                 | C              |     |             | C                      |                |                    |                    |            |                     |
| 53 | - Announce successful projects                               | I                 | I               | A                                   | A                   | R              | C   | C           | C                      | C              |                    |                    |            |                     |
| 54 | - Prepare Messenger article                                  | I                 | I               | A                                   | A                   | R              | C   | C           | C                      | R              |                    |                    |            |                     |
| 55 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 56 |  |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 57 | Building fund investments                                    |                   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 58 | - Update building fund investment policy                     |                   | C               | C                                   | C                   | A/R            | R   |             | C                      |                |                    | C                  |            |                     |
| 59 | - Review time frame for investment needs                     |                   |                 | C                                   | C                   | A/R            | R   |             | C                      |                |                    | C                  |            |                     |

|    | A  | B  | C               | D                                   | E                   | F              | G   | H           | I                      | J              | K                  | L                  | M          | N                   |
|----|--|--|-----------------|-------------------------------------|---------------------|----------------|-----|-------------|------------------------|----------------|--------------------|--------------------|------------|---------------------|
| 4  |  | Council  | FAC             | Building Fund Initiatives Committee |                     | CPSA Resources |     |             |                        |                | External Resources |                    |            | Comments/ questions |
| 5  | <div>Role</div> <div>Project Deliverable (or Activity)</div> | Executive Sponsor  | Project Sponsor | Project Manager (chair)             | Project Team Member | Registrar      | CFO | CINO / REVU | Administrative Support | Communications | Legal counsel      | Investment Manager | Consultant |                     |
| 60 | - Update investment assets                                   |  |                 |                                     |                     |                | A   |             | C                      |                |                    | R                  |            |                     |
| 61 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 62 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 63 | Reporting on disbursements                                   |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 64 | - Track funding disbursements                                |  |                 |                                     |                     |                | A/R |             | C                      |                |                    |                    |            |                     |
| 65 | - Report on disbursements                                    | I  | I               | I                                   | I                   | I              | A/R | I           | C                      |                |                    | C                  |            |                     |
| 66 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 67 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 68 | Finalize / Project closure                                   |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 69 | - Communicate final summary of Building Fund Initiatives     | I  | I               | A                                   | A                   | A/R            | C   | C           |                        | C              |                    |                    |            |                     |
| 70 | - Report on funding to partners                              |  |                 | A                                   | A                   | A/R            | R   |             | R                      | C              |                    |                    |            |                     |
| 71 | - Disband sub-committee                                      | A  | I               | R                                   |                     | R              | I   |             |                        |                |                    |                    |            |                     |
| 72 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 73 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 76 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 77 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 78 | RACI Definitions:  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 79 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 80 | R  | Responsible = person who does the work to complete the task.   |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 81 | A  | Accountable = person or role who has the final authority or accountability for the task's completion |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 82 | C  | Consulted = person or role whose subject matter expertise is required in order to complete the item  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 83 | I  | Informed = person or role that needs to be kept informed of the status of item completion            |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |
| 84 |  |  |                 |                                     |                     |                |     |             |                        |                |                    |                    |            |                     |

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| <b>Submission to:</b>                   | <b>Council</b>  |   |  |
| <b>Meeting Date:</b>                    | <b>Submitted by:</b>  |   |  |
| December 3, 2021                        | Ed Jess, Chief Innovation Officer   |   |  |
| <b>Agenda Item Title:</b>               | Presentation by Analytics, Innovation & Research on Opioid Prescribing  |   |  |
| <b>Action Requested:</b>                | <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. |
| <b>AGENDA ITEM DETAILS</b>              |   |   |  |
| <b>Recommendation (if applicable) :</b> |   |   |  |
| <b>Background:</b>                      | <p>CPSA introduced individualized quarterly MD Snapshot-Prescribing reports starting December 2016.</p> <ul style="list-style-type: none"> <li>• Intended for self-reflection and to increase prescribing awareness of opioids and benzodiazepines</li> <li>• Not intended as a judgment of a physician's prescribing practices or as a directive to stop prescribing opioids or benzodiazepines</li> </ul> <p>CPSA received anecdotal reports that abrupt tapering of opioids for chronic opioid recipients could be occurring.</p> <p>REVV analyzed prescribing data from 2015-2020 to specifically look at whether the data supported the concern that rapid opioid tapering or abrupt discontinuations were occurring.</p> <p>The data show a very slight increase of opioid tapering between 2016 and 2017, but overall a stable, if not decreasing, trend over the time period studied.</p> <p>REVV is drafting a manuscript to disseminate our findings and in it we plan to take a closer look at 2020 data given the particular circumstances of the year (Covid-19), and the apparent increase observed in some variables of interest. Specific medications with a high OME count will be examined. Lastly, specific demographics of the patients who experienced tapering will be analyzed and compared to the rest of recipients.</p> |   |  |



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| Submission to: | <b>Council</b> |
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| Meeting Date:   | Submitted by:   |   |  |
| December 2, 2021  | Dr. Michael Caffaro   |   |  |
| Agenda Item Title:  | Registration Team Update and Policy approval  |   |  |
| 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<br>Choose an item.<br>Feedback is sought on this matter. | <input checked="" type="checkbox"/> The attached is for information only. No action is required. |
| <b>AGENDA ITEM DETAILS</b>                                      |   |   |  |
| Recommendation (if applicable) :                                | That Council approves the attached Physician Assistant Provisional Register Policy.   |   |  |
| Background:   | Under the <i>Regulation of the Health Professions Act</i> , a Provisional Register must be available to physician assistants who do not meet all criteria for the General Register. Council has previously (September 9, 2021) approved the General Register Policy for physician assistants. Further policy development will outline steps required for a physician assistant to transition from the Provisional to General Registers. |   |  |
| Next Steps:   | Council approval of Physician Assistant Provisional Register Policy   |   |  |
| List of Attachments:  |   |   |  |
| <a href="#">Physician Assistant Provisional Register Policy</a> |   |   |  |

# Physician Assistant Provisional Register Policy

| POLICY TITLE   | Provisional Register – Physician Assistants  |
|----------------|--|
| <b>PURPOSE</b> | Ensure all physician assistants registered and who may provide restricted activities in a variety of specific settings under supervision, have the required supervision, training and competencies to assist the practise of medicine safely.  |
| <b>SCOPE</b>   | <p>This policy applies to physician assistants on the Provisional Register who:</p> <ul style="list-style-type: none"> <li>are <b>not</b> the most responsible provider in the care of patients. Their assistance in the practise of medicine is limited and must be under the supervision of a physician, surgeon or osteopath, and</li> <li>do not meet the criteria for the General Register Physician Assistant</li> </ul> <p>In regard to any restricted activity,</p> <ul style="list-style-type: none"> <li>a physician, surgeon or osteopath must only supervise a restricted activity that the supervising physician, surgeon or osteopath is competent to perform and that is appropriate to the supervisor’s scope of practice, and</li> <li>a physician assistant must not perform a restricted activity that the supervising physician, surgeon or osteopath is not competent to perform or that is not appropriate to the scope of practice of the supervising physician, surgeon or osteopath.</li> </ul> |
| <b>NOTES</b>   | <p>Requirements for registration under this policy include:</p> <p>Registration on the Provisional Register—Physician Assistants is not a pathway to independent practice. Physician Assistants must meet the criteria for either the Provisional Register or the General Register to be eligible for practice. Physicians are not eligible for physician assistant registration.</p>  |

**LAST REVISED: November 23, 2021**  
**APPROVED BY COUNCIL:**

## POLICY STATEMENT

Physician Assistants whose training, certification and clinical practice experience must include:

- 1) Be a **graduate** from either a Canadian PA education program recognized by the Physician Assistant Certification Council of Canada (PACCC), or of an Accreditation Review Commission (ARC) program in the United States and be certified by the National Commission of Certification for Physician Assistant (NCCPA).
  - 2) Two years of physician assistant training that leads to a degree in physician assistant studies
  - 3) Be eligible for **certification** by the Canadian Association of Physician Assistants (CAPA).
  - 4) Demonstrate [English language proficiency](#), if applicable.
  - 5) Submit a satisfactory [criminal record check](#).
  - 6) Demonstrate currency of practice as a physician assistant.
- 1)

## SUPPORTING DOCUMENTS

- [English language proficiency policy](#)
- [Criminal record check policy](#)

## RESPONSIBILITIES

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration.

## APPROVAL

Council governing the College of Physicians & Surgeons of Alberta

## AUTHORITY DOCUMENTS

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation](#)
- [CPSA Bylaws](#)

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| <b>Submission to:</b> | <b>Council</b> |
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| <b>Meeting Date:</b>      | <b>Submitted by:</b>  |  |   |
| December 3, 2021          | Levonne Louie   |  |   |
| <b>Agenda Item Title:</b> | 2022 Council Retreat Planning   |  |   |
| <b>Action Requested:</b>  | <input 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

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| <b>Recommendation (if applicable) :</b> | That Council plan two retreats in 2020, one in January and the other in May as described below.   |
| <b>Background:</b>                      | <p>The 2022 Council Retreat is currently scheduled for January 28 &amp; 29, 2022. The concept of holding the retreat on Siksika Nation was explored by Governance Committee, unfortunately Siksika Nation is not available to host in January 2022. They are however pleased to do so in May 2022.</p> <p>The concept of having two retreats in 2022 was suggested as 2022 has significant activities for CPSA Council including the new Strategic Plan, Building Fund Initiatives planning, Truth and Reconciliation (T &amp; R) commitments and Council team building. These important activities created an opportunity to host two retreats which would allow Council to fully embrace learning, team building, developing important strategic actions and setting the tone for a collaborative and focused mandate in 2022.</p> <p>Retreats are important activities for high-performing boards to ensure Boards:</p> <ul style="list-style-type: none"> <li>- View themselves as an entity that governs together</li> <li>- Focus on key indicators and monitoring results</li> <li>- Ensure the organizations has sufficient resources</li> <li>- Develop themselves to effectively meet the organization's needs; and</li> <li>- Provide guidance and support to the Chief Executive Officer</li> </ul> <p>Source: Leading Resources Inc.</p> <p>Governance experts generally agree that Board retreats help boards become high-performing.</p> |

Retreat planning will be in adherence to public health guidelines and is being proposed to be held face to face unless public health rules prohibit such activities. Council retreats are generally a day and a half with the retreat ending on the last day at noon.

### **January 28 & 29, 2022 & Evening of January 27<sup>th</sup>.**

#### Retreat 1 of 2 Proposal

Location: [Fort Edmonton Park](#)

Onsite Hotel Accommodations: [Hotel Selkirk](#)

[Indigenous People Experience](#)

Retreat topics:

1. Recognition event for past Council members
2. Team Building (not so much a topic as a theme incorporated throughout the retreat)
3. Strategic Planning
4. Building fund initiatives planning
5. Introduction to CPSA and Truth & Reconciliation (T & R)

Utilizing the historic park and their Indigenous Peoples Experience, Council will be able to develop strong working relationships while discussing the draft strategic plan and the Building Fund Initiatives.

### **May 2022**

#### Retreat 2 of 2 Proposal

Location: Siksika Nation

Retreat Topics:

1. The T & R is the focus of this Retreat and centres on four main concepts: Listening, Learning, Reflecting and Developing Actions.
2. Further team building
3. Development of a Council Social Contract

The T & R will Focus on four main concepts with activities that support and engage Listening, Learning, Reflecting and Developing Actions.

All activities would be developed in collaboration with the Siksika Nation to ensure they are appropriate and respectful. Retreat

|                      |   |
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|                      | <p>activities could include CPSA Council engaging in activities with the community, Indigenous leaders, knowledge keepers and Elders and possible Indigenous leaders from other territories. There would be ceremonies, possibly the viewing of the movie the <a href="#">Unforgotten</a> with a discussion panel and an opportunity for Council to develop items of interest that would be provided to the newly formed Indigenous Health Advisory Circle (IHAC). The IHAC would then advise Council on how to action those items.</p> <p><u>Develop a Council Social Contract:</u><br/>Council Culture is important as it promotes honest, respectful debate which leads to strong, well- thought out and thorough decisions. In continuing the success of last year's retreat, imbedding activities to promote Council members interacting and getting to know one another while collaborating on meaningful work such as T &amp; R will allow Council to develop a strong culture.</p> <p>Utilizing the <a href="#">Principals to Guide Council Interactions</a> from the 2021 retreat and the <a href="#">Council Code of Conduct</a> Council members will finalize a social contract that will commit Council to behaviors and expectations of a high functioning team.</p> |
| Next Steps:          | <ol style="list-style-type: none"> <li>1. Confirm booking at Fort Edmonton Park</li> <li>2. Work with Siksika Nation regarding the date and agenda for a retreat in May.</li> </ol>   |
| List of Attachments: |   |

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| Submission to: | <b>Council</b> |
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| Meeting Date:      | Submitted by:   |   |  |
| December 3, 2021   | Shawn Knight  |   |  |
| Agenda Item Title: | Ceremony to Establish Indigenous Health Advisory Circle   |   |  |
| 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><b>Background</b></p> <p><u>CPSA Commitment</u></p> <ul style="list-style-type: none"> <li>The College of Physicians &amp; Surgeons of Alberta (CPSA) is committed to increasing its awareness and learning about Truth and Reconciliation in an effort to create culturally-safe care spaces and improve health outcomes for Indigenous peoples.</li> <li>After consultation with Indigenous physicians who advocated for, and shared the experiences of, Indigenous patients and their communities, CPSA is establishing an Indigenous Health Advisory Circle (Circle).</li> <li>With a focus on collaboration and creating a safe space to share experiences and ideas, the Circle will help CPSA identify how it can better understand and support Indigenous patients and better guide the physicians who care for them.</li> </ul> <p><u>Recruitment</u></p> <ul style="list-style-type: none"> <li>Recruitment of members recommended for appointment to the Circle took place from July to September 2021.</li> <li>A call for expression of interest was extended to             <ul style="list-style-type: none"> <li>First Nations, Inuit, and Métis communities and Indigenous organizations through direct email; and</li> <li>All physicians through The Messenger; and</li> <li>Indigenous physicians who had previously expressed interest through direct email.</li> </ul> </li> <li>The call for expression of interest included a caveat enabling CPSA to actively seek out additional members to ensure diverse Circle membership.</li> </ul> |

- Expressions of interest received were reviewed and recommendations for appointment made by an Indigenous Health Advisory Circle Selection Panel (Selection Panel).
- A number of vacancies on the Circle remain to be filled. The Selection Panel recommended further recruitment be paused to allow for Circle members themselves to make recommendations on effective recruitment options.
- At its meeting on December 2, 2021, Council will be asked to approve appointments to the Circle.
- A ceremony to announce appointments of members to the Circle, welcome Circle members, and bless the Circle is planned for the afternoon of Council's December 3, 2021 meeting.

### **Draft Agenda**

The agenda for the Ceremony includes the following:

1:00 pm

- CPSA's own land acknowledgement
- Announcement of the appointment of members to the Circle
- Welcome extended to newly appointed Circle members as guests to the meeting

1:15 pm

- Invitation to Elder Doreen Spence (one of the appointed Circle members) to conduct the ceremony
  - Land acknowledgement from her territory
  - Smudging ceremony
  - Prayer

1:35 pm

- Invitation to newly appointed Circle members to briefly introduce themselves

Invited Guests (members appointed) in Attendance:

- Mr. Tyler White, CPSA Council, Co-chair
- Dr. Charlene Lyndon
- Ms. Reagan Bartel
- Ms. Margo Dodginghorse
- Dr. Norma Dunning (PhD)
- Ms. Audra Foggin
- Elder Doreen Spence
- Mr. Lee Thom

Regrets:

- Dr. Lyndon (Lindsay) Crowshoe, Co-chair



#### Next Steps:

Communications will assist in preparing an announcement of the appointment of members to the Circle and the Circle's formal establishment.

It is anticipated the Circle will meet early in 2022 and that its first meeting will be comprised of an orientation to CPSA, CPSA's mandate and CPSA's vision for the Circle.

#### List of Attachments:

See Consent Agenda items:

- [Draft Circle Terms of Reference](#)
- [Appointments – Council members](#)
- [Appointments – non-Council members](#)

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| Submission to:             | <b>Council</b>   |   |  |
| Meeting Date:              | Submitted by:  |   |  |
| December 3, 2021           | Dr. Kirsten Jones  |   |  |
| Agenda Item Title:         | Competence Committee Report from October 20, 2021  |   |  |
| 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. |
| <b>AGENDA ITEM DETAILS</b> |  |   |  |
| Recommendation:            | N/A  |   |  |
| Background:                | <p>The Competence Committee met on October 20, 2021, to receive updates and discuss the following items:</p> <ul style="list-style-type: none"> <li>• Deputy Registrar Update – included a short discussion on Council’s decision regarding mandatory vaccination for membership, status of Consultation 021, the progress of Bill 30, as well as FMRAC’s National Working Group on CQI to align regulatory and CPD requirements</li> <li>• COVID Triage Process – Following Council’s directive, CPSA taking a strong public approach to address misinformation, inappropriate treatments and vaccine/mask exemptions. Inquiries and concerns coming in from multiple sources. Established dedicated phone and email lines with standardized messaging for common themes; intended to reduce the burden on professional conduct and take a more educational approach as outlined in Part 3 of the HPA.</li> <li>• COVID Concern Inspection process – updated on progress and process of unannounced on-site inspections under Part 3.1 of HPA. No confrontations, no interruptions to patient care – just a focussed inspection to look at charts, check if mask or vaccination exemptions being provided and if so confirm for appropriate reasons. 90 days to complete the report. Deputy Registrar to receive report followed by referral to Professional Conduct or application to Queen’s Bench if warranted. Process to date is well received. Competence Committee supportive of the inspection process utilizing the levers available in HPA and Legislation.</li> <li>• Annual Report from PHMP with a focus on fatigue as a metric. This generated great interest and discussion with acknowledgement of the risk and a request for more advice and support for the membership to ensure better physician and patient safety overall.</li> <li>• Project update from REVU on Rapid Opioid Tapering – Competence Committee requested the data results be communicated and shared with the entire profession, supporting an increase in trust and awareness when results appear in a published manner.</li> </ul> |   |  |

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|                      | <ul style="list-style-type: none"> <li>• GPR Virtual Clinic update – Challenging to find virtual only clinics; only 2 so far. Need better identification of physicians practicing virtual only care. GPR working on a process to register all clinics.</li> <li>• Review of Competence Committee 2022 membership list and annual selection of Competence Committee Chair. The Committee will maintain the majority of its membership in 2022. Dr. Richard Buckley recommended for Chair in 2022.</li> <li>• The Committee reviewed and approved the 2022 advisory committee membership lists for APAC, IPAC and PHMP</li> <li>• The Committee reviewed and approved the current advisory committee TORs for APAC, IPAC, and PHMP</li> </ul> |
| Next Steps:          | The Competence Committee will meet next in February 2022.   |
| List of Attachments: |   |
| 1. n/a               |   |