

## Attendees

### Council Members:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley (virtually)
- Nicole Cardinal
- Christopher Fung
- Brenda Hemmelgarn (virtually)
- Chaim Katz
- Levonne Louie
- Collin May (virtually)
- Linda McFarlane
- Jon Meddings (virtually)
- Laura Morrison
- John O'Connor (virtually)
- Raj Sherman
- Laurie Steinbach
- Tyler White

### Additional Attendees (in person):

- Scott McLeod, Registrar
- Susan Ulan, Deputy Registrar
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Shawn Knight, Chief of Staff
- Sue Welke, Program Manager, Governance

### Additional Attendees (virtual)

- Jeremy Beach, Assistant Registrar
- Michael Caffaro, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Dawn Hartfield, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Tracy Simons, Chief Financial Officer
- Pam Gill, Acting Hearings Director and In-house Legal Counsel

### Guests:

- John Dinner, Board Governance Services (in person)
- Dr. Ehi Iyayi (virtually)
- Dr. Salim Samanani (virtually)
- Dr. Nicole Kain (virtually)
- Jason MacDonald (virtually)
- Nicole Bertram (virtually)
- Sondra Mackenzie-Plovie (virtually)
- Katrina Haymond, Field Law (in person)
- James Casey, OC, Field Law (virtually)

### Regrets:

- Patrick Etokudo
- Ian Walker

### Resources for Council Members:

- **CPSA Council Reference Manual**
- **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, March 17, 2022 starting at 0800**

## **1.0 Call to Order, Introductions, and Check-in for In-Camera Session (Council and Executive Team)**

*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, December 2 and 3, 2021 and January 28, 2022

### **1.2 President's opening remarks**

- Feedback from December Council Meeting
- Discussion re: Past President Role

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

### **2.1 Traditional Territorial Acknowledgement**

***At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.***

***On the first day of the Council Meeting Dr. Daisy Fung shared her learnings and recommended two books: "21 Things You May Not Know About the Indian Act" and "White Fragility".***

### **2.2 Conflict of Interest Declaration\_(Real, Potential or Perceived)**

### **2.3 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, [December 02 and 03, 2021](#), [January 28, 2022](#) and [decision items from December and January in-camera sessions](#) (for approval).
- [Finance and Audit Committee Meeting Summary Report](#) (for information)

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- [Governance Committee Meeting Summary Report](#) (for information)
  - [Appointment to the Building Fund Initiatives Working Group as recommended by Governance Committee](#) (for approval)
  - [Legislation and Bylaw Committee Meeting Summary Report](#) (for information)
  - [Bylaw Changes recommended by Legislation and Bylaw Committee and the policy Council Member Attendance at Meetings of Committees to Which They Are Not Appointed as Members](#) (for approval )
  - [Update on the Labour Mobility Act](#) (for information)
  - [Medical Facility Accreditation Committee Meeting Summary Report](#) (for information)
  - [Patient Relations Fund Annual Report](#) (for information)

***Following additional discussions, Council approved or received as information the above items. Two items initially included on the Consent agenda were approved as part of item 3.4 Anti-Racism Anti-Discrimination Action Advisory Committee Report.***

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### **3.0 Reports**

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#### **3.1 President's Report**

***The President's Report, highlighting the President's activities over the last three months was received as information.***

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

***The Registrar's Report was received as information. Discussion during the meeting focused on assessments of competency and the role of assessments in the licensing of physicians as well as the work to improve the complaints process.***

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#### **3.3 [Key Performance Indicator Targets for 2022](#)**

***Following discussions, Council approved the Key Performance Indicator Targets for 2022 as circulated.***

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#### **3.4 Anti-Racism Anti-Discrimination Action Advisory Committee**

- Name Change and Terms of Reference for Anti-Racism Anti-Discrimination Action Advisory Committee
  - Appointment of Vice-Chair for Anti-Racism, Anti-Discrimination Action Advisory Committee
  - Position Statement
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**Council approved re-naming the Equity, Diversity and Inclusion Committee to Anti-Racism Anti-Discrimination Action Advisory Committee and appointed Dr. Daisy Fung as the vice chair of the Committee. The [Terms of Reference for the Committee](#) were also approved. Dr. Ehi Iyayi, Chair of the Committee, presented the [College of Physicians & Surgeons of Alberta Position Statement on Racism and Discrimination](#) which was approved by Council.**

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3.5 [Governance Review Committee Update](#)

**Council received an update on the work of the Committee and a Consultant who has been engaged to conduct a limited governance review that will identify opportunities for CPSA to update its corporate governance approach through the identification of best practices, relevant governance principles, structures and processes**

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**4.0 Registration Team**

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4.1 [Discussion regarding developing a new registration category](#)

**Following discussion of the potential to develop a new registration category, Council supported the continuation of this work with the expectation that a recommendation for approval of this new category would come to Council in May. Pending approval, the target would be to have the category available to registrants for the 2023 calendar year.**

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4.2 Data Review -2022 Registration Statistics

**The [2022 Registration Statistics](#) were received as information.**

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**5.0 Standards of Practice**

- Advice to the Profession – Professionalism in Public Forums
- Continuity of Care
- Consultation 022
  - Medical Services Requiring Accreditation Outside of Hospitals and
  - Reprocess Medical Equipment

**Council reviewed the Advice to the Profession on Professionalism in Public Forums. This document will be available at a later date on the [public website](#).**

**Council approved revisions to the Continuity of Care Standard of Practice which will be implemented on April 1, 2022 along with the Episodic Care Standard of Practice. Both documents will be available on the [public website](#).**

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**Council approved [Consultation 022](#) on the Reprocessing Medical Equipment Standard as well as the Medical Services Requiring Accreditation Outside of Hospitals Standard. Consultation on these standards will close on April 21, 2022.**

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## **6.0 Building Fund Initiatives Working Group Report**

***This item was added as a new topic of discussion prior to approval of the agenda. While the Working Group has not yet met, Ms. Linda McFarlane, chair of the Working Group, advised Council that a consultant has been hired to assist in developing a process to develop plans and principles as the Working Group considers potential uses of the funding previously set aside for a building.***

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## **7.0 Competence Committee Report**

***Dr. Richard Buckley, Chair of the Competence Committee provided an overview of the Committee's last meeting. Mr. Jason MacDonald, Program Manager, Infection, Protection and Control, shared data regarding the inspection of some facilities based on concerns shared with CPSA in recent months.***

**Council approved the [Delegation of Authority to Appoint Inspectors Policy](#) based on the authorities given to Council in the Health Professions Act.**

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## **8.0 Accreditation Standards**

***This item was added as a new topic of discussion prior to approval of the agenda. Dr. Gordon Giddings, Assistant Registrar, Accreditation, advised Council that the implementation of the Non-hospital Surgical Facility Standards as previously approved will be delayed until the first quarter of 2023.***

## **9.0 In Camera (Council and others by invitation )**

- **Social Media Questions/Concerns**

***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.***

**Friday, March 18, 2022 starting at 0800**

**10.0 Call to Order for In-Camera Session (Council and Executive Team)**

*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.*

**11.0 Call to Order and Introductions for public session**

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**11.1 Territorial Land Acknowledgement**

***At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.***

***On the second day of the Council Meeting Dr. Jaelene Mannerfeldt spoke of her personal connections to the land and shared some of her reflections from the information she reviewed in the Indigenous Peoples Experience at Fort Edmonton Park.***

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**12.0 [Indigenous Health Advisory Circle](#)**

***Mr. Tyler White, Co-chair of the Indigenous Health Advisory Circle provided an update on the activities of the Circle to date.***

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**13.0 Governance Committee Report**

- [Council Learning Plan](#)
- [2022 Council Retreat Planning](#)
- [Formal Establishment of History Project Committee](#)

***Council discussed and approved the Council Learning Plan, including Respect in the Workplace training for all Council members.***

***Information related to the invitation from Siksika Nation for an event to be held at their facility in May was shared with Council. Additional information will be shared with Council in advance of the meeting date.***

***Council approved the establishment of the History Project Committee. A workplan, budget and Terms of Reference for the Committee will be brought forward to a future Council meeting.***

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#### **14.0    [Strategic Planning Working Group](#)**

***Council gave approval for the Strategic Plan Working Group to draft the final Strategic Plan for presentation at the May Council meeting.***

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#### **15.0    Legislation and Bylaw Committee**

- [Vaccination Policy](#)

***Council approved the Council Vaccination Policy for implementation as of March 31, 2022. At this time the policy only extends to Council members, not the individuals serving on any CPSA or Council Committees.***

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#### **16.0    Presentation by Analytics, Innovation & Research (AIR)**

- [Machine Learning Project](#)

***Dr. Salim Samanani, Founder and Medical Director of OKAKI, provided an overview of how data can be interpreted through machine learning to assist in assessing risk.***

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#### **17.0    Finance and Audit Committee Report**

- [Differential Fees](#)

***Following a presentation by Dr. Nicole Kain, Program Manager, Research & Evaluation, Council indicated its support for continued work to explore the possibility of creating a differential fee structure for registered members as a means to modify behavior.***

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#### **18.0    [Annual Report Process](#)**

***Council was provided with an overview of the process used to develop the Annual Report which is provided in print copy to the Minister of Health per section 4(1) of the Health Professions Act. A digital version of the Annual Report is available on the CPSA website.***

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#### **19.0    [Appointment – Hearings Director](#)**

***Council approved the appointment of Ms. Pam Gill as Hearings Director of the College of Physicians & Surgeons of Alberta, per section 14(1) of the Health Professions Act.***

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**20.0 Council Education Session**

- Important Regulatory Cases in 2021

*As this matter dealt with legal advice, discussions of the important regulatory cases from 2021 were held in-camera.*

**21.0 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.*

**22.0 Adjournment**

## 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 (away Dec. 2 morning)
- 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 (attending December 3 only)
- Greg Lamothe and Daylan Hoffman of MNP (attending December 3 only)
- 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)

## Thursday, December 2, 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, Acting Hearings Director, Chief Financial Officer, Chief of Staff and the Chief Innovation Officer.

### 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 seals for the Inuit, including information about their nutritional value.

Ms. Elias' message to Council was to ask that the CPSA considers the history of her peoples. The culture and journeys of the Inuk people impact their daily lives and their health.

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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

*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, October 15, 2021, Decision items from September 9 and 10, 2021 in-camera sessions. (for approval)
- 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 Review Committee Terms of Reference (for approval)
  - Governance Committee 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)

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- Governance Review Subcommittee Report (for information)
  - Legislation and Bylaw Committee Report
    - Bylaw Revisions (for approval)
  - Medical Facility Accreditation Committee Report (for information)

The following items were removed from the Consent agenda and discussed separately prior to discussion of the Legislation and Bylaw Committee Report.

- Medical Facility Accreditation Committee Report
- Governance Committee Report
- Legislation and Bylaw Committee Report

Prior to approving the items on the consent agenda, Council requested additional information regarding the report on environmental, social, and governance (ESG) issues referenced in the Finance and Audit Committee report. Ms. Simons advised that at the present time, this information was shared with the Committee as they finalize the CPSA investment policy. Additional information will be shared with Council in 2022.

An additional question was raised regarding the role of the Technical Expert on the Finance and Audit Committee. Ms. Simons explained that the technical expert is an individual who can provide an independent assessment of accounting matters to the Committee members. The individual generally has board experience, particularly in the areas of pensions and investments and provides a much valued perspective to the Committee and CPSA team members.

**MOTION (C47-21)** Moved by Patrick Etokudo and seconded by John O'Connor to approve the agenda and items on the consent agenda with the exception of the Medical Facility Accreditation Committee Report, Governance Committee Report and Legislation and Bylaw Committee Report. Carried.

**ACTIONS:**

The Finance & Audit Committee will provide additional information to Council regarding environmental, social and governance issues in relation to CPSA's investment policy.

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## **3.0 Reports**

### **3.1 President's Report**

Dr. Francescutti referred Council to his written report detailing the accomplishments of the past year. He encouraged Council to continue the great work that was started in 2021 and noted some of the opportunities to further the work in the coming year.

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## 3.2 Registrar's Report

Dr. McLeod highlighted the following items that were included in his written report:

- Inspections at Physician Offices – Beginning in October and using the authorities granted to CPSA in the Health Professions Act, CPSA team members conducted unannounced inspections at the offices of some physicians who were the subject of numerous concerns that had been reported to CPSA by members of the public, as well as other health professionals. Inspections are only conducted if it was felt the public and patient safety was in jeopardy. Team members performing the inspections understand their responsibility to ensure patient privacy is respected as they examine practice behaviors. Council did not have any further questions in regards to this process.
- Racism and Discrimination – CPSA has established two Committees to understand and address its role in racism and discrimination. Additionally, all staff participated in Implicit Bias Training. On September 30<sup>th</sup>, the National Day for Truth and Reconciliation, CPSA team members engaged in conversation with Elder Laurie MacDonald who shared his experiences as a residential school survivor. The work to understand and make meaningful changes will take time and CPSA team members are learning as they go. Some of the changes already introduced include the use of a Talking Circle as part of the Complaint process, reviewing complaint submissions and rejecting any complaints which are racist in nature.
- Physician Commendations – as part of the new website, members of the public are able to submit a commendation for their physician. The tool, while not promoted, has been used regularly since it was introduced. If a commendation is submitted, a physician is advised and a copy of the commendation is kept on the physician's file.

Council requested additional information regarding the statement that CPSA should not be assessing physician competence. Dr. McLeod explained that CPSA relies on national organizations such as the Medical Council of Canada to assess physician competence. However, CPSA and all Canadian Medical Regulatory Authorities have a responsibility to set the expectations of what should be assessed so that the regulators can be assured that the physicians that are licensed are competent to provide safe, high quality care. This is a matter that is being discussed at Federation Of Medical Regulatory Authorities of Canada and with national partners to determine who is best positioned and able to carry out assessments of competence. It was also noted that point in time testing is not a guarantee of long term success. Consideration is being given to gathering additional data and using predictive analytics to better understand and address the issue. There is also a need to address and assess team based care.

Responding to a question about the physicians who received the Licentiate of the Medical Council of Canada (LMCC) without completing the qualifying exams, Dr. McLeod advised that those individuals will not be treated any differently from anyone else who received the LMCC in previous years.

Council further discussed competence and the alignment of the training provided in Alberta's medical schools. Council was advised that CPSA team members meet regularly with the two Alberta medical schools. However, it was noted that there is a national body which accredits all medical schools and regulators have not provided the national organizations with their expectations for competency.

Council remarked on the ability of Dr. McLeod and his team to guide the profession during such an unprecedented time. Concerns were shared that there is likely a care deficit and that as many physicians are expected to do more with less, they may be demoralized and the workload at CPSA may increase. Dr. McLeod noted that his team is aware of the stresses in the profession and are doing what they can to avoid creating additional strain. He acknowledged there will be a lot of work and complex issues to address, including physician resource planning.

### **ACTIONS**

- Additional information around predictive analytics and the work being undertaken by the Analytics, Innovation and Research team will be shared in the New Year.

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- 3.3 Prior to considering the Legislation and Bylaw Committee Report, Council discussed the items that were pulled from the Consent Agenda:

- **Legislation and Bylaw Committee Report – from Consent Agenda**

The Legislation and Bylaw Committee Report that was on the consent agenda included a list of bylaw changes that the Committee proposed to clarify some of the language in the Bylaws. Council wondered if it would be advisable to wait until after the Governance Review to make the changes as other amendments may be needed following the review. Dr. Christopher Fung, Chair of the Committee, indicated that the Committee recognizes the Bylaws will need additional work, but felt these changes were needed now to ensure actions taken by Council are appropriate and well understood, particularly with respect to establishing quorum and approvals by simple majority.

- **Governance Committee Report – from Consent Agenda**

A concern was raised with respect to the appointment of Committee Chairs as included in the Governance Committee's Report on the Consent Agenda. The recommendation is that Ms. Levonne Louie will be appointed as chair on the Finance & Audit Committee as well as on the Governance Committee. This is not an ideal situation and previous Councils posited that such situations should be avoided if possible. It was suggested that additional clarity may be required in making sure new Council members understand the expectations of them to take on these roles. Ms. Louie recused herself as Council discussed the matter further.

It was noted that this concern was also raised at the Governance Committee meeting and that ultimately the Committee gave unanimous support for the position that was brought forward. Council was reminded that the Committees are expected to discuss such issues and that Council needs to demonstrate its willingness to allow and trust that Committees exercise their due diligence in bringing forward recommendations. Council was provided

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with additional information from members of both the Finance and Audit Committee and the Governance Committee to explain the processes used in developing the recommendations. It is understood by all members that the position of Chair should be shared, but in this case there was no one on either Committee who felt they were capable of taking on the role at this time.

It was suggested that some additional steps may be necessary to encourage Council members to take on the role of chair including:

- Developing succession planning for the role of Chair
- Providing learning opportunities for individuals interested in chairing to develop necessary skills
- Providing further details about what is involved in chairing a committee with an understanding of the support provided by CPSA team members

However, it was also noted that passion and interest in chairing a committee need to be considered.

Ms. Louie returned to the meeting space and was advised of the decision of Council to move forward with the Chair appointments as recommended by the Governance Committee. In addition to the appointments of Chair, Ms. Louie noted that her report also included a number of other approvals and welcomed any questions or comments from Council on those items. No additional discussions were required, except to note that Dr. Bratu's first name was misspelled in the report.

**MOTION (C48-21)**: Moved by Jim Stone and seconded by Christopher Fung to accept the Governance Committee report from the consent agenda and approve all recommendations in the report with a correction to the spelling of Dr. Bratu's first name. Carried.

- **Medical Facility Accreditation Committee (MFAC) Report – from Consent Agenda**

Council members raised their concerns and asked a number of questions to better understand the accreditation process. There was particular interest in the following matters:

- The accreditation of exercise stress testing facilities which were felt to offer inappropriate testing that is of low value and could expose patients to unnecessary risks.
- The fluctuating nature of approvals of Diagnostic Imaging facilities
- The apparent mismatch around approvals for non-hospital surgical facilities and the number of physicians approved to have privileges in non-hospital surgical facilities.
- The role of Health Canada versus the regulators' role around the use of Ketamine and the development of standards for its use.
- The need to consider quality of care in addition to the ability to meet accreditation standards when facilities are accredited.

- The apparent disconnect between MFAC and Council; MFAC is looking for Council to provide them with further direction.

Dr. Gordon Giddings, Assistant Registrar for Accreditation noted the concerns raised by Council. Dr. McLeod added that accreditation is one tool to address the questions of quality care and appropriateness of testing, but consideration needs to be given to deal with these matters even sooner. Quality will be a key pillar in the strategic plan being developed for Council approval and Dr. McLeod expects the CPSA team will develop additional strategies beyond accreditation to look at and address concerns regarding quality of care.

**MOTION (C49-21)** Moved by Jaelene Mannerfeldt and seconded by Jim Stone to accept the MFAC report as presented on the Consent Agenda. Carried.

### **Legislation and Bylaw Committee Report**

- **Discussion of Bylaws**

The Legislation and Bylaw Committee requested feedback from Council in three areas in which they were considering making changes to the Bylaws.

1. Bylaw regarding the past president

The current Bylaw states that the past president should be invited to join Council. A suggestion had been made that the Bylaws be amended such that the president automatically becomes a non-voting member of Council once their term is completed. Council consensus on this matter was to maintain the status quo and allow Council the flexibility to bring a president onto Council in the role of past president following the completion of their term. It was also noted that the term of the invitation would be for up to one year.

2. Bylaw regarding the status of an observer at a Council meeting

The Committee was considering revising the Bylaws to allow Council meeting observers to address Council. It was suggested this would allow greater transparency of Council meetings and could increase trust by members to the profession and the public. It was also recognized that if this was to be permitted, strict guidelines including the submission of a written proposal and adherence to time limits would be needed. Council discussed and determined that no changes would be made to allow observers an opportunity to address Council at a Council meeting given that there are other avenues available to address Council and/or the Registrar.

3. Voting in Secret

At the September Council meeting, a request was made to allow Council members to have a secret vote on a matter before Council as some members felt their personal safety might be at risk because of their opinion on the matter. Robert's Rules of Order allows for secret votes, but the Committee also discussed the need for transparency. Council's discussions indicated that only in rare circumstances would a vote be conducted in secret. The Legislation and Bylaw Committee will

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consider developing a process to enact this which could be done at the request of one Council member.

**MOTION (C50-21):** Moved by Jim Stone and seconded by John O'Connor to accept the Bylaw changes as proposed in the consent agenda materials. Carried.

**ACTIONS:**

The Legislation and Bylaw Committee will discuss a process to enable, under certain circumstances, voting in secret.

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3.4 Finance and Audit Committee

- 2022 Budget – additional item for approval

Dr. Stone, Chair of the Finance and Audit Committee, presented the recommendation from the Committee to adjust the 2022 Budget as outlined in the information shared in the agenda materials. He noted recent concerns that some complaints will be dismissed by the Courts if it is determined they are taking too long to conclude. Hence, the importance of hiring additional staff within the professional conduct team. Ms. Simons noted that this will result in a projected loss for the year and a decrease in the unrestricted net assets. Council commented that surpluses from previous years added to the asset base over the last two years.

With respect to revenue projections, Ms. Simons advised Council that the budget is based on 0% growth for revenues in 2022. This led to a discussion about the potential impact the Government's bill to implement a practitioner identification system might have on new physicians. Dr. Morrison noted that the Professional Association of Resident Physicians of Alberta did poll their members and she is anticipating she will be able to share the final results at a later date.

On the matter of the proposal to add additional staff positions, Council inquired about the value that would be added by 1 year contract positions given the time that would be required to train the individuals. Dr. Hartfield indicated that a number of positions in her department are filled this way. It is a good way to evaluate an individual and determine the individual's fit with the team. At the end of the contract, there is a possibility that the individual may be hired on a permanent basis, and this becomes part of the department's succession planning to manage retirements and other departures. Since the individuals who will be hired will need to have investigation experience, they will not require a lot of training to take on some of the investigation work which is the current area of need.

**MOTION (C51-21):** Moved by Laurie Steinbach and seconded by Ian Walker to approve the updated 2022 Budget as circulated with the agenda materials. Carried.

- Approval of Terms of Reference for Building Fund Oversight Committee

The following points were discussed:

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- The name for the Committee may be changed.
- The terms of reference note 5 voting members on the Committee to ensure there will never be a tie vote.
- Any costs incurred by the Committee will come from the funds set aside from the former building fund
- Interest accrued on the funds will remain as part of the project
- Council will be asked to help draft some criteria for the Committee with respect to working with partners as well as criteria to use in assessing initiatives
- The Committee will be comprised of voting members of Council, but they will regularly connect with Council and others to gather input.

**MOTION (C52-21)**: Moved by Jaelene Mannerfeldt and seconded by John O'Connor to approve the Terms of Reference for the Building Fund Initiatives Working Group as circulated. Carried.

**MOTION (C53-21)**: Moved by Christopher Fung and seconded by Daisy Fung to approve the appointments of Raj Sherman, Ian Walker, Levonne Louie and Linda McFarlane to the Building Fund Initiatives Working Group. Carried.

It was recognized that, as per Council Bylaws, Council is required to be given 14 days' notice of a Bylaw Change. For the previously discussed Bylaw revisions, Council did not have 14 days' notice and the following motions are required:

**MOTION (C54-21)** Moved by Christopher Fung and seconded by Levonne Louie to rescind motion 50-21. Carried.

**MOTION (C55-21)** Moved by John O'Connor and seconded by Levonne Louie that Council approves waiving the requirement of 14 days' notice to amend the Bylaws. Carried.

**Motion (C56-21)** Moved by John O'Connor and seconded by Levonne Louie that Council approves the amended Bylaws as circulated with the agenda. Carried.

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## **4.0 Standards of Practice**

### Consultation 021 – approval for implementation

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

Council shared a number of suggestions to provide clarity in the Virtual Care Standard. Some of the suggestions will be incorporated into an Advice to the Profession that will accompany the standards. In order to ensure patients have a better understanding around consent and the

privacy of their information, a companion document is available on the website and will be linked to the Standard.

**MOTION (C57-21)** Moved by Daisy Fung and seconded by Christopher Fung to accept the Virtual Care Standard of Practice, with a revision to the language in section 13 and including other information as discussed in the Advice to the Profession to take effect Jan. 1, 2022 for immediate implementation. Carried.

As part of the discussion of the Continuity of Care Standard, a number of Council members noted that lab reports are routinely received by the physician members on Council for individuals who are not their patients. In these circumstances, Dr. Ulan advised Council members that if they have taken reasonable steps to re-route the results, including contacting the sending lab, they would not be in contravention of this Standard.

With respect to team-based care, additional information will be provided in the Advice to the Profession to address expectations and understanding of what constitutes team-based care.

Information about ordering tests in someone else's name, particularly in the case of a locum, will be addressed in the Advice to the profession.

While there was considerable discussion regarding the requirement that a regulated member informs a laboratory or diagnostic facility that they have received an investigation result in error, the decision was made to keep this requirement in the Standard. Of concern on this matter was the physician's ability to have control over what appears to be a system failure to ensure investigative reports are appropriately routed. It was noted that the regulator needs to set an appropriate expectation to ensure care is provided in the best interest of patients.

**MOTION (C58-21)**: Moved by Christopher Fung and seconded by Linda McFarlane to approve the Continuity of Care Standard of Practice to take effect March 1, 2022 to provide time for CPSA and AHS to make changes necessary to support implementation. Carried.

In reviewing the Episodic Care Standard of Practice, the most contentious item was the requirement to contact a primary care provider with a record of the encounter. Again, it was noted that if the information is entered into Connect Care, the system should record the interaction. What was uncertain was whether or not a physician would be notified automatically by the system to review the information in Connect Care. Additional information about this requirement will be included in the Advice to the Profession.

**MOTION (C59-21)**: Moved by Levonne Louie and seconded by Raj Sherman to approve the Episodic Care Standard of Practice as circulated to take effect March 1, 2022 to provide time for CPSA and AHS to make changes necessary to support implementation. Carried.

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**ACTIONS:**

As requested by Council, Dr. McLeod will share the concerns raised by Council regarding the issues in Connect Care and other aspects of the system that may be contributing to poor patient care as results and information is either misdirected or not directed at all to a patient's primary care physician.

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**5.0 Policy**

**5.1 Policy for CPSA RE: Vaccination**

- CPSA staff
- Council and Committee Members

Dr. McLeod advised Council of the decision by the CPSA Executive team to require that all CPSA team members be vaccinated by January 4. He shared how the policy was developed and how the policy will be enacted. In addition, work is underway to develop a policy for any contractors working on behalf of CPSA. With these policies in place, Council was asked to consider the development of a policy for all Council members. Dr. McLeod clarified that the policy would require all Council members to be fully vaccinated if they are to participate on Council or a Committee of Council unless they have an exemption on protective grounds. While the proposal was accepted, it was noted that voting in favour of a vaccine policy comes at a cost in that patient autonomy is sacrificed and there is a coercive element to such a policy.

**MOTION (C60-21):** Moved by Laurie Steinbach and seconded by Levonne Louie that Council adopts a policy of total vaccination that is aligned to the CPSA staff policy. Carried.

**6.0 In Camera**

Council met briefly in-camera.

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

**7.0 Call to Order for In-Camera Session**

Council and the CPSA Executive team met briefly in-camera.

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

Dr. Francescutti called the public session to order at 8:29 a.m.

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## **9.0 Strategic Planning Working Group**

The Strategic Planning Working Group, led by Ms. Levonne Louie, shared the progress to date to ensure they are heading in the right direction and have met Council's expectations with regards to this work. Council will be given further opportunities to engage in the proposed plan and the development of the objectives during the upcoming Council retreat.

Mr. Greg Lamothe of MNP who has been assisting the Working Group, noted that once the plan is in place, CPSA will consider the strategy every day as actions are taken to meet the objectives set out in the plan. Once the Registrar is provided with the broad objectives, he will develop a Strategic Action Plan and Council is given the authority to approve the plan as part of the budgeting process. The ability of CPSA to meet the plan's objectives within a specified timeframe will depend on the availability of resources as determined by Council.

It is anticipated this Strategic Plan will be in place for approximately five years. Therefore, three years from now, Council should consider beginning a Strategic Plan Review.

Dr. McLeod noted that once the plan is approved at the May Council meeting, work to develop the budget for 2023 will already be underway. As such, it will be based on the currently approved strategy and the new strategy will not be reflected in budgeting plans until 2024.

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

- Proposal for Bylaw Change

Members of the Equity, Diversity and Inclusion (EDI) Advisory Committee asked Council to consider inviting their Chair, who is not currently a member of Council, to attend Council meetings as a non-voting member of Council. The following matters were brought up during this discussion:

- This move would address a core tenant of EDI work regarding power structures and communication structures
  - EDI chair needs to see what transpires at Council to be able to provide advice to Council and promote consideration of equity, diversity and inclusion when making decisions
  - Need to ensure this would not be seen as tokenism and that there would be a genuine desire to engage, respect and listen to the views of the EDI chair. This would mean that input and advice from the EDI chair would need to be taken seriously; Council would need to heed the advice, show appreciation for the advice and act upon it.
  - Consideration would need to be made as to what it means to be a non-voting member of Council and the levels of access to in camera meetings that the EDI Chair would attend.
  - Consideration may need to be given to other Committees whose chair is not a Council member a role as a non-voting member of Council.
  - The EDI committee has a different purpose than MFAC and Competence Committee and consideration of having a non-Council member chair attend Council meetings should be limited to the Chair of the EDI Committee
  - Previous discussions at Council indicated that the size of Council needed to be reduced; caution is needed if we are increasing the size.
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- Need to show that Council is committed to EDI and Truth and Reconciliation. Having the EDI Chair as a non-voting member of Council would be an action that would demonstrate this commitment.
- Consideration for this question could be part of the Governance Review as well as some guidance around the appropriate size of Council and who should be a voting member versus a non-voting member.
- A refusal to cede power may be seen as a manifestation of racism.
- An advisor needs to be at the table when decisions are being made. The chair of the EDI Committee may only be able to do that if they are a non-voting member of Council
- Need to confirm that the EDI chair has the capacity to attend Council meetings as well as a thorough understanding of the healthcare system to be able to take on this role.
- In looking at equitable healthcare, need to be sharing the space, not giving the space.

In summary, there was considerable support for the request and most saw value in sharing the space with the EDI Committee/Chair as requested. If this moves forward, Council needs to address any concerns that it would be seen as tokenism. Additional considerations are needed with respect to the implications to other Committees and the size of Council.

**ACTIONS:**

Mr. Knight will take the feedback from Council to the EDI Committee for further discussion.

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**11.0 Presentation by Analytics, Innovation & Research (AIR)**

- Opioid Prescribing

Dr. McLeod indicated that at the September Council meeting a concern was raised that the policies of the regulators may be a contributing factor to the current opioid crises and overdose deaths. Consequently, he requested that the Analytics, Innovation & Research team put together some data regarding opioid prescribing and any trends that could be viewed relative to the tapering or discontinuation of opioids by chronic or high dose recipients. The data that was presented will be published in the future.

Overall the data that was presented indicated that the proportion of chronic, high and very high dose recipients has been decreasing since 2016.

In order to understand if patients go elsewhere for illicit drugs to replace drugs that are prescribed to them, CPSA would need access to information from the medical examiner's office, which, to date, has not been made available .

In looking at the question of whether the CPSA policies to ensure physicians understand and prescribe opioids appropriately and do not cut people off their medications without proper tapering and treatment, the data bears this out. That is, physicians are not drastically reducing the amount of opioids being prescribed to the chronic, high and very high dose opioid recipients.

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It was also noted, that most physicians avoid prescribing the highly addictive opioids to their patients for the management of pain, thereby reducing the initiation of opioids.

Council noted that as senior physicians retire, it is difficult for chronic pain patients to find a physician. Dr. McLeod indicated that CPSA is working with a number of partners in the area of chronic pain to manage the complexity of these issues.

Responding to a question that there is literature from other countries which specifically correlates the reduction of opioids to people taking illicit drugs to satisfy their addictions, Dr. McLeod shared that in many US jurisdictions a cap was placed on the quantity of opioids that could be prescribed. CPSA has not introduced any maximums on the amount of opioids a physician can prescribe. The information and policies of CPSA are aimed at educating physicians about good practice around opioid use and ensuring chronic, high dose users are not inappropriately tapered from their medications.

In conclusion, it was acknowledged that the opioid crises is of significant concern but is not one that the CPSA can tackle on its own. The social stigma around addiction also makes it difficult to affect change in some jurisdictions. The statement made by Council regarding supervised consumption sites was communicated to the Minister, but at the time that office was not asked to provide a response.

**ACTION:**

Dr. McLeod will follow up with the Deputy Minister for a response to Council's support for supervised consumption sites.

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**12.0 Registration Team Updates**

- Physician Assistant Provisional Register Policy.

Dr. Caffaro noted that when the Physician Assistants (PA) became regulated in April 2021, Council approved a policy to register PA's on the general register. In some instances, a PA will finish their training in late summer, but not have the results of their written exams available until January which creates a gap in their ability to be registered and seek employment. As such, a policy to allow registration on a provisional register for up to 3 years is required. A PA would still be required to work under the supervision and direction of a physician while on the provisional register.

**MOTION (C61-21):** Moved by Levonne Louie and seconded by Christopher Fung to approve the Physician Assistant Provisional Register Policy as circulated. Carried.

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**13.0 Governance Committee Report**

- Council Retreat
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Ms. Louie reminded Council that typically at the end of January, Council participates in a retreat to connect with each other, meet the new members and work on a specific project or activity. Last year's event was held virtually in March. This year, plans are underway to meet in person (subject to any provincial restrictions) in January at Fort Edmonton and have another retreat in May at Siksika. The January retreat would look at Strategic Planning and do some work in regards to the building fund initiatives. A retreat later in the year at Siksika would focus on the work to engage in Truth and Reconciliation by meeting with elders and knowledge keepers and to hear from members of the Nation. Given that a second retreat would be a departure from usual protocol, Council is being asked if they would be willing to support two retreats in 2022.

Council indicated its support for two retreats in 2022. As it would fall within the budgetary requirements, a vote was not required.

**ACTIONS:**

- The Governance Committee will move forward to plan two retreats in 2022.
- Council members are welcome to share ideas for activities at the retreats with the Governance Committee and/or Mr. Knight.

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**14.0 Ceremony to Establish Indigenous Health Advisory Circle**

Ms. Laurie Steinbach began the afternoon session with a Territorial Land Acknowledgement. Elder Doreen Spence of Goodfish Lake First Nation led Council in a ceremony to open the discussions around the Indigenous Health Advisory Circle. She spoke of the seven laws to live in peace and harmony and shared information about the use of tobacco and other herbs in Indigenous ceremonies and healing.

Mr. Knight noted that one of the goals in establishing the Indigenous Health Advisory Circle was to create awareness and work to address some of the recommendations in the Truth and Reconciliation Calls to Action. The Circle will evaluate and make recommendations to Council in the coming year with the goal of creating culturally safe care spaces.

As members of the Circle introduced themselves the following ideas were shared:

- Need to consider the lived experiences of patients
- Need to understand that for many Inuit who come to Edmonton for care, they may not know the language and this could be their first journey outside of their community
- Council will be engaged in some difficult conversations, but can be a beacon to other institutions in regards to this work
- Everyone can leave a legacy. Through this work, it is hoped a legacy of peace and reconciliation can be created.

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**15.0 Competence Committee Report**

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Dr. Kirsten Jones, Chair of the Competence Committee, presented the Committee's Report to Council. She highlighted the work being done to take action against physicians who are spreading misinformation. While there was already a large amount of work planned for Competence in 2021, it was felt the Competence team would be better positioned to deal with these concerns using an educational approach rather than creating an extra burden for the Professional Conduct team if these concerns were to proceed as a complaint. The Competence team has found that taking the educational approach has worked well with most physicians, however, in some cases the team has had to perform onsite inspections to ensure physicians are adhering to the expectations of the regulator. By using the authorities granted to CPSA in the HPA, the inspection process allows an opportunity to review a practice quickly and nimbly to determine if the concerns that have been brought forward about a practice are valid. Dr. Jones commented that there has been positive feedback from other physicians as well as the general membership about this process.

This past year, the Competence team also did its first practice review of a virtual clinic. Recommendations around some particular areas of concern were provided to the providers. Another project that will be underway in the near future is the development of a fatigue scale for physicians to do a self-assessment and understand the implications of fatigue on their competence.

**MOTION (C62-21):** Moved by Christopher Fung and seconded by Jaelene Mannerfeldt that Council formally thanks the frontline people who are involved in the inspection work. Their efforts are greatly appreciated. Carried unanimously.

In situations where an inspection is being conducted for a facility that is managed by an entity other than a physician/physician group, permission from the facility's administration is required. In the case of a clinic on a reserve, permission from Health Canada would likely be required. If this were to become needed, CPSA would engage with legal Counsel to ensure the work would be within CPSA authorities.

Dr. Ulan advised that over 1500 concerns were brought forward to the Competence team and only 8 inspections were undertaken. The decision to inspect a facility is very uncommon and only done after other attempts to engage with a physician have been exhausted.

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## **16.0 Council Farewells**

At the end of each calendar year, the terms for a number of Council members are completed. As such, it has been a customary practice to hold a farewell and recognition event for departing members. For 2021, the departing Council members are: Annabelle Wong, Jim Stone and John Bradley. Each was thanked personally by a member of the Executive Team.

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

Council met in-camera.

## **18.0 Adjournment**

The final adjournment of the December Council meeting was at 1700.

Gail Jones  
Recording Secretary

## Attendees

### Council Members:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley
- Nicole Cardinal
- Patrick Etokudo
- Christopher Fung
- Brenda Hemmelgarn
- Chaim Katz
- Levonne Louie
- Collin May
- Linda McFarlane
- Laura Morrison
- Raj Sherman
- Laurie Steinbach
- Ian Walker

### Additional Attendees:

- Scott McLeod, Registrar
- Susan Ulan, Deputy Registrar
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Sue Welke, Governance Program Manager
- Shawn Knight, Chief of Staff

### Regrets:

- Jon Meddings
- John O'Connor
- Tyler White

## Friday, January 28, 2022 – following the conclusion of the Council Retreat

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### 1.0 Standards of Practice – delaying implementation date

Council was advised that concerns have been raised regarding the clause in the Continuity of Care Standard which prohibits a regulated member from ordering diagnostic testing in the name of another physician. As such, administration would like additional time to consider the implications of this clause to potentially bring the Standard back to Council in March. If the implementation date is delayed, additional consultation will not be required should a revision be made to the Standard. Given that the Episodic Care Standard is linked to the Continuity of Care Standard, implementation for that Standard will also be delayed.

**MOTION (C1-22):** Moved by Richard Buckley and seconded by Levonne Louie that Council delays the implementation date for the Continuity of Care Standard of Practice and the Episodic Care Standard of Practice from March 1, 2022 to April 1, 2022. Carried.

### **ACTIONS**

- Options to address the concerns raised will be reviewed and if a revision is proposed for the Continuity of Care Standard, it will be brought to Council in March for approval.
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- Should a revision be proposed, a letter outlining the revisions will be shared with the Minister's office highlighting the concerns which are related to the functionality and compatibility of the various electronic health record systems and the routing of test results.

## **2.0 In Camera**

**Council met in-camera prior to adjourning at 1520**

Gail Jones  
Recording Secretary

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: December 2 and 3, 2021**

Council met in-camera at various times during the December 2 and 3, 2021 Council meeting to discuss sensitive issues.

The following motions were made:

**MOTION (C45-21):** Moved by John O'Connor and seconded by Christopher Fung to approve the agenda for the In-Camera session. Carried.

**MOTION (C46-21):** Moved by John O'Connor and seconded by Daisy Fung to approve the minutes of the September In-Camera sessions as circulated. Carried.

**MOTION (C63-21):** Moved by Jim Stone and seconded by Richard Buckley that Council accepts the 2021 performance review process and results for the CPSA Registrar as presented and Council accepts the draft employment agreement renewal for the CPSA Registrar as drafted. Carried.

**In-Camera Session: January 28, 2022**

At the conclusion of the Council Retreat on January 28, 2022, Council passed the following motion:

**MOTION (C2-22):** Moved by Levonne Louie and seconded by Christopher Fung to accept the identified edits and agree to the registrar receiving 7 weeks' vacation per year commencing January 1, 2024. Carried.

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17, 2022	Levonne Louie, FAC Chair		
Agenda Item Title:	Finance & Audit Committee (FAC) Meeting Summary 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 &amp; Audit Committee (FAC) met on February 18, 2022 and addressed the following issues:</p> <p><b>1. Review of pension investment managers for the defined benefit plan.</b></p> <p>FAC invited Mr. Luis Ramierz from Mercer to present his report on the review of the pension investment returns for 2021, and a review of the investment managers for the defined benefit (DB) pension plan. Mercer is CPSA's actuary who provides independent oversight advice on the pension fund. Total registered DB pension assets at December 2021 are \$52,849,000.</p> <p>For 2021, the gross return on the pension investments was 10.6%. Over a four year period, the investments achieved a 9.4% return, gross of fees, which exceeded the pension fund objectives of a 5% nominal return over 4 years. FAC endorsed Mercer's recommendation that there be no change to the investment managers for the DB pension plan.</p> <p>The FAC also reviewed the Statement of Investment Policies &amp; Procedures (SIPP) for the DB pension assets and made no changes.</p>

## **2. Investment Education Session**

In preparation for updating the CPSA's investment policy for its net surplus assets, FAC received an education session from Mercer on

- a. environmental, social, and governance issues (ESG) and sustainable investing – an overview of the presentation to FAC from its November 2021 meeting; and
- b. alternate asset classes.

Alternative asset investments can include real estate, infrastructure, hedge funds, private debt and private equity with varying risks, returns and fee structures for the different types of investments.

## **3. Strategic Asset Allocation Review for Investment Assets**

CPSA will be conducting a strategic asset allocation review for its non-pension assets. The results of this review will highlight the investment objectives, the asset classes and the breakdown of the percentage holdings for each asset class.

The information from the review will form part of the updated Investment Policy for CPSA.

Mr. David Zannuto from Mercer presented an overview of the approach for the strategic asset review and gathered initial input from the FAC.

## **4. Investment Performance Review 2021**

CPSA has two investment advisors, each of whom manages one-half of CPSA's general operating surplus and one-half of the building fund. Mr. Steven Thornitt of TD Waterhouse and Mr. Boris Mirjanic of CIBC attended the FAC meeting to provide overviews of performance of the investments in 2021, confirm the asset mix of the portfolios, and share their thoughts for adjustments contemplated for 2022.

Total investments at December 31, 2021:

<b>Investment Advisor</b>	<b>\$</b>	<b>% return net of fees</b>	<b>3 year % return, net of fees</b>
TD Waterhouse	\$12,523,000	13.22%	10.9%
CIBC Private Wealth Management	\$11,720,000	13.43%	8.9%
<b>Total</b>	<b>\$24,243,000</b>		

Building fund investments at December 31, 2021:

<b>Investment Advisor</b>	<b>\$</b>	<b>% return net of fees</b>
TD Waterhouse	\$4,943,000	12.56%
CIBC Private Wealth Management	\$4,832,000	14.42%
<b>Total</b>	<b>\$9,775,000</b>	

Subsequent to year end, as approved by Council, \$5M from the Building Fund was transferred to a high interest savings account for the Building Fund Initiatives Working Group to manage.

The balance in the building fund was transferred to CSPA's operating surplus account. Going forward, the investment advisors will be reporting on the single combined account that represents CPSA's operating surplus.

FAC will be reviewing the asset mix in the investment policy in 2022 based on the current environment and the possibility of expanding allowable assets to include investment in alternative classes of assets. The review of the policy will also include updating the value added targets for investment managers. We plan to issue a Request for Proposal in 2022 to investment managers to insure we are being provided with the best service for the fees paid.

## **5. Differential Fees**

FAC received a presentation from CPSA's Research & Evaluation Unit (REVU) to explore possible options and provide feedback regarding differential annual fees for

physicians.

Further discussion will be sought from Council in March 2022.

## **6. Security Management Committee**

FAC received a semi-annual report from the Security Management Committee. The committee reviews security incidents, issues and responses to determine if further action is necessary; provides direction as required; and distills and distributes lessons learned to staff and Council through the Leadership Team.

The report included an overview of the 2021 year-to-date breach report. The FAC was satisfied with the level of reporting and the continued staff education sessions to address awareness of privacy breaches.

## **7. Treatment & Counselling Fund**

FAC received a report summarizing the costs incurred to date for the Treatments & Counseling Fund.

Under the *Health Professions Act* each health profession's regulatory college is required to create and administer a fund for therapy and counselling for patients who allege sexual abuse or sexual misconduct by a regulated health professional.

Currently funding of \$22,500 is available to eligible patients of sexual abuse or sexual misconduct. The funding is available over a five year period and is provided by CPSA.

Year	# eligible cases	# cases requesting treatment costs	Total Expenses to Dec. 31, 2021	Maximum Funding Remaining
2019 *	6	3	\$8,368	\$126,632
2020	13	8	\$48,119	\$244,381
2021	10	1	\$4,235	\$220,765
Total	29	12	\$60,722	\$591,778

\* Program commenced April 1, 2019

## **8. Q4 2021 activity update** **a) CPSA Risk Register**

	<p>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:</p> <ul style="list-style-type: none"> <li>• Financial</li> <li>• Legal</li> <li>• Operational/Strategic</li> <li>• Reputational</li> </ul> <p>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.</p> <p><b>b) Business Activity Update</b> 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.</p> <p>FAC received a report on the business activity to the end of December 2021.</p> <p><b>c) People &amp; Culture Statistics</b> FAC received a report for information outlining key human resource statistics for 2021 compared to prior years.</p>
Next Steps:	n/a
List of Attachments:	
1.	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17, 2022	Levonne Louie		
Agenda Item Title:	Governance Committee Meeting Summary 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>The Governance Committee met on February 2, 2022 and conducted a vote over e-mail which concluded on Feb. 22, 2022. The following is a summary of the matters presented:</p> <ol style="list-style-type: none"> <li>1. The Committee received an update regarding the Governance Review. Council will receive an update on the Review from the Governance Review Committee chair as part of the Council agenda.</li> <li>2. Review Annual Documents from Council Members – the Committee reviewed the documents and no concerns were raised requiring additional oversight from the Executive Committee. Based on the submissions of Council members, the Conflicts of Interest listing which is linked to every Council agenda was updated.</li> <li>3. Council Member Orientation             <ol style="list-style-type: none"> <li>a. the Committee asked the Legislation and Bylaw Committee to develop a bylaw that would provide a mechanism to allow voting and non-voting Council members to attend Committee meetings to which that Councillor is not appointed. See the consent agenda item from the Legislation and Bylaw Committee.</li> <li>b. The Council Reference Manual was reviewed and a request made that this information be regularly highlighted to ensure Council members know how to access it. A link will be provided from all Council agendas as well.</li> </ol> </li> </ol>

- c. Consideration was given to hosting an in-person orientation for all Council members to review a number of items which may not have been explored fully during orientation sessions in 2021. Given a number of time constraints, this was not supported, however, administration will explore making additional materials available to Council members to ensure understanding of their role and that of the CPSA teams.
4. Council Evaluation Policy – the current policy was reviewed and considerations for the process to follow in 2022 were discussed.
5. Education Plan 2022 – a plan was developed and will be shared with Council for further discussion and approval as part of the Council agenda.
6. Retreats in 2022 – the Committee directed work continue to develop a plan for Council to retreat to Siksika. Information was shared with Council on the proposed date of May 3, 2022.
7. Update: public member recruitment and status of reappointments – the Committee was advised that administration has been in contact with the Agency Governance Unit which is responsible for bringing forward public member appointments. At this time, there is one public member position that is vacant and four public members are awaiting reappointment.
8. History Project – the Committee discussed the composition and next steps regarding the History Project Committee. Additional information will be provided to Council as part of the Governance Committee Report.
9. Committee Chairs – The Committee discussed the role of Committee chairs and developed a document outlining same which is being shared with all Council Committees for feedback. It is expected the document will be useful in developing and encouraging individuals to take on the role of Chair. Decisions regarding the role at Council meetings of non-Council members who chair Council Committees will be deferred until after the Governance Review is completed.
10. Committee Appointments – The Committee discussed the appointment of a Council member for the Building Fund Initiatives Working Group. The recommendation is included on the Consent Agenda of the Council meeting.
11. Items for endorsement from the Committee previously called the Equity, Diversity and Inclusion (EDI) Committee – the

	<p>Committee voted over e-mail to recommend approvals to Council for:</p> <ul style="list-style-type: none"> <li>a. Changing the name of the EDI Committee to the Anti-Racism, Anti-Discrimination Action Advisory Committee (ARADAAC) and approving the Terms of Reference for ARADAAC</li> <li>b. The appointment of a vice chair for ARADAAC</li> </ul> <p>These approvals are listed as separate items on the Consent Agenda for the March Council meeting.</p>
Next Steps:	
List of Attachments:	
1.	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17 &18, 2022	Levonne Louie		
Agenda Item Title:	Governance Report – appointment to Building Fund Initiatives Working Group		
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) :	The Governance Committee is recommending that Council appoints Dr. Richard Buckley to the Building Fund Initiatives Working Group, retroactive to February 23, 2022 and for the calendar year 2022.
Background:	<p>In December, Council approved the appointments to the Building Fund Initiatives Working Group. Subsequent to that meeting, Dr. Ian Walker advised Council he would need to decline the appointment due to time constraints. At the Retreat on January 28, 2022, a call for additional physician members to express interest in this Committee was made known and two members, Dr. Richard Buckley and Dr. John O'Connor asked to be considered as a member of this group.</p> <p>The Governance Committee met on February 2, 2022 and voted to recommend that Dr. Richard Buckley be appointed to the Building Fund Initiatives Working Group.</p> <p>The Working Group planned to meet on February 23, 2022 and Dr. Buckley had planned to attend that meeting. In order to recognize the time that Dr. Buckley provided, the Governance Committee is recommending that his appointment be retroactive to the Working Group's first meeting date which included Dr. Buckley.</p>
Next Steps:	
List of Attachments:	
1.	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17, 2022	Christopher Fung		
Agenda Item Title:	Legislation and Bylaw Committee Meeting Summary 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>The Legislation and Bylaw Committee met on February 4, 2022. The following is a summary of the matters discussed at that meeting:</p> <ol style="list-style-type: none"> <li>1. Follow up to the items discussed at the December Council meeting including the discussion on the role of the past president. The Committee expects additional clarity on this matter will be provided during the Governance Review.</li> <li>2. Principles for Policy Development and the Committee's Role in Policy Development – as this is a responsibility recently added to the Committee, a discussion to understand expectations and involvement of others in this work took place. Again, additional clarity is expected from the Governance Review to understand the role of all Committees and Council with respect to Policy Development.</li> <li>3. Executive Elections Policy – the Committee proposed revisions to the Executive Elections Policy that will be reviewed again by the Committee at its meeting in November. To ensure clarity around the President's ability to vote in the Executive Election process, a change to the bylaws has been proposed such that the Council President (i.e. Chair for Council meetings) will not vote on a motion unless there is a tie. Thus, if there is a vote that is not tied to a motion, the President can vote.</li> <li>4. Council Vaccination Policy – the Committee reviewed a draft Council Vaccination Policy and will bring this item forward for discussion by Council as part of the agenda on March 18.</li> </ol>

	<ol style="list-style-type: none"> <li>5. Bylaw Amendments as requested by the Medical Facility Accreditation Committee – Two bylaw amendments were reviewed and a motion passed to bring forward the amendments for approval by Council. Those amendments are included in the separate consent agenda item on Bylaw amendments.</li> <li>6. Attendance at Committee Meetings if not appointed – the Committee reviewed a policy and bylaw amendments to provide the necessary authorities and processes to enable any voting or non-voting Council member to attend certain committee meetings.</li> <li>7. Health Statutes amendment Act – a verbal update was given to the Committee around work within CPSA to align practice with the amendment’s regulations.</li> <li>8. Labour Mobility Act – a verbal update was given regarding the Labour Mobility Act and CPSA’s compliance with the Act. Additional information is provided for Council as a separate report on the Consent agenda.</li> <li>9. 2021 Committee Performance Review – the Committee approved this review for presentation to the Governance Committee in April.</li> </ol>
Next Steps:	
List of Attachments:	
1.	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17 and 18, 2022	Christopher Fung		
Agenda Item Title:	Bylaw changes recommended by Legislation and Bylaw Committee		
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 <u>Choose an item.</u> 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 revisions to the Bylaws as noted below and highlighted on the attached updated version of the CPSA Bylaws.</p> <p>That Council approves the <a href="#"><u>Council Member Attendance at Meetings of Committees to Which They Are Not Appointed as Members Policy</u></a> as attached if the Bylaw revision for same is approved.</p>
Background:	<p>At its meeting on February 4, 2022, the Legislation and Bylaw Committee discussed adding the following as a new Bylaw:</p> <p><b><i>Attendance of Council Members as Observer at Committees</i></b></p> <ol style="list-style-type: none"> <li><i>Members and non-voting members of Council may, with approval of the committee chair and in accordance with the process and expectations determined by Council as well as the applicable Committee Terms of Reference, attend as observer at a committee to which they have not been appointed.</i></li> <li><i>Despite section 2(1), members and non-voting members of Council may not claim expenses or per diem amounts when attending as observer at a committee to which they have not been appointed.</i></li> </ol> <p>Approval of this Bylaw also necessitates the approval of the attached Policy, "Council Member Attendance at Meetings of Committees to Which They Are Not Appointed as Members". This bylaw change and policy were developed based on discussions at Council meetings, the Governance Committee meeting and the</p>

Legislation and Bylaw Committee. This is seen as an opportunity for Council members to further their understanding of the work of all Committees and for succession planning purposes as Council members consider serving on other Committees.

The Legislation and Bylaw Committee is also proposing the following revision which was seen as a way to overcome the potential confusion regarding the ability of the President of Council to vote in the annual executive election. Additional changes are being considered for the Executive Elections Policy for implementation in 2023.

**Part 1 – Organization**  
**Section A – The College**  
**Meetings**  
**Council Meetings**

*24. The Chair does not vote **on a motion** unless there is a tied vote, in which case the Chair’s vote decides the matter.*

In addition to the above changes, the Committee also reviewed the following amendments as discussed at the Non-hospital Surgical Facility (NHSF) Advisory Committees and recommended for approval by the Medical Facility Accreditation Committee.

**PART 5 – COLLEGE ACCREDITATION PROGRAMS**  
**Section A – Medical Facilities**  
**48 Accreditation of Medical Facilities**

6. v) ORTHOPEDIC  
PROCEDURES LIMITED TO FACILITIES APPROVED FOR  
EXTENDED STAY

***Anterior Cervical Discectomy two levels or less***

**PART 5 – COLLEGE ACCREDITATION PROGRAMS**  
**Section A – Medical Facilities**  
**48 Accreditation of Medical Facilities**

6. ix) UROLOGIC

***Rezume®***

Next Steps:

List of Attachments:

1. Revised Bylaws – track changes
2. Revised Bylaws – clean

3. [Council Member Attendance at Meetings of Committees to Which They Are Not Appointed as Members Policy](#)

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17, 2022	Dr. Michael Caffaro		
Agenda Item Title:	Labour Mobility Act Update 2022		
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 Council. 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>On October 26, 2021 the Government of Alberta (GoA) introduced Bill 49, the <a href="#">Labour Mobility Act</a> (the "LMA"), and it received royal assent on December 2, 2021. The previous Fair Registration Practices Act (the "FRPA") came into force on March 1, 2020; the addition of LMA underscores that the GoA places significant importance on the prompt registration of professionals in Alberta where they may already be registered in other Canadian jurisdictions. GoA has clearly identified the LMA as a key part of Alberta's economic Recovery Plan.</p> <p>The LMA is intended to support the seamless movement of out-of-province certified professional workers to Alberta to meet the province's labour needs and spur Alberta's economic recovery and future growth</p> <p>The LMA is in alignment with the current labour mobility agreement the <a href="#">Canadian Free Trade Agreement</a> (CFTA) entered into force on July 1, 2017. The CFTA requires that workers registered in a regulated occupation in one jurisdiction be able to work anywhere in Canada without significant additional training, experience, examinations, or assessment. Although the LMA is in alignment to the CFTA, it places further rules on Alberta regulators to ensure seamless registration of professions registered in other Canadian jurisdictions. Examples of further requirements are timeliness of decision, information provided and paramountcy of rules.</p>

CPSA contracted Field Law to perform a registration process review in 2019 upon introduction of the FRPA. This review identified compliant CPSA registration process. Several process were improved which places CPSA in a strong position to be fully compliant with and exceeding the expectations of the LMA.

The following is a description of CPSA compliance with key aspects of the LMA:

- Regulatory bodies shall ensure their registration practices and decisions in respect of labour mobility applicants are “transparent, objective, impartial and procedurally fair”.
  - o CPSA – Based on recommendations from Field Law review, website information and all communications to applicants have been reviewed and updated. This is a continuous process as part of daily business.
- Where a labour mobility applicant has provided proof of certification from another Canadian jurisdiction and has met all other requirements that are set out in the regulations, then the regulator shall register the applicant without restrictions, limitations, or conditions, unless as otherwise provided in the regulations.
  - o CPSA – similar to CFTA applicant process which is already in practice. Verification through other jurisdictions and PhysiciansApply (MCC).
- Provide reasons within 10 days of making decision
  - o CPSA – all reasons are communicated at same time of decisions (currently compliant with timelines).

The LMA also establishes very challenging timelines for the registration process:

- Within 10 business days after receiving application, regulator is to provide written acknowledgement of receipt.
  - o CPSA - Current average time is approximately 5 business days.

	<ul style="list-style-type: none"> <li>- Within 20 business days of receiving all required information, make a decision. <ul style="list-style-type: none"> <li>o CPSA – Current average time is under 5 days.</li> </ul> </li> <li>- With 10 business days of making decision provide written communication advising of the results, the reasons, and the right to an internal review or appeal. <ul style="list-style-type: none"> <li>o CPSA – Currently information such as results, reasons, right to appeal, is communicated at same time as decision.</li> </ul> </li> <li>- With 10 business days after making an internal review or appeal decision, issue decisions with reasons. <ul style="list-style-type: none"> <li>o CPSA – Currently, Review Panel (appeal) decisions are issued immediately on completion of the written decision with reasons. This process is overseen by the office of the Hearings Director.</li> </ul> </li> </ul>
Next Steps:	
List of Attachments:	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
December 16, 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 December 16, 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 - 4</li> <li>Diagnostic Imaging - 14</li> <li>Laboratory Medicine - 1</li> <li>Neurodiagnostics - 1</li> </ul> </li> <li>Completed the accreditation of the following new facilities/new modalities:             <ul style="list-style-type: none"> <li>Sleep Medicine - 2</li> <li>Pulmonary Function - 1</li> <li>Laboratory Medicine - 1</li> <li>Diagnostic Imaging - 8</li> </ul> </li> <li>Approved/Confirmed the following physician approvals/privileges:             <ul style="list-style-type: none"> <li>Sleep Medicine - 1</li> <li>Diagnostic Imaging - 3</li> <li>Neurodiagnostics - 7</li> <li>Cardiac Stress Testing - 1</li> </ul> </li> </ul>

## **2. Non-hospital Surgical Facility (NHSF) Terms of Reference**

MFAC approved recommended revisions to the Non-hospital Surgical Facility Terms of References, the revisions were to enhance the expert representation necessary for the work this Committee performs. The request was to increase the Committee membership by two and alter existing representation to allow for ad hoc subject matter expertise necessary for physician approvals, facility accreditation and other specialty related requests.

The increase of the committee voting membership is needed to address future work:

- Orthopedic surgeon - the Alberta Surgical Initiative's focus on orthopedic surgery
- Psychiatrist - CPSA's Off-label Use of Sedatives & Anesthetics Standards (used in psychiatric mood disorder applications)

MFAC also approved a recommendation to the addition of two ad hoc members to allow for access to consistent expertise in the following NHSF program areas:

- Urology
- General surgery

It was noted that for these positions the topics are less frequent and having ad hoc representation would facilitate continuity and consistency with expert advice. These individuals would only be expected to attend meetings where there were agenda items related to their area of specialty.

The Alberta Dental Association & College (ADA&C) also requested that their current representation (two current fulltime member positions - oral maxillofacial surgeons) be amended to having only one ad hoc representative. This would more appropriately align with the needs of this specialty. The ADA&C will be responsible for designating this individual going forward.

All members, both fulltime and ad hoc, would be considered voting members. When considering potential candidates, although experience in NHSF settings was preferable, it was not always feasible.

## **3. Update on Appropriateness/Utilization**

MFAC was provided with an update on the testing/procedure appropriateness/utilization initiative that was previously raised with Executive of the CPSA and also recently brought up at Council.

It was reiterated that this is a very complex issue involving not only multiple department areas of the CPSA, but multiple external partners and stakeholders. In addressing a systems level approach, the role of accreditation was discussed suggesting that accreditation programs

should focus on the promotion and enhancement of requirements around appropriateness.

At the October MFAC meeting, there was direction that, although accreditation does not deal with individual physician practice, because it is privy to the outcomes of poor ordering, that a MFAC position statement go forward to Council around the issues of appropriateness and utilization. A meeting was scheduled for Friday, December 17<sup>th</sup> with Dr. Giddings, Ms. McBride, Drs. Szabo, Hrynchyshyn and MacLean to start the initiative. That document will outline the considerations that were discussed at Council around appropriateness and the issues that will require collaboration with external partners, AMA, AH, HQCA and AHS in particular.

This initiative dovetails into the Council work on the CPSA strategic planning pillars, specifically around quality improvement. The role of accreditation in enhancing partnerships to improve quality outcomes was highlighted.

It was further stressed that a systems level approach is needed as the issues are broader than just specific test utilization (e.g. ultrasound or cardiac stress testing). It also extends to who is able to order what investigation and how frequently. Consideration of facility licensure (as occurs in other provinces) was also discussed as this may be a vehicle to address the optimal volume of facilities required to serve the patient population.

MFAC was in agreement that the CPSA needs to proceed in a coordinated fashion with the work that is being done at other levels in the system, including all relevant stakeholders. It was also noted that it will be important to have milestones and benchmarks to facilitate accountability.

#### **4. CST Standards – Personnel Requirement**

In follow-up to release of the standards on December 1, 2021, the CPSA had subsequently received feedback from some stakeholders requesting clarification on personnel expectations.

While the current standards do not exclude appropriately trained and qualified alternate personnel from performing cardiac stress tests, there has been some misinterpretation due to the fact that CST technologists are specifically identified while alternate authorized personnel are not explicitly referenced.

The original intent was to enhance the rigor of personnel requirements to ensure that cardiac technologists are registered with appropriate organizations as a measure to facilitate consistent evaluation of credentials in the private facility setting.

As it is recognized that there are many non-cardiac technologists performing cardiac stress testing, MFAC agreed that all references to "CST technologist" be replaced with the more encompassing term "authorized assisting personnel". There was also agreement on the addition to the relevant Appendix, designated as C.2, which will provide further direction on alternative cardiac stress testing personnel requirements.

It was further noted that medical office assistants and medical radiology technologists, are not qualified for this role.

The above revisions to the CST Standards were approved by MFAC.

#### **5. New Procedure Request – Anterior Cervical Discectomy Two Levels or Less (Orthopedic, Extended Stay)**

MFAC was advised that a proposal requesting for a procedure to be added to the CPSA Bylaws was brought forward and reviewed by the Non-hospital Surgical Facility (NHSF) Advisory Committee at its December 10, 2021 meeting. The proposal outlined how the anterior cervical discectomy two levels or less (ACDF) can be performed safely in the orthopedic extended stay non-hospital surgical environment.

The proposal was well developed addressing the complications and how they would be minimized in the NHSF extended stay environment. The proposal included multiple medical peer reviewed resources within the time period of the past five years to support the out of hospital surgical facility experience with this procedure.

The NHSF Committee agreed with the proposal's parameters of strict patient selection criteria, medical emergency preparedness and the use of the extended stay environment to successfully perform (ACDF) two levels or less in the NHSF setting.

MFAC was in support of the recommendation from the NHSF Committee of the addition of 'anterior cervical discectomy two levels or less' to the CPSA Bylaws as a surgical procedure allowable for the NHSF, extended stay environment.

This addition to Bylaws was subsequently forwarded to the CPSA Legislation and Bylaw Committee for approval and submission to Council.

#### **6. New Procedure Request – Rezum (Urology)**

MFAC was advised that a proposal requesting a procedure to be added to the CPSA Bylaws was brought forward and reviewed by the Non-hospital Surgical Facility (NHSF) Advisory Committee at its meeting on December 10, 2021. The proposal outlined how the use of Rezum®

(radiofrequency device) and its associated surgical technique is effective for the symptom management of benign prostatic hyperplasia.

The proposal was submitted by an NHSF Medical Director and was accompanied by support from two urologists. This proposal coupled with April 2021 CPSA expert feedback from the urology community identified the procedure as being suitable to the non-hospital surgical environment with the caveat that it be performed by those with formal urology certification and training.

MFAC was in support of the recommendation from the NHSF Committee of the addition of Rezume® to the Bylaws for a surgical procedure allowable for the NHSF environment.

This addition to Bylaws was subsequently forwarded to the CPSA Legislation and Bylaw Committee for approval and submission to Council.

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

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

- Advisory Committee on Diagnostic Imaging – November 17, 2021 – audit conducted by Dr. Scharfenberger.
- Advisory Committee on Non-hospital Surgical Facilities – December 10, 2021 – audit conducted by Dr. Ramsey.

No concerns or issues were noted.

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17, 2022	Tracy Simons, Chief Financial Officer		
Agenda Item Title:	Patient Relations Fund Annual 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) :	N/A
Background:	<p>Bill 21, <b><i>An Act to Protect Patients</i></b>, was proclaimed in the fall 2018. The <i>Health Professions Act</i> was amended to require each health profession's regulatory college to create and administer a fund for therapy and counselling for patients who allege sexual abuse or sexual misconduct by a regulated professional.</p> <p><b>1. Funding for Treatment and Counselling Regulation</b></p> <p>On December 2, 2020, the Government of Alberta introduced this regulation to specifically address funding and access to counselling services for patients who have suffered sexual abuse and/or sexual misconduct by regulated members. The regulation came into effect June 2, 2021.</p> <p>The Working Group, including Alberta College of Pharmacy (ACP), College of Registered Nurses of Alberta (CRNA), Physiotherapy Alberta and CPSA, worked together in 2021 to amend a contract with Homewood Health (third party provider), to administer the treatment and counselling fund in alignment with the new regulation.</p> <p><b>2. Treatment and Counselling Costs</b></p> <p>An applicant is eligible to apply for funding as soon as a formal complaint is made to the CPSA. Alberta Health sets the guidelines determining the funding amount available to patients. Currently</p>

funding of \$22,500 is available to eligible patients of sexual abuse or sexual misconduct. The funding is available over a five year period and is provided by CPSA.

The total expenses incurred to support the Treatment & Counselling program to the end of December 2021 is \$60,722.

See the attached 2021 Treatment & Counselling Annual Report.

### 3. Mandatory Training for Physicians

Under Bill 21, all health professionals must complete mandatory training to prevent and address sexual abuse and sexual misconduct.

CPSA has rolled out two training programs for physicians. The **Patient Relations Part 1** was rolled out over the fall of 2020 through early 2021 as a separate project of all registered members (independent practice) to complete. The final results were that 6 members did not complete the course and were transferred to Professional Conduct for follow up. The course also became part of the new registration process so any new applicant had to provide proof of course completion before registration could be completed, which is still the case today.

The **Patient Relations Part 2** was implemented as part of the annual renewal process in the fall of 2021, so all registered members (independent practice) who renewed their permit had to complete the course in order to gain access to the Renewal Information Form (RIF). The course also became part of the new registration process as renewal was rolled out so any new applicant had to complete the course before registration could be completed.

Today all new applicants must complete both courses before registration can be completed.

#### List of Attachments:

1. 2021 Treatment & Counselling Annual Report

## Treatment and Counselling Annual Report

	College of Physicians & Surgeons of Alberta			
Reporting Period:	January 1 – December 31, 2021			
	Related to Sexual Abuse	Related to Sexual Misconduct	Combined nature	Total
Number of new Complaints	2	7	1	10
Number of new Patients in 2021 that Accessed the Fund	-	1	-	1
Amount of Money Dispersed in 2021 for new Complaints	-	\$4,235	-	\$4,235
Amount of Money Dispersed in 2021 for open complaints	\$9,754	\$12,447	\$3,797	\$25,998

	College of Physicians & Surgeons of Alberta			
Reporting Period:	April 1, 2019 – December 31, 2021			
	Related to Sexual Abuse	Related to Sexual Misconduct	Combined nature	Total
Number of Complaints	10	16	3	29
Number of Patients that Accessed the Fund	4	6	2	12
Amount of Money Dispersed	\$14,665	\$23,069	\$22,988	\$60,722

## Summary of Treatment & Counselling Expenses by Year

Year	# eligible cases	# cases requesting treatment costs	Expenses 2019	Expenses 2020	Expenses 2021	Total Expenses to Dec. 31, 2021
2019	6	3	\$ 2,796	\$ 2,187	\$ 3,385	\$ 8,368
2020	13	8		\$ 29,741	\$ 18,378	\$ 48,119
2021	10	1			\$ 4,235	\$ 4,235
Total	29	12	\$ 2,796	\$ 31,928	\$ 25,998	\$ 60,722

## **President's Report**

### **College of Physicians and Surgeons of Alberta Governing Council**

Prepared for March Council – March 17 and 18, 2022

#### **January 2022**

- January 6<sup>th</sup> Pre-retreat meeting.
- January 10<sup>th</sup> Monthly meeting with Registrar
- January 11<sup>th</sup> Total compensation working group
- January 17<sup>th</sup> President's orientation
- January 20<sup>th</sup> Alberta Medical Association/CPSA meeting
- January 24<sup>th</sup> President's orientation x 2
- January 25<sup>th</sup> Building fund initiative meeting
- January 26<sup>th</sup> President's orientation
- January 27<sup>th</sup> Medical student orientation
- January 28<sup>th</sup> CPSA retreat
- January 31<sup>st</sup> President's orientation
- January 31<sup>st</sup> Finance and Audit Committee orientation
- January 31<sup>st</sup> CPSA council planning

#### **February 2022**

- February 1<sup>st</sup> President's orientation
- February 1<sup>st</sup> Field Law presentation
- February 2<sup>nd</sup> Governance Committee meeting
- February 3<sup>rd</sup> President's orientation
- February 3<sup>rd</sup> Executive Committee meeting
- February 4<sup>th</sup> Legislation and Bylaw Committee meeting
- February 8<sup>th</sup> CPSA team meeting
- February 10<sup>th</sup> Competency Committee meeting
- February 18<sup>th</sup> Finance and Audit Committee meeting
- February 24<sup>th</sup> Budget and Alberta Health Minister's Office reception

#### **March 2022**

- March 10<sup>th</sup> Council over coffee meeting
- March 11<sup>th</sup> Alberta Medical Association rep forum meeting
- March 15<sup>th</sup> Alberta Dental Association and College/CPSA meeting
- March 15<sup>th</sup> Executive Committee pre-council meeting
- March 16<sup>th</sup> Siksika pre-retreat meeting
- March 16<sup>th</sup> Punchcard Systems Inc. and Registrar meeting
- March 17<sup>th</sup> CPSA Council
- March 18<sup>th</sup> CPSA Council

**To:** CPSA Council  
**From:** Scott McLeod  
**Date:** March 17th, 2022

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### Introduction

Last year when I shared my first report of the year I said "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." With the world in such incredible turmoil, I certainly don't expect 2022 to be an easy year either but I do expect it to be significantly different than the past two years.

The first year of the pandemic, 2020, was a year where we learned how to deal with the pandemic, but it really was a year of protection/preservation. Last year was more about learning how to live with the reality that COVID was going to be with us for some time to come. It was also a year that we learned more about human nature during a pandemic. Admittedly some of that was hard to see and it has certainly spilled over into 2022. I don't think the year ahead will be easy, but I see many opportunities. CPSA has weathered the storm for the past two years and we have demonstrated that our team can continue to perform well during challenging times. We have no intent to go back to the way things were. We are going to take what we have learned and use it to build an even stronger organization moving forward.

As events in Europe unfold, it will be important to recognize how fortunate we are to live in such a safe environment while recognizing our responsibility to address important issues around us. For example, we may have little impact on the events in Europe, but we must continue our efforts to address and take action against racism and discrimination of all types in our own communities, cities, province and country. We must not only address equity, diversity and inclusion at the CPSA and in the health care system, we must also become an anti-racist organization.

We are incredibly excited about the guidance we will be getting from Council's new Strategic Plan. From what I have seen and heard, this will be a great foundation for us to build on. Our team is ready to take on the work and everyone is excited about the possibilities that lay ahead. This year will be a transition year between the old strategy and the new strategy, but as soon as Council approves the new Strategy we will be working hard to develop an action/operational plan to bring that Strategy to life.

Our team has three key areas of focus over the next year that include:

1. Developing the action plan to bring the Strategy into reality;
2. Investing time, energy and resources to bring our culture to life at CPSA which includes ensuring we have a strong, psychologically safe, culture that allows everyone to be and do their best.

3. Building on the success we have had in innovation and making innovation more a part of our day to day work.

### **A. Customer Experience Project**

As a part of the three key priorities listed above we will be looking at how to enhance the customer experience at CPSA. Last year a small group of CPSA team members worked hard to understand the customer's experience with CPSA and provided recommendations for improving it.

We're in the process of reviewing their recommendations, however I think it's important to share with Council some of the key findings from their research.

1. CPSA team members believe that providing a good customer experience is an important part of their work and providing excellent service is rewarding.
2. Providing an excellent customer experience increases job satisfaction
3. 69% of CPSA staff indicated their workload is above manageable or that they are over capacity.
4. People provide better customer service when they feel valued and appreciated.
5. The volume of calls we receive and managing expectations is a concern.
6. Response times are the area we have the greatest room for improvement
7. Our current approach leads to inconsistent messaging.
8. We need to improve how we share information with the team.
9. Customer service must improve between departments, not just with our external stakeholders.
10. Providing a good customer experience takes time.

This will be work that needs to cross all departments. At the moment we have created a subgroup of our leadership team with representation from People and Culture, Communications, Operations, Analytics, Innovation and Research (AIR), and Registration to look at options for rolling out this project.

I would like to recognize and thank the following people for participating in this work over the past year: Morgan Hrynyk, Chantel Lavoie, Tina Giamberardino, Rachel Lizée, Amanda Siebenga.

Morgan Hrynyk has been seconded as the Customer Experience Lead for 18 months beginning May 1. She will spearhead the rollout of this important project.

Connected to this work is the launching of our new Submission Review Centre portal this month. This new internal platform is the first step to automate capturing the document properties from CPSA's online webforms and will eliminate manual data entry by our administration team. This first phase captures 27 of the most common forms and attachments received by the registration department for registered physicians.

For the January – February time frame, this equated to 3000 documents that will in the future be uploaded into our QUEST database (our internal document management system) without requiring manual data entry by our administration team. This will lead to reduced staff required in data entry who can be transitioned into telephone support for CPSA.

This project was a collaboration between our IT, communication, operations and registration department.

This project will continue over the next two - three years as we progress through all documents received by CPSA. Future phases of this project will include:

*Phase 2* – Continuing with the remaining documents received by the registration department.

*Phase 3* - Capturing and reviewing the form content that is entered into our internal database. This will eliminate the manual entry prepared by the departments as the online form is processed.

*Phase 4* – Standardizing and centralizing how external documents are received and eliminate the manual data entry of the document properties entered by the administration team or department staff.

### **B. Project Bluebird**

Coming into 2022 we are seeing the benefits of the hard work completed in 2021. For example, the work streams within Professional Conduct have been defined and files are progressing through the revised work flows. Use of new processes such as “initial physician response” and early “expert opinion” has improved the quality of the triage process and has resulted in only those matters requiring investigation being sent to investigation. The new process of a Pending Queue area for files which require investigation but are not yet assigned to an investigator, has improved the interruptions to the investigators allowing them to focus on a smaller file load and be more effective in their investigations.

One other significant advancement came from some recent negotiations with Alberta Health Services (AHS), to develop an agreement so physicians are able to access medical records in response to a complaint where the custodian of the records is AHS. This significant achievement will result in physicians being able to review relevant records directly and provide those records to CPSA. Previously, significant delays resulted as CPSA made requests for records which were then provided to physicians. This added months to the initial intake of the complaint file. The Communications team is preparing information for distribution to physicians and meetings with AHS continue into March.

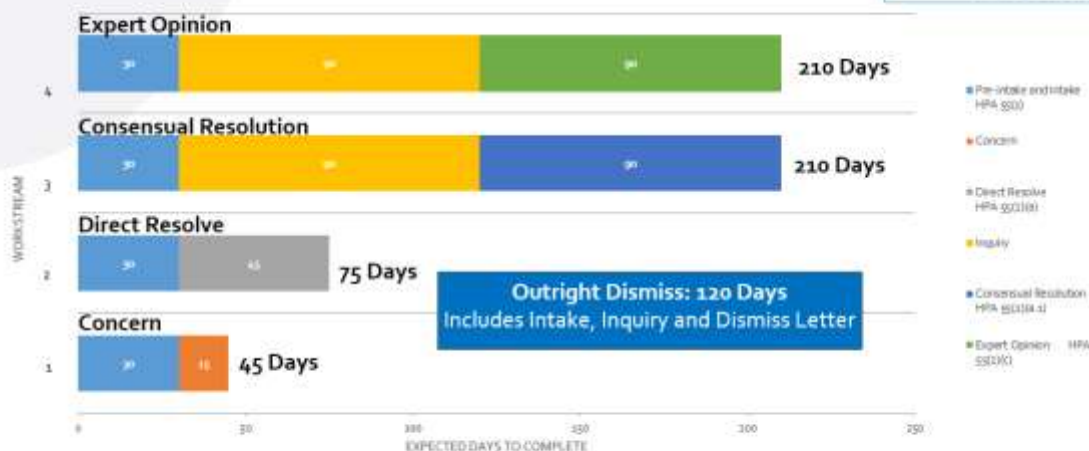
We have seen other tremendous improvements, however, the project continues to be impacted by delays in recruitment as a result of the external HR consultant’s inability to meet the project requirements last summer. This has impacted the timeliness of recruitment into the contract positions necessary to advance the work as planned.

Most recently an external case management software was purchased. The implementation of this new software will occur in the next few months, and the department will see improved reporting capability by the fall.

The Bluebird Project is certainly going in a positive direction and the team engages in monthly half day sessions of focused project work with sub-team meetings throughout the month. An external Quality Improvement expert has provided support with change management at twice weekly meetings as well as attending the monthly team meeting.

### Workstream KPI: *Non-Investigation*

By December 2022  
theses targets will be  
achieved at least 60%  
of the time



### Workstream KPI: *Investigation*

By December 2022  
theses targets will be  
achieved at least 60%  
of the time



## C. National Exams

These past 2 years were incredibly challenging for the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC) and the Medical Council of Canada (MCC). 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 year will see a return to in person OSCE exams, however the MCC Part II Qualifying Exam has been cancelled completely. For the near future, the MCC will continue to grant the Licentiate of the Medical Council of Canada (LMCC) only on the outcome of the Part 1 Exam.

The pandemic has also resulted in a very different learning environment for learners and we don't really know what impact that will have on their eventual performance as practicing physicians.

This has resulted in a new cohort of physicians receiving certification with very different training experiences and assessments of competence from what we have historically seen. 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.

The Medical Council of Canada stood up the Assessment Innovation Task Force (AITF) last year to look closer at how MCC assesses competence in going forward. Now that the MCCQE II no longer exists, MCC needs to develop a plan for what's next. The AITF has submitted their report to the MCC Council and the medical regulatory authorities across Canada have been able to provide an opinion on it, but the report is not yet public. The MCC will be developing a strategy in the coming months that should provide clarity of what the MCCQE will look like in future.

CPSA has provided feedback that we need to ensure we are assessing the non-medical expert roles as much as, if not more than, the medical expert roles; being a physician is more than knowing the science of medicine.

### **D. Federation Of Medical Regulatory Authorities of Canada (FMRAC)**

This past year, the Registrar for Newfoundland and Labrador retired and we welcomed Dr Tanis Adey as the new Registrar for CPSNL. That means that over the past 3 years we have seen new registrars in Ontario, Quebec, Newfoundland and Prince Edward Island. We have also seen a shift in regulatory leadership in the three territories as well. This has brought many new insights to FMRAC and the need to rethink what FMRAC should be focusing on in the years to come. This month FMRAC will be having a retreat to start the process of developing its own strategic plan. I believe this will be very valuable work for CPSA to participate in and I look forward to helping FMRAC be even more productive than it is today.

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

With the mandatory work from home order being lifted and most other restriction being removed by government, CPSA is intending to have all staff return to the office by early April. We will, however, still have a mask requirement for the office and we will be continuing with other public health protective measures to protect our team. Since we know

that much work can still be done remotely, we will also be enhancing our flexible working arrangements to allow for more working from home. We will however be maintaining our mandatory vaccination policy for all staff until the science tells us that COVID-19 is no longer a threat to the health of our team.

### **F. 2021 Q4 KPIs**

Attached you will find two documents ([Q4 Dashboard](#) and [Business Updates Q4](#)) that summarize how we did with respect to the key performance indicators for 2021. As you will see on those reports, we met the majority of our targets, but for a variety of reasons we needed to reprioritize work and some of our goals were not met as expected. Saying that I do believe we had a successful year in 2021. As you can see from the Q4 Financial results we ended up with a significant surplus. This was based on many factors that will be discussed as part of the Finance and Audit Committee update.


### **Conclusion**

Before concluding, I will note that I was asked to provide an update regarding the provision within Bill 21: Ensuring Fiscal Sustainability which would give the Minister of Health the ability to restrict billing numbers/PRAC IDs. Our most recent information indicates that this policy is on hold and will likely remain so into the future.


Without question 2022 is going to have many challenges, but the team is up for those challenge and is already demonstrating we will be a stronger organization than we were going into the pandemic.



CPSA Business Activity Update  
For the Period Ending December 31, 2021


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

	Quality Mandate Strategy												
	<b>Definition: This strategy has two key elements:</b> • To ensure all physicians meet minimum standards expected of the profession. • To foster and support the highest quality of medical/health care through collaboration and cooperation with key stakeholders.												
KPI #	KPI's		2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
QMS001	High risk individual physicians are assessed		200 annually from 2020 onwards (2% of membership)		Continuing Competence	DR and CC Director	Exceeding/Meeting Target	2%		20 referrals + 46 PAF 30%	29 referrals + 56 PAF 43%	38 referrals + 97 PAF + 30 Factors 83%	48 referrals + 146 PAF + 30 Factors 100%
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	DR and CC Director	Exceeding/Meeting Target	84%		2021 engagement status will be reported on 2022 RIF. 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.	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	DR and CC Director	Below Target	28%	Most outsourced assessment/remediation work applies to referral IPR physicians. In 2021, the number of referred IPR physicians from Complaints and Prescribing decreased significantly in comparison to previous years.	20 IPR outsourced 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.	55 IPR physicians or 28% 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)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 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.  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  Program able to manage all Phase 1 service increases		Accreditation	Accreditation Director / AR	Below Target	50%	See Q4 Update  Note: RFP being issued by gov't.	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	Latest estimate for RFPs: Ophthalmology in final due diligence/financial evaluation stage - 2 candidates selected in both Calgary and Edmonton - hope to award by April 2022, Orthopedic RFP closed and in stakeholder evaluation stage: having collaboration sessions with shortlisted vendors - further delayed due to pandemic 5th wave: future RFPs for other procedures at ministry level; this RFP stage was delayed due to change in Health Minister
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 and performing an environmental scan with other jurisdictions	Progress delayed due to COVID-19 deferred assessment activity	Progress delayed due to catching up on COVID-19 deferred assessment activity back log 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 back log and increase in new facility/service applications; brainstorming session deferred to late Q3: also doing environmental scan of other jurisdictions	Progress delayed due to catching up on COVID-19 deferred assessment activity back log and increase in new facility/service applications; brainstorming session deferred to Q2 2022 to align with hiring of new Director; 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 had initial meetings to potentially develop a project plan / 'proof of concept' for the use of the augmented reality technology; Next steps include developing a project plan for an internal and external pilot, including trial scenarios etc.	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	On-hold due to other competing priorities / resource challenges; REVU will be moving this project forward when appropriate, including potential internal and external pilots
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 / AR	Below Target	60%	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	ISQua has formally scheduled PFD survey for March 2022; DI is scheduled for June 2022 and SMD is scheduled for September 2022; completion and collation of evidence data for self-assessments for all 3 programs is well underway; regular meetings have been scheduled with program areas to facilitate progress
A305	PIPP Comms Plan	Roll out quality mandate communication strategies to all stakeholders.  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	100%	Continued to support the PPIP team in rolling out the quality mandate. The PPIP video is almost complete and work is underway to update the website to support the new self-directed tools.	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.	Continuing to support the program through video development, communication to the profession through Messenger and website support for new self-directed tools.
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	DR and CC Director	Exceeding/Meeting Target	84%	Expected 40% of Alberta physicians self-report engagement in Physician Practice Improvement Program (PPIP) in 2021 but RIF produced 84% engagement.	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.  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.	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.

KPI #	KPI's		2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
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	CC Director and IPAC Manager	Exceeding/Meeting Target	100%		Work paused due to Program Manager transition. Plan to develop working group and schedule first meeting in Q3.  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.	Plans for Phase 1 development is completed. Small proof of concept pilot will begin in Q4 of 2022, with collaboration with our IT team and with Alberta Health.
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	DR and CC Director	Completed	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.	Clinical Reasoning Courses are live and available to Alberta physicians. Peer Coaching Program development is complete and plans to be accessible in 2022. Learning Management System development is 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	DR and CC Director	Exceeding/Meeting Target			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.	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  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	Still no response from RC or CFPC
A313	Provisional Register monitoring program	Provisional Register – development of supervision and monitoring program for members on the PR  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	75%		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	No response from RC or CFPC still
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 AR	Exceeding/Meeting Target	65%		RSI contract completed.  work on Age Related Cognitive Decline ongoing - RSI contracted. Initiating work on fatigue risk management	ongoing work	work continues	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	DR and CC 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.	Factors identified 146 physicians to participate in PAF in 2021, in addition to 30 Factor-based IPR and 48 referred IPR physicians.

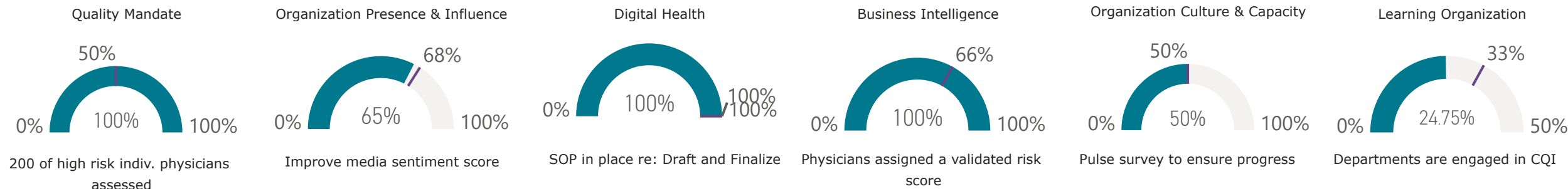
Organization Presence & Influence													
 <b>Definition:</b> CPSA is a respected and credible organization that promotes high quality healthcare for all Albertans and is recognized as a key stakeholder in the Alberta and Canadian healthcare scene. As an innovative and forward thinking regulator, CPSA is and is sought out to participate in health related initiatives provincially, nationally and internationally.													
KPI #	KPI's		2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
ORG001	Improve media sentiment score  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%	We continued to see negative media coverage through far-right publications, such as the Western Standard, around issues like CPSA's inspection process and the Dr. Wessels sanction decision.  Average score for 2021 = 65%	Average sentiment score of 64% in Q1.	Average sentiment score of 67% in Q2.	Average sentiment score of 65% in Q3.	Average sentiment score of 63% in Q4.
Action #	Global Name	2021 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
A301	PFAC	Increase public participation in regulatory role of the College Patient/ Family Advisory Council (PFAC)  Create Patient/Family Advisory Council  Launch public forums on our website, rollout Albertan engagement plan initiatives from the 2020 research	PFAC Implemented		Communications	COS	Below Target	50%	We saw a delay as we revisited the Albertan Engagement strategy to better align with the current social landscape. Lots of back-end work began in the latter half of the year, including work on the Albertan microsite and research including focus groups and an omnibus survey.	Greater focus in the latter part of the year.	Albertan engaement 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.	The updated strategy began rolling out with focus groups and work on the new Albertan microsite that will replace the original PFAC concept.
A302	Brand Strategy	Continue Communications Strategy, Brand Strategy, engagement, media and marketing Ongoing media monitoring, rollout of brand initiatives, and proactive media pitches.	Ongoing research and outreach to ensure communications are on-brand and on-message. Physician engagement strategy developed and implemented.		Communications	Communications Director	Exceeding/Meeting Target	100%	Continued work to support CPSA's reputation through proactive and reactive media, media monitoring and media relationship building. Continued to look for opportunities to align brand values and characteristics with client projects and comms projects, such as the 2020 Annual Report.	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.	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	100%		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.	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 LGBTQ2+ Indigenous Peoples Immigrant, refugee, or newcomer -Vulnerable Populations  Indigenous Advisory Circle will be created and engagement with Newcomers.	Establish Culture Awareness LGBTQ2+ Indigenous Peoples		Office of the Registrar	COS	Completed	100%			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.	On target, Chairs selected, Indigenous physician recruited and Feb 2022 meeting date being organized.
A305	Provincial Quality Work	Participate in Provincial Quality Work 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%.	Below Target due to pandemic, however funding is in place for 2022 and a work plan has been developed. % of work completed maintains 50%.

KPI #	KPI's				2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
	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).														
KPI #	KPI's		2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 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	Completed	100%		Below target	Below target	SOP out for consultation, on target at this point.	SoP Approved by Council for implementation Jan 2022.		
Action #	Global Name	2021 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 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	Completed	100%		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.	Virtual Care standard in place. Advice to the profession completed as well. New provincial Virtual Care Committee in place (Ewan representing CPSA) and Digitally Enabled Care WG continues to meet quarterly.		
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.  Measure the member and public awareness on the impact that digital health technologies and means have on public safety.  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	100%	Communications led the execution of three focus groups and an omnibus survey related to virtual care in an effort to inform our team and CPSA of Albertan's thoughts and feelings toward digital health. We also supported the creation and roll-out of Dr. Affleck's ABVCWG report. In addition, we supported Standards of Practice Advisor through Consultation 021 and created FAQs for the website and social media to support Albertans in what to expect from the new virtual care standard.	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.	Dr. Affleck's virtual care paper is complete and was rolled out to partners. Support for consultation 021 is complete.		
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	Completed	100%		Below target	Below Target	On target as SoP is out for consultation.	Completed		
	Business Intelligence Strategy														
Definition: 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	Q4 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.	Models adapted and finalized.		
Action #	Global Name	2021 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE		
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	Completed	100%		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.	Data analyst is now working 1-2 days per week in AH Business Intelligence unit.		
A303	Amii	Implement Alberta Machine Intelligence Institute (Amii) project plan for selected Initiative (s)			Prescribing Analytics	CINO	Exceeding/Meeting Target	100%	Two projects identified for implementation/timing later in 2021	ML Project Plan finalized	Training Model developed, testing underway	Model is running and available internally for use in SLICE.			
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	Below Target	75%	Data exploration will begin in Q2/Q3 2021	Data exploration will begin in Q3 2021	Delayed by AH until Q4 2021	Data exploration has begun and training is complete.			
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	Completed	100%		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	This is completed and in place		
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/CINO	Below Target	25%	Other priorities have taken focus.	Ongoing work	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	Completed	100%		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.	FMRAC SIG in place and inaugural meeting took place as scheduled in November. Work continues on expanding and refining factors to be included in model.		

KPI #	KPI's				2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
	Organizational Culture and Capacity Strategy														
	Definition: 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	Q4 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	50%	Two Registrar Rounds sessions held in 2021 (Spring and November). These sessions provided an opportunity for Scott to connect with CPSA team members in small group settings, to provide information and hear feedback face-to-face.	Below Target	Below Target	Below Target	New approach for employee survey is being considered and implemented in 2022 since 2020 data is now out of date.  Registrar Rounds session held in Nov. 2021. 43 team members participated.		
Action #	Global Name	2021 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE		
A302	Drop Zone	2019 Carried Over: Develop tool for document submission. 1) Develop Functionality on CPSA website for online form submission 2) XML functionality required to import document properties from website online forms to be reviewed by dept and uploaded into QUEST. 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	Below Target	85%	Initial plan was to be completed in 2021. Further development of application to continue in January 2022, followed by staff training and rollout. This phase captures 12 online forms captured via the CPSA website.	1) Online forms feature rolled out with new CPSA web site (Feb 2021); 2) IT and Communications working on capability for XML feed to capture document properties from online forms. Expected to be completed by year end; 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.  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.  Application scheduled to be completed mid-December.	Draft application completed in December. Initial testing completed in December. Further edits required to the application.  To be rolled out in early 2022.		
A304	Litigation	Litigation SharePoint site	Central intake of litigation activity; tracking database in place.		Admin	CFO	Below Target	75%	Development of tool for tracking contracts to be rolled out in early 2022. The new tool will then be applied to litigation tracking.	Researching new tool to capture activity for litigation database.	Tested the Smartsheet tool and developed work flows.  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.	Project delayed to 2022 due to staff away on medical leave.		
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	98%		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.  Contract remains to be finalized.	DC Supplemental plan now live for applicable CPSA team members.  Contract remains to be finalized. Waiting on vendor for contract edits.	Contract received by vendor and legal review completed. Final sign off scheduled in January 2022.		
A307	Total Compensation	Assess impact on employee benefits and determine if changes are needed.  - 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.  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	10%		Salary reseach planned Q4 2021.	CPSA particiated in salary survey for 2021 activity.  Salary reseach planned Q4 2021.	CPSA participated in salary survey for 2021 activity.  Salary research planned Q4 2021.	Vendor identified to assist with Total Compensation Review.  Working group established for the Total Compensation Review. Three external advisors to provide input into the project (Council, FAC and former public member).  Results of review will inform budget process for 2023.		
A308	Risk Tolerance Model	Roll out organizational risk tolerance model.	Risk model applied to CPSA activity./ projects.		Admin	CFO	Below Target	10%	Shortage in staff due to maternity leave and medical leave; work progressing at a slower pace than planned.	Received HIROC risk report; Analysis to be completed in Q2	Anaysis deferred to Q3 due to other priorities.	Analysis deferred to Q4 due to other priorities and staffing.	HIROC Risk report results reviewed with leadership team. Further reporting with FAC scheduled for 2022.  Further work on risk model to be continued in 2022. Two year plan to enhance the CPSA risk model.		
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 medical leave 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.	Defer to 2022 due to other priorities and staffing.		
A310	PRC	Streamline work processes; Research software for enhancing payroll processing and electronic work flows. Coordinate needs with People & Culture team including: (HRIS system) - Time tracking - payroll processing - performance management - recruiting - PD tracking - employee files  Roll out phase 1 of HRIS system.			Admin	CFO	Exceeding/Meeting Target	85%		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.  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. Payroll data being imported and payroll processes being set up.  Parallel payroll runs for old system and new system scheduled for October 2021.	Parallel runs for payroll continued for Q4. Scheduled to go live in early 2022.  Recruiting module continues to be developed.		
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	People and Culture Director	Below Target	10%		Below Target	Below Target	Below Target	Using data from Registrars round table and assessing a new tool which could replace PCAC or include focus groups.		
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	Exceeding/Meeting Target	40%		Significant Delay	Significant Delay	Below Target	Initial work is underway.		

KPI #		KPI's	2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
A313		Workforce Plan Implement new workforce plan: • Inventory existing staff/Identify gaps • Identify core competencies for all staff required to be innovative and consistently striving to improve • Articulate expectations • Recruit and retain staff with desired competencies & skillset Develop Promotion/Reclassification Framework to implement in workflow/system design for PRC			People & Culture	People and Culture Director	Exceeding/Meeting Target	25%		Significant Delay	Significant Delay	Below Target	Initial work is underway.
A314		Talent Pipeline Develop talent pipeline			People & Culture	People and Culture Director	Below Target	0%		Significant Delay	Significant Delay	Below Target	This will be incorporated into the workforce planning in 2022.
A315		Professional Development Review professional development training approach Develop and implement additional PD fund reimbursement program			People & Culture	People and Culture Director	Completed	100%		Meeting expectations	2021 PD project will be rolled out in the fall to again support team members educational programs above regular program.	Below Target	New program launched with four intakes annually.
A316		Total Compensation Conduct Total Compensation Survey (salary, benefits & pension) - Salary grid reviewed - Technology enhancements			People & Culture	People and Culture Director	Exceeding/Meeting Target	10%		CPSA salary review scheduled Q3-Q4 2021.	CPSA salary review scheduled Q3-Q4 2021.	Below Target	Vendor selected and work initiated.
A317		CPSA Onboarding Review and enhance onboarding of CPSA team members	Develop and integrate enhanced onboarding experience		People & Culture	People and Culture Director	Exceeding/Meeting Target	50%			Onboarding program being incorporated into new People Resource Center. Scheduling to go live Q2-Q3.	Below Target	Initial work done to assess current program and recommendations being formed.
A318		Staff Training Coordinate internal staff training requirements - Internal PD - cultural awareness, inclusion & diversity Establish Cultural Awareness: Developing and coordinating training activities Support Planning and execution of all Equity, Diversity & Inclusion work			People & Culture	People and Culture Director	Exceeding/Meeting Target	100%		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.	All planned training sessions were completed.
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. Pilot the application of the improved license portability framework and fast track license option with a few MRAs (Medical Regulatory Authorities).			Registration	Registration Director	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.	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 Director	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	No change from Q3 - did attend one more information session
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	100%		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	Pt 2 rolled out with renewal and now part of new registrations
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	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	A/R, Director	Exceeding/Meeting Target	75%	Note the project progress is anticipated to continue into 2022-2023 - therefore progress of 75% is for the first year (2021) initiatives only, not entire restructure/QI work underway.	Design of proposed Organizational structure is mostly complete.  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.	Structure of work streams established (Intake, Early Resolution, Investigation, Resolution, Legal Referral/Hearings). Job Profiles revised with continued development to align to revised streams. Q1 work underway to access process to meet anticipated KPI's in each stream. Alignment of organization structure to dyad model with introduction of Program Managers for each work stream. Ongoing recruitment work carried into 2022.

KPI #	KPI's		2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
A324	Tech Needs	Technology needs identified - DOC 2.0 - QUEST rolled out for all departments			IT	CIO	Below Target	50%	Microsoft has started pushing new Sharepoint versions to hosted solutions and the consultant we hired wanted to change the development tool to one that will make the migration to a hosted solution easier in the future, so this meant more upfront work to help us in the future. Also mandated holidays for developers took time away from development	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.	Quest upgrade delayed until March 2022 because of change in focus(upgrade to 2019 and plan to move to online in the near future) and staff delays around mandated holidays being used
<div></div> <b>Learning Organization Strategy</b>													
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	Q4 2021 UPDATE
LOS001	Departments are engaged in CQI by: Defining goals Choosing improvement model Determining baselines 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.	Interviews with Registration completed. Modeling has begun. Consultant is working on report for CQI stages to be rolled out in 2022.
Action #	Global Name	2021 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 2021 UPDATE
A303	CQI in all processes	Build evaluation processes into all CPSA functions - Identify process - Identify data source/questions - Train staff - Establish metrics	Evaluation processes built and running Close linkage with business Intelligence thru REVU	LOS001	Office of the Registrar	CINO/ Leadership Team	Below Target	60%			QI Consultant hired: work on template to begin in Q3	Working with Consultant for framework to be used across departments.	Consultant working on Framework
<b>Legislative Activity</b>													
KPI #	KPI's		2021 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 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%		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.	Status the same, still have one vacancy and 4 reappointments needed.
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	50%		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	On target, department submitted information for 2022 report.
LEG003	To identify meaningful KPI for Professional Conduct.		By the end of 2021		Complaints & Discipline	A/R, Director	Completed	100%		KPI to be developed	KPI setting delayed to Sept 2021	KPI elements identified. Set up of workflow restructure started to match new KPI elements.	KPI elements for seven work streams within Professional Conduct identified and initial targets set. Ongoing department restructure and quality improvement work continues into 2022.
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	Below Target	50%	Significant delays in process continue due to COVID-19; regular meetings continue with AH & AHS; AHS/AH also using NHSF's to address pandemic surgical backlog further delaying the RFP process: CPSA developed a revised assessment model to expedite these accreditations (required for greater than 50% volume increases and new procedure types for currently accredited facilities)  Note: RFP being issued by gov't.	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 relased 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	Latest estimate for RFPs: Ophthalmology in final due diligence/financial evaluation stage - 2 candidates selected in both Calgary and Edmonton - hope to award by April 2022. Orthopedic RFP closed and in stakeholder evaluation stage; having collaboration sessions with shortlisted vendors - further delayed due to pandemic 5th wave; future RFPs for other procedures / geographic locations still under discussion at ministry level; this RFP stage was delayed due to change in Health Minister
Action #	Global Name	2021 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2021 UPDATE	Q2 2021 UPDATE	Q3 2021 UPDATE	Q4 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	PAs new regulated members
A302	Bill 46	Bill 46 - Fitness to Practice			Registration	Registration Director	Exceeding/Meeting Target	100%		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.	in progress as we learn what is required.



## Legislated Activity

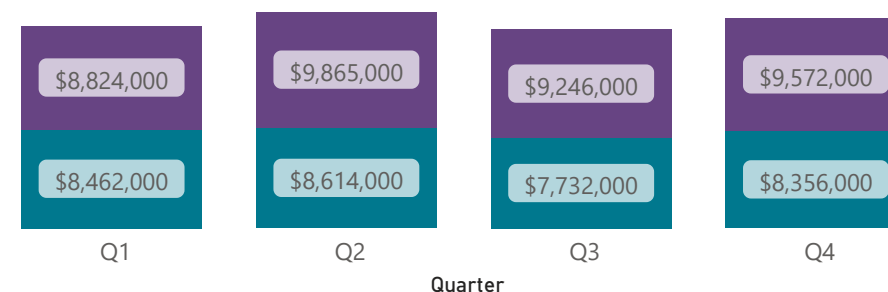
KPI's	2021 Target	Accountability	Owner	Status	Progress	Detailed Explanation	Q4 2021 UPDATE
Bill 30 (Health Professions Act Related)	> 50% public members on Council, HT, CRCs and appeals	Office of the Registrar	COS	Below Target	75%		Status the same, still have one vacancy and 4 reappointments needed.
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	50%		On target, department submitted information for 2022 report.
To identify meaningful KPI for Professional Conduct.	By the end of 2021	Complaints & Discipline	A/R, Director	Completed	100%		KPI elements for seven work streams within Professional Conduct identified and initial targets set. Ongoing department restructure and quality improvement work continues into 2022.
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	Below Target	50%	Significant delays in process continue due to COVID-19; regular meetings continue with AH & AHS; AHS/AH also using NHSF's to address pandemic surgical backlog further delaying the RFP process; CPSA developed a revised assessment model to expedite these accreditations (required for greater than 50% volume increases and new procedure types for currently accredited facilities) Note: RFP being issued by gov't.	Latest estimate for RFPs: Ophthalmology in final due diligence/financial evaluation stage - 2 candidates selected in both Calgary and Edmonton - hope to award by April 2022, Orthopedic RFP closed and in stakeholder evaluation stage; having collaboration sessions with shortlisted vendors - further delayed due to pandemic 5th wave; future RFPs for other procedures / geographic locations still under discussion at ministry level; this RFP stage was delayed due to change in Health Minister

## Unaudited Financial Results

Revenues Compared to Expense (prior other income)

	31-Dec-21	Budget	Variance	
Revenues	(34,064,000)	(34,135,000)	(71,000)	0%
Expenses	29,443,000	32,170,000	2,727,000	8%
<b>Operating Income</b>	<b>(4,621,000)</b>	<b>(1,965,000)</b>	<b>2,656,000</b>	
Development Costs	234,000	255,000	21,000	8%
Sub-total after Development Costs	(4,387,000)	(1,710,000)	2,677,000	
Amortization & rental inducements	554,000	581,000	27,000	5%
Accreditation, net	(510,000)	53,000	563,000	1062%
Sub-total	(4,343,000)	(1,076,000)	3,267,000	
Other <income> loss	(3,415,000)	(248,000)	3,167,000	-1277%
<b>&lt;Net Income&gt;</b>	<b>(7,758,000)</b>	<b>(1,324,000)</b>	<b>6,434,000</b>	

Gross Expenses Gross Revenue



# Bluebird Project: Professional Conduct Transformation

## PROJECT CHARTER

Date: March 11, 2022  
Version: 7

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## Executive Summary

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The Professional Conduct Department at CPSA is in need of transformational change. The program has had chronic recurrent problems with a “backlog” which results in significant delays in completion of files. This results in dissatisfaction of complainants, significant stress for investigated members, and a challenging work environment for employees. Due to evolving case law, these problems with process put CPSA at risk for legal challenges regarding delay, which may compromise our ability to prosecute cases. Further, these issues may harm the reputation of the organization, and may raise questions about the ability of physicians to effectively self-regulate.

The Government of Alberta issued a “White Paper” in August 2020, where challenges with health regulation were described, including the need for improvement of complaints processes. In December of 2020, the Health Quality Council of Alberta was asked to complete a review and to make recommendations for improvement. CPSA was interviewed as part of that process. Initial findings have been released (embargoed), and CPSA continues to work with HQCA and other stakeholders to improve complaints process throughout the health care system. Given our internal data, results of consultant reports done within the last 2 years for CPSA, organizational risk and the apparent expectation of the Government of Alberta and Albertans, there is urgency for CPSA to improve our complaint processes. As such, CPSA Council has provided clear direction that the backlog be addressed. This is a core strategic priority of Council and the Registrar and Professional Conduct Department are responsible to act upon that direction.

In the past, we have responded to the “backlog” by adding more resources (e.g. investigators). This resulted in temporary improvement but not sustainable improvement to the “backlog”. Rather than add new resources to existing processes, the system must be redesigned to improve efficiency. System redesign will also allow for the modernization of our approach to regulation, by use of concepts such as “right touch” regulation, improving our investigative processes as well as increasing use of informal resolution using a mediation approach. In doing so our aim is to improve not only efficiency, but overall satisfaction in the process by complainants, regulated members, as well as our team. Further, a more timely approach will encourage prompt remediation of our regulated members and improve safety of the system for Albertans.

A defined **concerns** process will be introduced as a means to avoid minor resolvable issues from becoming formal complaints. Physicians will be engaged earlier in the complaint process, and their initial response to the complaint will be considered when triaging how each complaint will be actioned. Having more information at the outset of the process should allow an increase in directing complaints to ‘early’ resolution as a method of problem solving between parties. This additional information early in the process provides more comprehensive information to base the decision to dismiss a complaint without further action required. We will incorporate the use of Expert Opinion, an option included in the *Health Professions Act (HPA)* that we have not exercised in the past, as an alternative to requiring an investigation. This will be done in situations where the facts of “what happened” are clear, and what is required is an assessment of whether or not the care was to standard. Investigation will be reserved for complex medical and boundary files. This strategy will decrease the number of time consuming investigations that are required, and improve timeliness of the processes.

We will also be incorporating permanent strategies to enable us to flexibly increase our investigative capacity as necessary by means of establishing a pool of external physician investigators to work with our Senior Medical Advisors. For boundary files, we will establish flexible contracts with external private investigator companies to assist when we are over capacity to ensure these sensitive files are completed in a timely manner. These organizations include experts who are utilized by other health regulatory authorities in Alberta and have knowledge and experience with investigations completed under the *HPA*.

Upon completion of an investigation, a complaint may be dismissed concluded by consensual resolution where practice improvement opportunities have been identified during the course of investigation, or may proceed to Hearing in situations where actions cross the threshold of unprofessional conduct to warrant a Hearing. All after investigations processes are being further refined to ensure standardization of processes, improve efficiency, and as much as possible enhance the experience of our “customers”. We are modernizing how we measure success and moving away from measuring the number of complaints that are in the backlog, to how much time it takes to address a complaint. We have established timeline targets, approved by Council, for each step in the process that we aim to achieve 60% of the time by December 2022 and 80% of the time by December of 2023.

To accomplish these high level goals, the Complaints Department will require a review of its structure, and the roles that will be required to accomplish the strategic goals. An assessment of current state and desired future state will be required, and appropriate adjustments to organizational structure, and personnel roles and responsibility. A new complaint management IT management system will be deployed to support this work.

The Department will use quality improvement (QI) methodology to accomplish the necessary change with the department. Further, we will use both Kotter and PROSCI change management strategies to guide our work. The work will be guided by an overarching “Bluebird QI team”, and will deploy five frontline QI working groups which correspond to our key workflows: 1. Intake 2. Inquiry 3. Resolution 4. Investigation 5. Hearing-Legal Referral. By using the collective knowledge of those who work directly in the area, each process will be carefully looked at with a view of reducing redundancy, improving effectiveness with technology, and ensuring the proper work is assigned to the proper role. This work will be supported by both a project manager (until December 31, 2021) and a quality improvement consultant who will work closely with the teams to build capability and capacity in doing QI work, empowering them to establish standard work, problem solve and implement change, then measure and monitor the impact in their areas.

Leveraging information contained in the recent departmental reviews, information gathered from other regulatory authorities in Alberta, other national medical regulatory authorities, and the literature, we will incorporate changes into the system using quality improvement methodology. The end result will be to have a high quality complaints process that meets legislative requirements and is fair, efficient and effective, with results that are sustainable. This high level of service will improve the experience of the complainants and physicians alike. This will also improve the satisfaction of our employees. We are updating our process to measure customer satisfaction, and will review data on at least an annual basis to ensure that the changes are meeting the needs of our customers.

## Background – The Need for Change

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The transformation of the “complaints” process began a couple of years ago with consultation work was completed to understand opportunities to improve efficiency and quality of work completed by our Professional Conduct Department (“PC”). Some key areas for improvement were identified by an independent review by Field Law, workflow review by Mark Lazurko, Consultant, and feedback from the Alberta Ombudsman’s office. In addition, a review was completed by Field Law of the PC department in 2019 and recommendations were made.

Some, but not all recommendations were implemented. That work, while valuable and progressive, has not resolved the issue of providing important and timely support to Albertan’s concerns with the care and conduct received while under the CPSA’s regulated member’s care.

The status quo is untenable from a regulator perspective of timely complaint process resolution and the 'backlog' issues continue to frustrate regulated members and cause extensive stress to the PC staff.

Complaints filed against Alberta physicians continue at a high volume, and complexity of both boundary and medical complaints is increasing. The introduction of Bill 21 in April of 2019 which legislates strict penalties for sexual abuse and sexual misconduct, highlights the need for high quality and timely investigations into these complaints. These matters require significant resources to properly investigate and address the complaint. It is important to note the negative impact on physician well-being that receipt of a complaint with the regulator has. The longer the time to resolution, the more of a burden this is for the physician. This negative impact on physician wellness is problematic with the known high levels of physician burnout and impact on mental health and wellness at this time.

The CPSA is also very aware that the concerns of racism and discrimination in the health care system are high priority as a result of the impacts on patient wellbeing. These are important societal issues that we must identify, investigate and address in a timely manner. The CPSA recognizes the public's frustration with waiting years for these matters to resolve.

## Vision for the Future

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### **Vision statement:**

*The Professional Conduct department at CPSA will contribute to improving the healthcare experience of Albertans through provision of best practice in regulation, which fosters a culture of learning for Alberta physicians and physician assistants. Though a complaints process is understandably stressful for all involved, our department provides guidance and facilitates outcomes which ultimately adds value for both the complainant and the regulated member alike.*

### **What we do:**

Managing issues brought forward by Albertans, our partners, or other healthcare providers regarding physician performance is our primary business function. We work collaboratively with both parties to first establish a clear understanding of the issue, and then endeavor to work to resolve the issue by matching the most appropriate approach to the problem at the outset. Issues that may be managed and resolved quickly as a concern rather than a complaint are done so in a timely manner by our intake team. Those issues that must move forward do so as a formal complaint. The information from both parties is sought and may then be utilized to resolve the matter through an early resolution process. Some complaints are dismissed after hearing from both the complainant and the physician, should the Complaints Director determine that the conduct was not unprofessional. A smaller proportion of complaints will require an investigation.

Investigations are reserved for sexual boundary complaints, and for other complex situations where we will need more detailed medical record information and/or interviews with multiple parties involved. We have standards for investigation which we follow, our investigations are thorough and unbiased, we judiciously use peer review and follow best practices. Upon conclusion of an investigation, a complaint may be dismissed, be resolved with informal consensual resolution, or may go to be heard by a Hearing Tribunal.

We use right-touch regulation, and the processes that we follow appropriately match resources utilized to the seriousness of the issue brought forward. We follow standardized processes and are consistent in our approach to similar issues. We follow evidence-based approaches, and are aware of changes in approaches in regulation for assessment and remediation, and update our processes to ensure that we are continuing to support the learning needs of physicians.

We establish mutually respectful relationships and our complaints processes are perceived to be fair by everyone involved. This is accomplished by recognizing biases that may occur throughout the process, and having strategies in place to mitigate these at both a personal and systems level. Bias in regulation in health care has been recognized to occur in a variety of different ways, and may be related to a preference for the side of the complainant versus the physician, the physician versus the complainant, or involve preference based on other factors such as race or gender, for either the complainant or physician.

Our processes are efficient and timely. We have internal goals and publically-facing measures that we monitor and action. We continue to innovate and improve our program to benefit those involved in our work. We look at emerging evidence in regulation and in our data, and utilize this information to share with our CPSA colleagues to aid in the establishment of new programming to help physicians improve. We consider opportunities to continue to improve the experience of complainants, and work to make our processes accessible for all Albertans.

Our team follows a strategic plan, and the team structure, team member skillsets, and the core processes are aligned to support this plan. The use of continuous quality improvement in our work is an established part of our team

culture. We understand and utilize principles such as standard work, importance of measurement, and strategic alignment. We seek feedback from each other, and our stakeholders, and use this information to improve. Having established a calculative culture, moving towards becoming proactive (similar to a just or learning culture), we recognize that we will make mistakes, we take these opportunities seriously, hold ourselves and the system appropriately accountable, and use them as learning opportunities. We are avid learners, and approach problems with curiosity. We strive to continue our cultural journey and establish a generative culture steeped in principles of high reliability.

Our team takes pride in our work, and we celebrate our successes. We are recognized as a leader in regulation within Alberta and nationally. The work of the Professional Conduct department is valued and trusted by Albertans, the profession, partners and the entire CPSA team.

**CPSA Values**

We do the right thing	We act responsibly, respectfully and with integrity, aspiring to be fair and reasonable. We acknowledge our mistakes as well as our successes and strive to do what’s right in service to Albertans.
We make informed decisions	Our decisions are based on evidence, knowledge, experience and best practice. We plan, measure outcomes and apply what we learn.
We empower people	We believe people perform best when they see the vision, set their own goals, have the resources they need, and aspire to excellence and personal growth.
We collaborate	We invite others to contribute to achieving our goals and value their time and expertise. We share what we know generously within our legislated limits and seek opportunities to collaborate externally in areas of mutual interest.
We are innovators	We think ahead to create opportunity. We set the bar high and value creativity in exploring new and better ways of doing our work.
We enjoy and find meaning in our work	We care about what we do and give our best. While our work is serious, we enjoy camaraderie with our coworkers and take time to celebrate each other’s milestones and achievements.

**CPSA Brand Characteristics**

Approachable	The Professional Conduct department strives to be a valued and trusted resource to Albertans, physicians and our partners. We establish mutually respectful relationships and our complaints processes are perceived to be fair by everyone involved. We strive to make our processes accessible for all Albertans.
Collaborative	We work collaboratively with both parties to first establish a clear understanding of the issue, and then endeavor to work to resolve the issue by matching the most appropriate approach to the concern.
Consistent	We use right-touch regulation, and the processes that we follow appropriately match resources utilized to the seriousness of the issue. We follow standardized processes and are consistent in our approach to similar issues.
Informed	We examine our data and emerging evidence in regulation, and utilize this information to improve our processes and programming to help physicians improve and keep Albertans safe.
Thorough	Our investigative processes are thorough and of high standard. We follow evidence-based approaches, and are aware of changes in approaches in regulation for assessment and remediation, and update our processes to ensure that we are continuing to support the learning needs of physicians.
Transparent	We have internal goals and publically-facing measures that we monitor and action. We consider opportunities to continue to improve the experience of complainants and physicians.

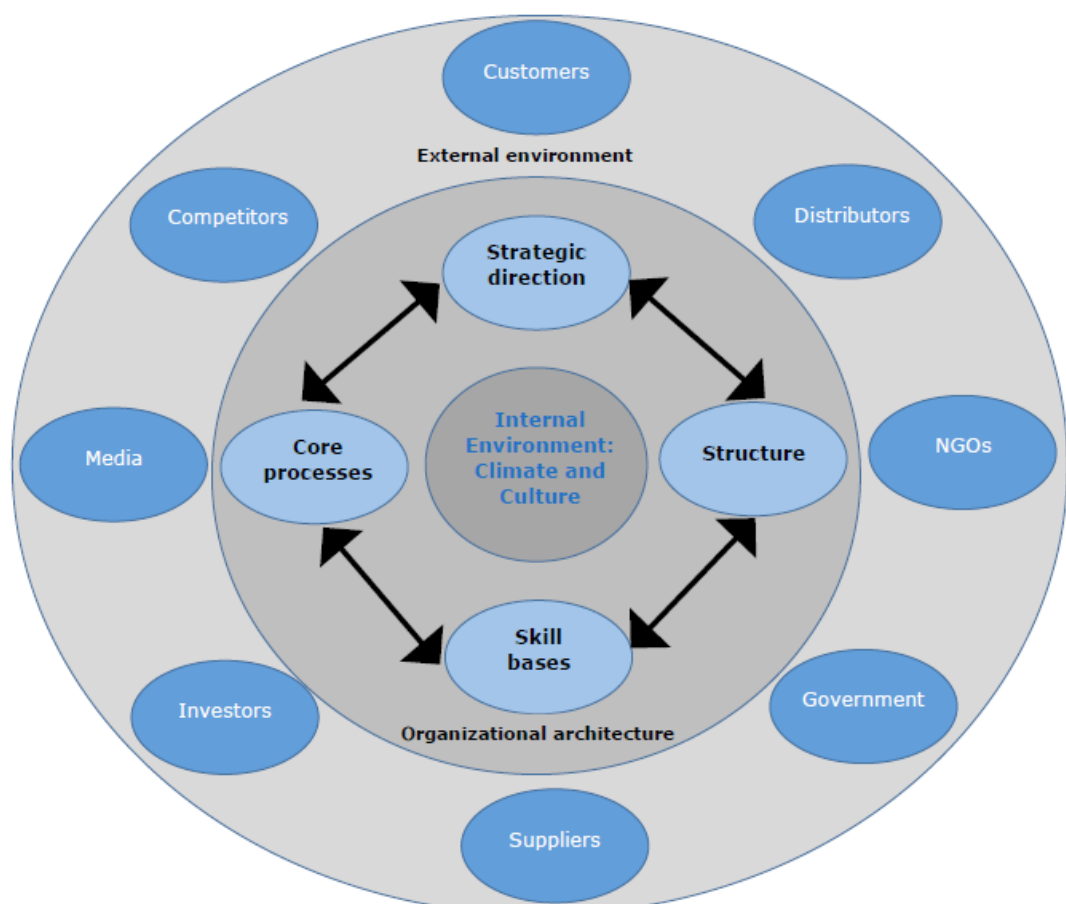
## Project Objectives

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The Professional Conduct department at CPSA will contribute to improvement in the health care experience of Albertans through provision of best practice in regulation which fosters a culture of learning for Alberta physicians and physician assistants. Though a complaints process is understandably stressful for all involved, our department provides guidance and facilitates outcomes which ultimately adds value for both the complainant and the regulated member alike.

Following the Watkins model and elements of organizational architecture, initial steps involved the gathering of information - internally to garner a deep understanding of current work processes in Professional Conduct, and also externally by conducting an environmental scan. Secondly, improvement teams will be established to assist in the establishing workflows and revising processes.

**WATKINS: First 90 Days – Elements of Organizational Architecture<sup>1</sup>**



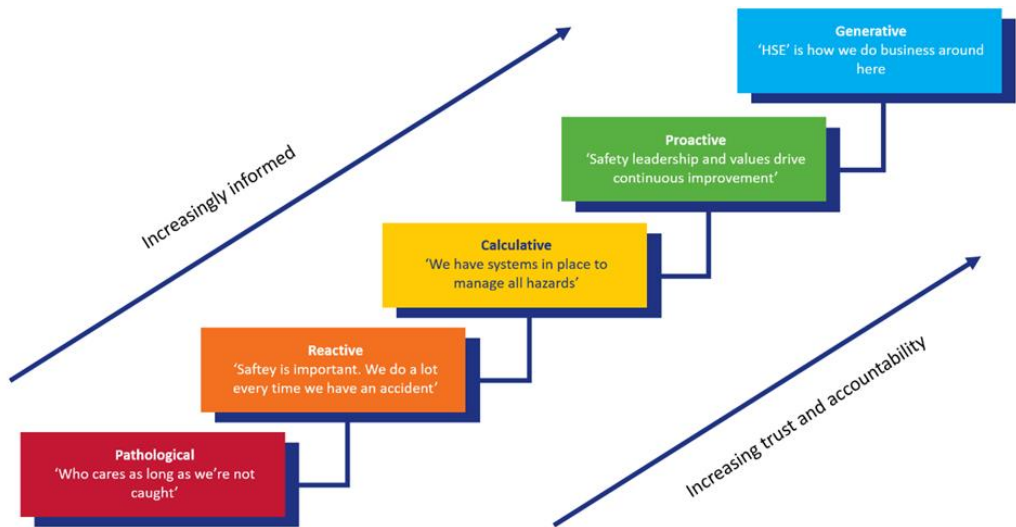
<sup>1</sup>Watkins Michael D, the first 90 days, Harvard business school publishing 2013. Pg 144

To support this work the project has five main objectives:

1. **Strategic Direction & Structure** - for successful transformation, the department needs a shared understanding of the core approach we will use to accomplish the vision. How the department is structured – people in work streams and how their work is coordinated will then be reviewed to ensure that it supports the new strategy.
2. **Skill Base & Core Processes** – People capabilities, behaviors and skill sets will be reviewed and core processes re-examined and adapted to ensure they align with the strategy and direction. Key performance indicators and workflows for the department and the teams will be put in place and assessed continually using quality improvement methodology.
3. **Culture** – Establishing psychological safety and the right team attitude and environment is integral to the success of the transformation of Professional

Conduct. This will allow the shift of team culture from “pathological/shame and blame” with aspirations of establishing a “generative” culture, a hallmark of a high functioning team. Improvement teams will be empowered to execute the quality improvement work led by defined leaders and the contracted quality improvement consultant.

**Health Safety and Environment (HSE) Culture Ladder<sup>1</sup>**



<sup>1</sup>Hearts and Minds/Hudson and Parker; Energy Institute

- 4. Continuous Quality Improvement (CQI) – utilize CQI principles to establish standards and then improve core processes and work flows. Establish key metrics that are internally and externally facing which reflect important outcomes, are meaningful, and allow the team to continue to improve.
- 5. Reconciliation – To further CPSA’s ongoing efforts to develop healthy and reciprocal relations with Alberta’s Indigenous communities, including ensuring all aspects of a person—including their culture and identity—are considered in addressing concerns and complaints towards delivering high quality healthcare services. The ultimate goal will to work alongside Indigenous communities and with their guidance establish a complaints process using principles of restorative justice that align with the requirements of the *HPA*.

**Project Approach**

Organizational and individual change management is key to the success of Project Bluebird. The Kotter (Accelerate) and Prosci (ADKAR) methods to change management will be utilized. The vision, what steps are necessary and how these actions contribute to the vision will be shared, using all communication opportunities strategically to spur the change and enable alignment efforts. It is recognized that obstacles will need to be identified and overcome with the right level of change-resistance mitigation resourcing. To keep buy-in and movement toward the vision, significant short-term wins will be acknowledged and celebrated.

The Institute of Healthcare Improvement (IHI) adopted *Model for Improvement* will be the roadmap used to guide the improvement work of Professional Conduct processes and outcomes.

## Project Organization

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A guidance coalition at the executive level, an overall project team and department led working groups is required to support this work as follows:

**Executive Support Team** - provides high level guidance and support to the Bluebird Professional Conduct Project Team.

*Members:*

- Dr. Scott McLeod, Registrar, Office of the Registrar
- Mr. Ed Jess, Chief Innovation Officer, Analytics, Innovation & Research
- Mr. Jim Kiddoo, Chief Information Officer, Information Technology
- Ms. Tracy Simons, Chief Financial Officer, Operations
- Dr. Dawn Hartfield, Assistant Registrar & Complaints Director
- Ms. Susan Babiuk, Director, Professional Conduct

**Project Team** - is responsible to achieve the goals and objectives to accomplish the project results.

*Members:*

- Executive Sponsor: Dr. Dawn Hartfield, Assistant Registrar, Complaints Director
- Executive Sponsor: Susan Babiuk, Director, Professional Conduct
- Project Manager: Rhonda Marrazzo (*interim December 31, 2021*)
- Quality Improvement Consultant: James Simon
- Program Manager and ACD, Early Resolution: (*vacant*)
- Program Manager and ACD Resolution: Noela Inions
- Program Manager and ACD Hearing & Legal Referral: Brittany Goetz
- Program Coordinator, Administration and Legal: Sarah Ink
- Program Manager and ACD, Investigation: (*vacant*)
- Communications Advisor: Melissa Campbell

*Ad hoc members* - to support the PC Project team as needed:

- People & Culture: Jessica McPhee, Director P&C
- Government Relations: Shawn Knight, Chief of Staff
- Research and Evaluation Unit: Research Evaluation Unit (REVU)
- External Legal Counsel: Craig Boyer

**Quality Improvement Working Groups** - to continue the work of quality improvement for internal processes in the four streams of activity.

The five working groups are as follows:

- 1) Intake and Early Resolution
- 2) Inquiry
- 3) Investigation
- 4) Resolution (Early and After Investigation)
- 5) Hearing/Legal Referral

*Leadership and Support of QI Teams:*

Leadership and Support of Quality Improvement Groups		Work Streams L = Group Leader M = Group Member					
Individuals Involved Position Title	Position in QI Group	Intake	Early Resolution	Inquiry	Investigation	Resolution	Hearing/Legal Referral
<b>Dawn Hartfield</b> Assistant Registrar, Complaints Director	Executive Sponsor Interim Lead						
<b>Susan Babiuk</b> Director, Professional Conduct	Executive Sponsor Interim Lead						
<b><i>Vacant</i></b> Program Manager & ACD, Early Resolution	Group Leader Intake-ER-Inquiry	L	L	L			
<b>Katherine Damron</b> Inquiry Process Coordinator	Member Inquiry			M			
<b>Tamara Dueck</b> Administrative Assistant, Inquiry	Member Inquiry			M			
<b>Kim Powers</b> Early Resolution Officer	Member Intake-ER	M	M				
<b>Jamie Tidwell</b> Intake Administrator	Member Intake	M					
<b>Danielle Meerveld</b> Administrative Assistant, Early Resolution	Member Early Resolution		M				
<b><i>Vacant</i></b> Program Manager & ACD, Investigation	Group Leader Investigations				L		
<b>Micheal Howard-Tripp</b> Senior Medical Advisor, Investigator	Member Investigations				M		
<b>Marnie Heberling</b> Investigator	Member Investigations				M		
<b>Jennifer Tsen</b> Administrative Assistant, Investigations	Member Investigations				M		
<b>Noela Inions</b> Program Manager & ACD, Resolutions	Group Leader Resolution					L	
<b>Lisa Ginter</b> Administrative Assistant, Investigations	Member Resolution					M	
<b>Brittany Goetz</b> Program Manager & ACD, Hearing/Legal Referral	Group Leader Hearing/LR						L
<b>Corryn Pennock</b> Executive Assistant	Member Hearing/LR						M
<b>Sarah Ink</b> Program Coordinator, Administration & Legal	Member Intake-ER Hearing/LR	M	M				M

## Decision-Making Process

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The strategic direction and financial support of the Project is ultimately approved by CPSA Council. Resource allocations for the execution of this project are a part of the business planning process and budget. As a result, there are KPIs associated with the project that are approved by and reported to Council. When resource allocation decisions need to be made that go above what has been approved through the business plan and budget, formal decision making will be made through the Finance and Audit Committee Meeting with Support for the CEO. The final approval of resource allocations are made by CPSA Council.

Regular updates are provided to the CEO and the Executive Support Team on the progress of the project.

For day to day management of frontline team decision making with respect to the project, "Consensus with a Fallback" model will be utilized for project decision-making. If the project team or working group is unable to make a decision within an appropriate amount of time, the Lead will present arguments/options to the Executive Sponsors for decision/direction in order to move the project forward. Final review and sign off is by Executive Sponsors Dr. Dawn Hartfield, Assistant Registrar, Complaints Director and Susan Babiuk, Director, Professional Conduct.

## Rules of Engagement

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- We are respectful of others and each other's time.
  - Meetings begin and end on time.
  - We are present.
  - We keep on topic and are conscious of the time to allow all members participation.
- We set reasonable expectations – we understand each other's priorities.
- We accept and encourage constructive disagreement as necessary to yield the best decisions for our team--nothing personal.
- We are flexible and nimble.
- We regularly reflect on the CPSA brands to ensure our work aligns with the organization's values and characteristics.
- We encourage creativity and innovation and remain open to possibilities, the sharing and receiving new ideas.
- Each PC team member has a significant input to the future design.

## Project Communications

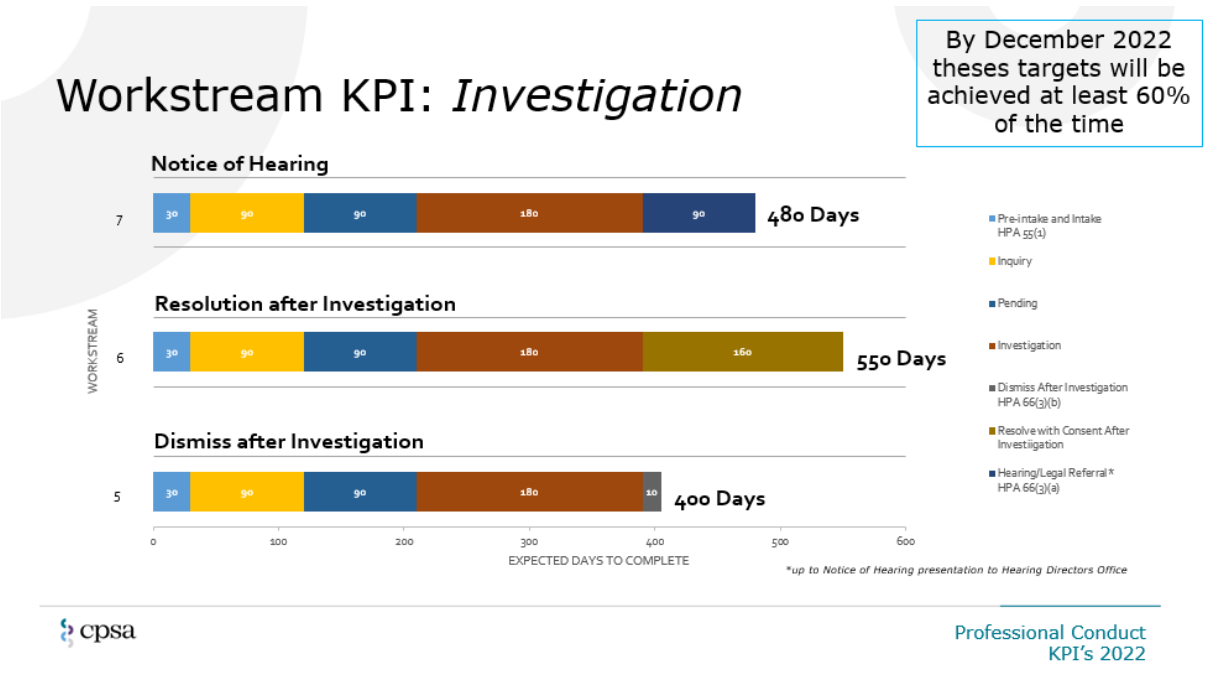
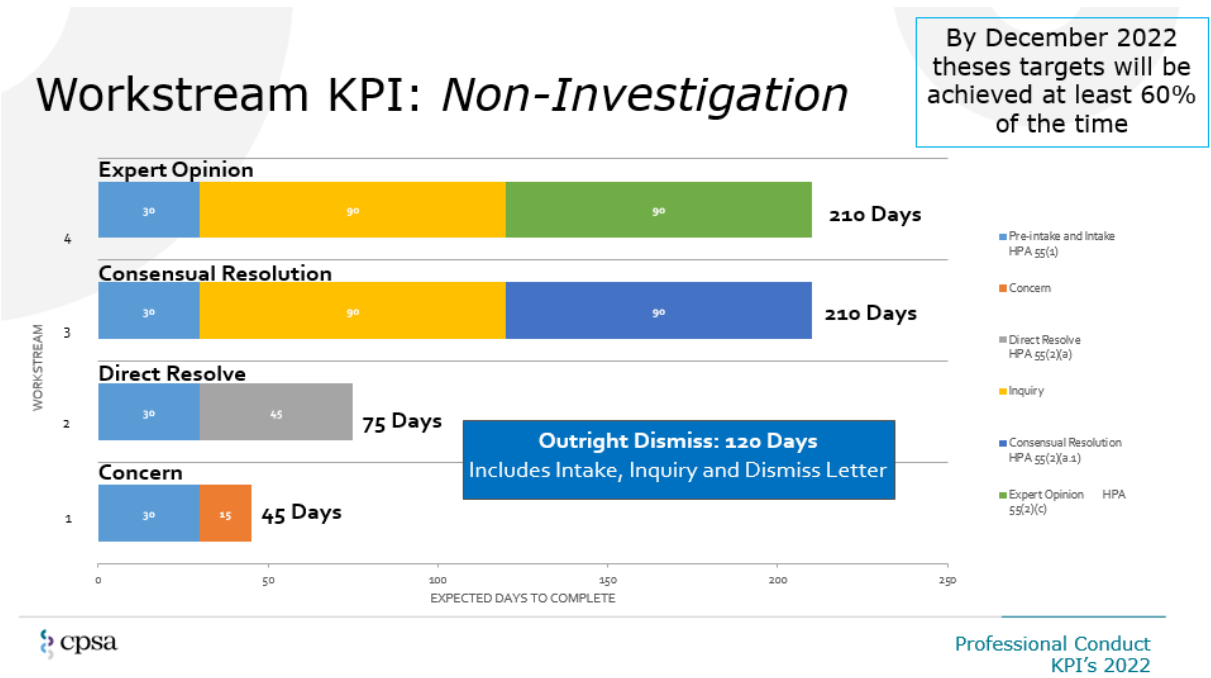
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- PC department meetings are scheduled monthly for updates. These are the first Wednesday of the month, in the afternoon. All team members must attend.
- The project team meets weekly initially and later bi-weekly for 1.0 hours. The working groups meet monthly as part of our scheduled half-day, and between monthly meetings as required to complete tasks
- Between meetings, members seek feedback from the rest of the project team on work in progress via email. Documents will either be emailed as hyperlinks or shared as attachments.
- Authors of the documents will set their own timelines for feedback, to align with their schedules/workload.
- All members are encouraged to provide feedback.
- Revised documents for next meeting should be distributed one day prior.
- Final decisions will be based on the decision making process noted above.
- A Project Log of decisions/action items will be created by the Project Manager for each Working Group and distributed to the respective team following each meeting.
- All material is saved in the Bluebird folder and working group sub-folders on the shared directory: [S:\Departments\Complaints\Bluebird Project](#).

# Key Performance Indicators

The Professional Conduct Department has established key performance indicators for 2022 outlined in the charts below. Each work stream has their individual target which contributes to the full target closure period.

The Targets are set with a goal of achievement at least 60% of the time by December 2022 and by 70% of the time by December 2023.



# Program Constraints and Assumptions

ID	Type <sup>1</sup>	Description
1	A	Executive acknowledges the urgency and supports the project
2	A	The project will be long term – duration of approximately three years to lay the groundwork, initiate, test and tweak
3	C	Support from external QI consultant, Communications, Human Resources and Information Systems will be key to meeting scheduled milestones.

# Initial Risks and Issues

ID	Type <sup>2</sup>	Description	Owner	Importance <sup>3</sup>
1	R	Paralysis of systems	Dawn H. Susan B.	4
2	I	Decrease of short term results	Dawn H. Susan B.	3
3	I	Staff upset with more change	Dawn H. Susan B.	3
4	I	Impatience with the steps in process; 3-5 years to see system change	Working Group Leads	3

# Scheduled Milestones

High-level deliverable milestones to meet project objectives:

Jun – Sept '21	Finalized manpower plan for next 12 months
Apr – Dec '21 Jan – June '22	New hires in process for key positions: <ul style="list-style-type: none"><li>• Program Manager and ACD, Early Resolution (unfilled – posted February 2022)</li><li>• Complaint Navigator (unfilled – under P&amp;C review - posting anticipated April 2022)</li><li>• Early Resolution Officer (4<sup>th</sup> position – unfilled – posting anticipated March 2022)</li><li>• Investigator (vacant since January 2022, posted February 2022)</li><li>• Administrative Assistant, Early Resolution (vacant, posted January 2022)</li><li>• Administrative Assistant, Resolution (vacant, posted January 2022)</li><li>• Administrative Assistant, Hearing/Legal Referral (vacant, posted January 2022)</li><li>• Program Manager &amp; ACD, Investigations (vacant, not yet posted at March 2022)</li><li>• Senior Medical Advisor (vacant, posted February 2022)</li><li>• Administrative Assistant, Investigations (backfill from July 2021, filled for March 1, 2022)</li></ul>

<sup>1</sup> A: assumption; C: constraint

<sup>2</sup> R: risk; I: issue

<sup>3</sup> 5: high; 4: medium-high; 3: medium; 2: low-medium; 1: low

Mar '21	Establish Improvement Teams to move QI work: <ul style="list-style-type: none"> <li>Investigator Working Groups (External Review Process; Investigator Orientation Manual)</li> <li>Hearing/Legal Referral (Sarah, Dawn, Brittany)</li> <li>Resolution (Noela, Dawn)</li> <li>Intake, Early Resolution (post hire of Program Manager &amp; ACD, Early Resolution)</li> <li>Inquiry – June 2021 (focus of AHS custodian record challenges)</li> <li>Early Resolution – Fall 2021 (focus on Initial Physician Response and Pending Queue)</li> </ul>
Sept'21	Initiate use of External Investigators (contracted) for Boundary and/or Complex Complaint files
Sept'21	Initiate "initial physician response" as part of triage <ul style="list-style-type: none"> <li>Begin review of complaints in pending queue for resolution or investigation considering the IPR and re-triage</li> </ul>
Oct – Nov'21	Initiate new processes (PDSA cycles): <ul style="list-style-type: none"> <li>Expert Opinion</li> <li>Initiate Physician response to Expert Opinion</li> <li>Initiate physician response to IR</li> </ul>
Sept '21ongoing	Pilot – Indigenous "Talking Circle" for interview in complaints process
Dec'21	Associate Complaints Director, Legal Referral - role filled and trained (delayed and reposted in late Feb 2022)
Jan'22	KPI's on each work stream process should be achieved 60% of time by end of December 2022
Jan-Jun'22	Complete hiring in key roles: <ul style="list-style-type: none"> <li>Program Manager &amp; ACD Early Resolution</li> <li>Senior Medical Advisor, Investigation</li> <li>Complaint Navigator</li> <li>Early Resolution Officer</li> <li>Program Manager &amp; ACD, Investigations</li> <li>Administrative Assistants (various)</li> </ul>
Mar-Sept '22	iSight Implementation
Mar '22	Implement: Physician direct access to AHS records
Jun-Sept'22	1. Establish an External Physician Investigator Training program with first meeting October 2022
June - Sept'22	Establish a new "Concerns" process as part of Intake and Early Resolution Early Resolution Officer roles filled and trained. Transition to new "on-call" at intake.
Jun-Dec'22	Indigenous Community Outreach and QI Collaboration <ul style="list-style-type: none"> <li>establish relationships with an Indigenous community to understand needs in complaint process/ideas we may try to improve comfort and access to our processes</li> <li>Use knowledge we gain to test some changes to our system</li> </ul>
December 2022	KPI achieved within expected targeted range for process type 60% of the time (achieve 2022 goal)

	<ul style="list-style-type: none"><li>Teams utilize performance dashboards to continue to monitor and refine processes with new iSight program</li></ul>
Jan 2023	KPI for 2023 set to be achieved within expected targeted range for process type 80% of the time
Jan-Jun 2023	Develop, test and implement updated complainant and physician satisfaction survey
Jan-Jun'23	Pilot: Restorative Justice complaints process Develop and then pilot a restorative justice process as method of RWC for complaints
Sept'23	External Physician Investigator Certification program established as culmination of work Mar'21 onward
Dec'23	KPI achieved within expected targeted range for process type 80% of the time (achieve 2023 goal)

# High-Level Work Breakdown Structure

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The Bluebird project is organized into three main categories of work:

**1. Systems redesign**

The systems redesign will introduce a defined concerns process to avoid minor resolvable issues from becoming formal complaints. As well, physicians will be engaged early in the complaint process, and their initial response to the complaint will be considered prior to triaging the complaints process to be followed. This will allow more minor complaints to be triaged to early resolution; outright dismiss decisions to be based on information from both parties. Investigation will be reserved for complex medical and boundary files. This strategy will decrease the number of time consuming investigations that are required, and improve timeliness of the processes. The work to achieve this change will involve analysis of the complaint handling process and adjusting the intake process, related forms and communications.

**2. Reorganization of Professional Conduct roles and responsibilities**

As result of changes in redesign as well as the need to provide clarity and scope around existing and responsibilities of the PC staff, the department will undergo reorganization and an additional staff complement will need to be recruited and trained. To accomplish this, Professional Conduct (PC) will review not only the compliment of existing staff, but their assignment within the organizational structure, and the need to add roles which are effective at resolving matters. The department will look to design roles which involve more effective use of mediation based resolution at the initial stages, more effective use of inquiry and information gathering before dismissing a complaint (improved complaint satisfaction), and dealing with matters which are more concern based and potentially resolvable before becoming a complaint of record. In addition, enhancing support for boundary complainants and for hearing preparation of witnesses will be a priority.

**3. Continued improvement on processes**

Once the proper roles are established and the structure in place, the department will undergo a careful review involving each phase of the process in a total Quality Improvement Program. The knowledge and experience of PC staff will be mined and an external Quality Improvement Consultant hired on a term basis to support and move this work forward.

For detailed tasks and timelines refer to the [Project Bluebird Roadmap and Work streams](#).

## Works Cited/References

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- Field Law: Professional Conduct Enhancement Review
- Alberta Federation of Regulated Health Professions – Complaints Director’s Manual
- Commentary on Legal Issues Affecting Professional Regulation - *Oversight through Publishing Performance Measures*
- Health Quality Council of Alberta - *Improvement Survey Report*-embargoed

## Bibliography

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Results’ Catalyst – Leading and Managing Change: NF [nextforge.com/results-catalyst-leading-and-managing-change](https://nextforge.com/results-catalyst-leading-and-managing-change). August 15, 2018. P1-17

Right-touch regulation Revised. October 2015. Professional Standards Authority for Health and Social Care.

Watkins, Michael D. 2013. First 90 Days: Elements of Organizational Architecture - Chapter 6 Achieve Alignment. Harvard Business School Publishing. p. 144.

Hearts and Minds. What is safety culture? From  
<https://heartsandminds.energyinst.org/cuture>

CPSO 2020 Annual Report

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# Definitions & Acronyms

ERO = Early Resolution Officer  
PC = Professional Conduct  
QAR = Quality Assurance Review  
QI = Quality Improvement  
REU = Research Evaluation Unit


# Version History





ID	Changes	Date Created	Author
1	Initial Draft Charter	February 4, 2021	Susan
2	Revised Draft Charter	April 21, 2021	Rhonda
3	Revised Draft Charter	June 5, 2021	Dawn
4	Revised Draft Charter	June 7, 2021	Rhonda
5	Revised Draft Charter	August 19, 2021	Rhonda
6	Revised Draft Charter	February 28, 2022	Dawn
7	Revised Draft Charter	March 11, 2022	Dawn


<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 17, 2022	Dr. Susan Ulan		
<b>Agenda Item Title:</b>	Key Performance Indicator (KPI) targets for 2022		
<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 <u>Choose an item.</u> 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>	Approve the key performance indicator targets for 2022.		
<b>Background:</b>	<p>Council approved the current strategic plan in 2017. Following that approval CPSA leadership developed a Strategic Action Plan that outlined the high level actions to be completed in each of the five years through 2022.</p> <p>As part of the Action Plan, key performance indicators (KPI) were developed with input from Council. KPI is a measurable value that demonstrates how effectively an organization is achieving key business objectives. KPI were developed for each of CPSA' business pillars.</p> <p>Each year leadership identifies targets to be achieved and reports back to Council quarterly on the progress towards meeting those approved targets.</p> <p>The KPI and 2022 targets were initially presented to Council at the September 2021 meeting along with the Business Plan.</p>		

The targets identified for 2022 are listed in the far right column in the table below.  
Also included are the historical targets and actual results for 2020 and 2021 for comparison.

### KPI Progress to Date

Business Pillar	KPI	2020 Target	2020 Actual	2021 Target	2021 Actual	2022 Target
Quality Mandate 	CPSA has engaged regulated members to encourage, support and confirm participation in QI	Engage up to 20% of regulated members in clinical practice	27% at the end of 2020	Engage another 20% to a total of 40% of regulated members in clinical practice	84% 10,589 regulated members self-reported of being engaged in quality improvement and/or personal development initiatives.	<b>Engage another 20% to a total of 60% of regulated members in clinical practice</b>
	High risk individual physicians are assessed (KPI reported on dashboard) (measure reported on dashboard)	200 annually from 2020 onwards (2% of membership)	2% of membership	200 annually from 2020 onwards (2% of membership)	2% 48 referrals + 146 PAF + 30 Factors	<b>200 annually from 2020 onwards (2% of membership)</b>
	Practice enhancement/remediation is outsourced	Up to 30% QA IPR (individual practice review) files outsourced	15% of files	Up to 45% QA IPR outsourced	28%  55 IPR physicians or 28% have been referred to external CPSA partners this year for assessment and/or remediation work.  Most outsourced assessment/remediation work applies to referral IPR physicians. In 2021, the number of referred IPR physicians from Complaints and Prescribing decreased significantly in comparison to previous years.	<b>Up to 60% QA IPR outsourced</b>

Business Pillar	KPI's	2020 Target	2020 Actual	2021 Target	2021 Actual	2022 Target
Organization Presence & Influence 	Improve media sentiment score	Average media sentiment score of 67%	Year-end Accumulated Average 67.3%	Average media sentiment score of 68%	Average score for 2021 = 65%  We continued to see negative media coverage through far-right publications, such as the Western Standard, around issues like CPSA's inspection process and the Dr. Wessels sanction decision.	<b>Average media sentiment score of 68%</b>
Digital Health 	There is an Standard of Practice (SOP) in place outlining the requirements to practice digital health on AB patients	Draft SOP	Push to early 2022, waiting on Virtual Care working group next report. Planning has begun on the SOP	Finalize SOP	SOP Approved by Council for implementation Jan 2022.	<b>N/A</b> Completed in 2021
Business Intelligence 	Physicians are assigned a validated risk score	33% by 2020	33% complete	66% 2021	Models adapted and finalized.  Completed	<b>N/A</b> Completed in 2021
Organizational Culture and Capacity 	Exemplary Employee engagement as reported on the employee engagement survey  Wording used on dashboard for 2020 & 2021: Solicit feedback and identify priority	Solicit feedback and identify priority actions	Completed	Pulse survey to ensure progress	50%  New approach for employee survey is being considered and implemented in 2022 since 2020 data is now out of date.  Two Registrar Rounds sessions held in 2021	<b>80% score on survey</b>

		actions for employee engagement. (Survey completed every 3 years)				(Spring and November). These sessions provided an opportunity for Scott to connect with CPSA team members in small group settings, to provide information and hear feedback face-to-face.	
	<b>Business Pillar</b>	<b>KPI's</b>	<b>2020 Target</b>	<b>2020 Actual</b>	<b>2021 Target</b>	<b>2021 Actual</b>	<b>2022 Target</b>
	Learning Organization 	Departments are engaged in CQI	25%	10%	33%	25%  Interviews with Registration completed. Modeling has begun. Consultant is working on report for CQI stages to be rolled out in 2022	<b>66%</b>

New for 2022, CPSA leadership will work towards tracking and reporting on measures for complaint files. Time frames for closing files have been developed through the work by our Professional Conduct team in the Bluebird project.

The various work streams and time frames to close files are outlined below. This information was presented to Council in the Bluebird presentation at the September 2021 meeting.

<b>Non-Investigation</b>		<b>Investigation</b>	
Expert Opinion	210 days	Dismiss After Investigation	400 days
Consensual Resolution	210 days	Resolution After Investigation	550 days
Outright Dismissal	120 days	Notice of Hearing (Issued)	480 days
Direct Resolve	75 days		
Concern Process	45 days		

	<p>Work is in progress to identify the tools and have the capability to report on the length of time to close files.</p> <p><b>Recommendation</b></p> <p>CPSA's leadership team has carefully reviewed the KPIs and the 2022 targets given the current legislative requirements and context and recommends that Council accept the 2022 targets as presented.</p>
Next Steps:	<ol style="list-style-type: none"> <li>1. Once Council approves the KPI targets for 2022, a dashboard will be created and Council will receive quarterly reporting of progress toward the targets.</li> <li>2. Upon approval by Council of the new Strategic Plan, then CPSA leadership will begin drafting a 5-year Action plan listing the high level high level actions to be completed.</li> <li>3. CPSA leadership will also begin development of new KPI to measure the organization's performance.</li> </ol>
List of Attachments:	
1. <a href="#">Business Plan 2022</a>	

# CPSA Business Plan for 2022-2024

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**Updated: July 28, 2021**

## Our Vision

The highest quality medical care for Albertans through regulatory excellence

## Our Mission

To protect the public and ensure trust by guiding the medical profession

## Goals

1. We guide and support physicians in providing competent, compassionate and ethical care to patients

2. We are a trusted voice in influencing public policy for an effective, integrated health system

3. We foster quality health care through collaboration and cooperation with other key stakeholders

4. We are a recognized leader and innovator among self-regulated professions

### Quality Mandate

This strategy has two key elements:

- To ensure all physicians meet minimum standards expected of their profession.
- To foster and support the highest quality of medical/health care through collaboration and cooperation with key stakeholders.



### Organization Presence & Influence

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.



### Digital Health

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).



### Business Intelligence

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 (e.g. Continuing Competence, Research & Evaluation unit (REVU), Organizational Risk, etc.) 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 support it.



### Organizational Culture & Capacity

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.



### Learning Organization

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.



## Brand Characteristics

Approachable

Collaborative

Consistent

Informed

Thorough

Transparent

## Our Values

We do the right thing

We make informed decisions

We empower people

We collaborate

We are innovators

### Categorization of Risk if Action/Tactic is Deferred/Cancelled

Categorization of most prominent risk if proposed Activity was deferred/cancelled in 2019			
L	Legal	O	Operational/strategic
F	Financial	R	Reputational

#### Risk Level:


1, 2, 3, 4	Low
5, 6, 8, 9, 10	Medium
12, 15, 16	High
20, 25	Very high

## Evaluation Criteria


		Impact				
Likelihood		1	2	3	4	5
		Very Low	Low	Medium	High	Very high
Very High	5	5	10	15	20	25
High	4	4	8	12	16	20
Medium	3	3	6	9	12	15
Low	2	2	4	6	8	10
Very Low	1	1	2	3	4	5


### Priority Definitions


Priority	Name	Description
1	Must Have	Failure to do activity would not allow CPSA to meet legislative requirements. Examples: Would not meet HPA Would not meet CPSA bylaws Would put Public at risk
2	Strategically required	Not legislated yet but we have identified through environmental scanning that public/government expect us to be doing the activity and the reputational risk to us if there was an issue with us not doing it could be devastating. Example IPAC complaint in 2007 and 2 Sex cases in 2019 both of which led to drastic legislative change could have been avoided if we had been more pro-active in our scanning and had proactively built processes to handle. Some of the things in our business plan are there for this reason.
3	Nice to have	Any activity that is proactive in nature. Examples: Aligns with SAP Best Practices/ Innovative/enhancement May put public at risk
4	Defer/Delay	The initiative is important, but there is not capacity (staffing) to complete the task in the current fiscal year. The initiative is proposed to be deferred to 2022 or subsequent year.
5	Potential Stop	Propose to stop this initiative.


<b>Quality Mandate Strategy</b> <b>Definition:</b> This strategy has two key elements: <ul style="list-style-type: none"> <li>• To ensure all physicians meet minimum standards expected of the profession.</li> <li>• To foster and support the highest quality of medical/health care through collaboration and cooperation with key stakeholders.</li> </ul>						
CPSA Council Strategic Goals Supported: 1, 3, and 4.						
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target	2024 Target
1. CPSA has confirmation that all AB physicians are engaging in high quality and relevant CQI. 2. At risk physicians are assessed by CPSA and, when necessary, are elevated to minimum standards. 3. Practice enhancement/remediation is outsourced to faculties of medicine and other outside educational bodies. 4. All physicians prescribe antibiotics appropriately. 5. All physicians prescribe benzodiazepine and opioids appropriately. 6. All physician practices reprocess medical devices to medical device reprocessing (MDR) standards. 7. Public has confidence their physicians are providing good care.	<ul style="list-style-type: none"> <li>• CPSA has engaged regulated members in QI</li> </ul>	Engage up to 20% of regulated members in clinical practice [ 27% at the end of 2020]	40% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement	60% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement	80% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement	100% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement
	<ul style="list-style-type: none"> <li>• Higher risk individual physicians are assessed in QA</li> </ul>	200 annually from 2020 onwards (2% of membership) [2% of membership at the end of 2020]	200 regulated members assessed (2% of membership)	200 regulated members assessed (2% of membership)	200 regulated members assessed (2% of membership)	200 annually from 2020 onwards (2% of membership)
	<ul style="list-style-type: none"> <li>• Practice enhancement assessment/remediation is outsourced</li> </ul>	Up to 30% QA IPR (individual practice review) files outsourced [15% of files membership at the end of 2020]	Up to 45% QA IPR outsourced	Up to 60% QA IPR outsourced	Up to 70% QA IPR outsourced	Up to 75% QA IPR outsourced

Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
									Categorization	Likelihood	Impact	Level	Rating
Accredit newly opening community medical clinics	SOP requiring non-accredited community medical clinics to register at CPSA begins consultation and Council approval process. Continue to	SOP approved by Council towards end of 2022 or beginning of 2023. Finalize operational framework to implement SOP and	IT requirement 1.0 FTE contract role for 2 years. \$93,000	SOP requiring non-accredited community medical clinics to register at CPSA approved by Council and ready for implementation.	Membership recognizes SOP and expectations. Collaborative partners such as AH support SOP and agree to contribute to success.			Strategically Required	Operational/Strategic	High	Medium	High	12


	Global Name	2022 Action/Tactics 	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
		develop operational process to communicate expectations and monitor adherence to SOP.	monitor adherence. Communication plan developed and online registration tool made available for implementation by year end.		Communication plan begins to ensure SOP and expectations are recognized and understood by membership. Begin to trial adherence and monitoring process.	Trial begins using online tool.								
	Members Participate in QI Programs	100% membership reports on Continuous Quality Improvement (CQI) engagement using Renewal Information Form (RIF). CPSA continues to provide CQI support to member physicians with our Quality Improvement (QI) programs. Trial and evaluate a process for auditing 20% of membership annually on adherence to quality mandate.	60% of members are engaged in CQI. An auditing process is developed.		100% membership reports on CQI engagement using RIF. CPSA continues to provide CQI support to member physicians with our QI programs. Implement and evaluate a process for auditing 20% of membership annually on adherence to quality mandate.	Auditing process proven effective. 80% members engage in CQI.	100% membership reports on CQI engagement using RIF. CPSA continues to provide CQI support to member physicians with our QI programs. Implement and evaluate a process for auditing 20% of membership annually on adherence to quality mandate.	Auditing process proven effective. 100% members engage in CQI.	Strategically Required	Operational/Strategic	High	Medium	High	12
	Quality Assurance Factors Work	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 Quality Assurance (QA) programs in total.		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.	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 based on risk scores.	Strategically Required	Operational/Strategic	High	Medium	High	12


	Global Name	2022 Action/Tactics 	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
	CQI support for physicians	Providing support for member physicians practice improvement (PPI) by investing in the development of Peer Coaching program, Learning Management System and courses. The U of C will make available these program and courses for all physicians in Alberta. (year 3 of 3)	Tools and courses to support Physician Practice Improvement are accessible for all Alberta physicians through U of C.	\$135,000 program and course development by U of C.					Strategically Required	Operational/Strategic	High	High	High	16
	High Functioning Members	Recognize high functioning members and seek their support for colleagues.	Engage high performers based on continuum in our quality mandate work.		Recognize high functioning members and seek their support for colleagues.	Engage high performers based on continuum in our quality mandate work.	Recognize high functioning members and seek their support for colleagues.	Engage high performers based on continuum in our quality mandate work.	Nice to Have	Operational/Strategic	High	Medium	High	12
	Alberta Surgical Initiative	Develop framework/strategic plan for NHSF program management of Alberta Surgical Initiative (ASI) - phases delayed due to COVID:  Phase 2 - 2021-2022 (expansion of new procedures in current NHSFs)  Phase 3 - 2022-2023 (expansion of	Program able to manage all Phase 2/3 service increases	Deferred recruitment to 2023	Develop framework/strategic plan for NHSF program management of Alberta Surgical Initiative (ASI):  Phase 3 - 2022-2023 (expansion of procedures to new NHSFs)	Program able to manage all Phase 3 service increases	Maintain framework/strategic plan for management of Alberta Surgical Initiative (ASI) on NHSF Program	Program able to accommodate all services increases due to ASI.	Strategically Required	Operational/Strategic	High	High	High	16


	Global Name	2022 Action/Tactics 	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
		procedures to new NHSFs)												
	Systematic Review - physician health factors	Continue literature review of health conditions relevant to the Physician Health Monitoring program (year 2 of 3): Phase 1 (continued) - Age related cognitive decline  Phase 2 (continued) - Sleep deprivation  Phase 3 - Suboxone and the affects on cognition	Extraction of identified literature; Creation of review document	\$75,000	Continue literature review of health conditions relevant to the Physician Health Monitoring program (year 3 of 3)	"Extraction of identified literature; Creation of review document"			Strategically Required	Reputational	Medium	Low	Medium	6
	Bill 46 (new)	Complete consultation for Continuing Competence SOP and present to Council for approval. Communication begins for new SOP.	Council approves CC SOP. Communicate to all membership about new SOP.		Continue communication to all membership about new CC SOP.				Must Have	Reputational	High	High	High	16


Organization Presence & Influence Strategy							
<b>Definition:</b> 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.							
CPSA Council Strategic Goals Supported: all							
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target	2024 Target	
1. Through PRO-Active, CPSA has collaborated with stakeholders to improve the healthcare workplace for physicians in all sectors. PRO-Active - A multi-stakeholder action plan to support the advancement of professional behaviour among physicians, learners and leaders in Alberta. 2. The CPSA through a brand strategy will be recognized as an organization that supports, guides and mentors physicians, empowering them to deliver quality health care. CPSA will be seen as an organization that promotes a collaborative approach to profession-led regulation that adapts to the complexities of front line care delivery. 3. CPSA is an organization recognized for establishing cultural awareness and understand the unmet health needs for vulnerable populations. 4. In collaboration with stakeholders, CPSA has advanced the vision of physician integration and quality described in the 2017 Office of the Auditor General (OAG) report – Better Healthcare for Albertans. 5. Council/CPSA effectively uses public input. 6. The public has confidence that CPSA influence stakeholders to adopt processes and policies to advance high quality care for all Albertans.	<ul style="list-style-type: none"> <li>Improve media sentiment score</li> </ul>	Average media sentiment score of 67%  [Average 67.3% at the end of 2020]	Average media sentiment score of 68%	Average media sentiment score of 68%	Average media sentiment score of 69%	Average media sentiment score of 70%	


Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
									Categorization	Likelihood	Impact	Level	Rating
Disruptive Physicians	Continue bilateral initiative with Alberta Health Services (AHS) regarding	Develop a plan with AHS to address disruptive physicians building on the work of PROactive						Strategically Required	Reputational	High	High	High	16

	Global Name								2022				
		2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	Risk Assessment			
										Categorization	Likelihood	Impact	Level
		disruptive physicians.											
	Provincial Quality Work (new)	Contribute to provincial initiative to promote physician quality improvement.  Collaboration with AHS, AH, University faculties.	Develop an implementation plan with the other stakeholders of the Provincial CPD Steering Committee to operationalize the Provincial CPD Framework. Focus on quality improvement (QI) work.	\$50,000	Contribute to provincial initiative to promote physician quality improvement.  Collaboration with AHS, AH, University faculties.	Operationalize the actions from the implementation plan.			Strategically Required	Operational/Strategic	Medium	Very High	High
	Communication / Brand Strategy	Continue Communications Strategy, Brand Strategy, Physician and Albertan engagement, media and marketing	Communication and brand effectiveness assessment to measure the effectiveness of brand change. Ongoing efforts related to public and physician engagement.		Continue Communications Strategy Brand Strategy, engagement, media and marketing	Media monitoring, brand implementation projects for all depts, ongoing communications support and physician and Albertan engagement initiatives.	Greater implementation of brand initiatives, ongoing media, social media and		Strategically Required/Nice to Have (Tie)	Reputational	High	High	High
	Project Bluebird - overview	Project Bluebird - transformation of the Complaints Process Three Year Strategy.	Improved transparency on reporting of statistics; established metrics; public and member improved engagement and satisfaction.	Staff Time	Project Bluebird - transformation of Complaints Process Three Year Strategy; establishment of appropriate metrics and measurements for ongoing measurement into the future of the department;	Improved and transparent metrics established; improved engagement with public and members; identification and transparency around processes related to discipline and other remedial activities.	Project Bluebird - transformation of Complaints Process Three Year Strategy; demonstrated improvement in KPI's since 2020 using new metrics established in 2023. Engagement with Physicians and Community increased.	Demonstrated innovation in complaints - engagement of regulated members; addressing bias in complaints processes; improved community engagement (ie: Indigenous populations)	Must Have	Reputational	Very High	Very High	Very High


Digital Health Strategy							
<b>Definition:</b> 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).							
CPSA Council Strategic Goals Supported: 1, 2, and 4.							
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target	2024 Target	
1. Seamless licensure for cross jurisdictional patient care using digital means is enabled in Canada. 2. The public can trust that digital health technologies offered via medical practitioners are safe and effective. 3. Members understand CPSA expectations regarding digital health (Standard of Practice (SOP) in place). 4. Members have the competencies required to practice in the digital healthcare environment.	There is an SOP in place outlining the requirements to practice digital health on AB patients  [Actual: Push to early 2022, waiting on Virtual Care working group next report. Planning has begun on the SOP]	Draft SOP  [Push to early 2022, waiting on Virtual Care working group next report. Planning has begun on the SOP]	Finalize SOP	Operationalize SOP			

Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
									Categorization	Likelihood	Impact	Level	Rating
													
Educate Public on Digital Health	Continue to educate and communicate to the public and membership the risks and benefits of receiving and delivering healthcare through digital means. Expect increase in communications and	Public and membership acknowledge risks and benefits in receiving and delivering healthcare through digital means.	\$5,000					Nice to Have	Reputational	High	High	High	16


	Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
		 <p>health care emerges from the pandemic.</p> <p>Measure the member and public awareness on the impact that digital health technologies and means have on public safety.</p>												
	Digital Health Framework	Pilot and evaluate the effectiveness of the regulatory framework for digital health technologies and roll out communications to educate members.	The regulatory framework for digital health technologies is proven effective and members are aware of expectations.		Introduce digital health to the quality mandate framework.	Establish audit/feedback tools for digital health within the quality mandate.	Introduce digital health to the quality mandate framework.	Establish audit/feedback tools for digital health within the quality mandate.	Strategically Required	Reputational	High	High	High	16
	Digital Health SOP	<p>Operationalize the use of the Telemedicine SOP and to educate physicians regarding the expectations.</p> <p>Communicate the SOP for digital health effectively to members and the public.</p> <p>Measure the effectiveness of the SOP for digital health.</p>	<p>Physicians are educated about the telemedicine SOP and it becomes one of the CPSA tools used.</p> <p>The members and the public acknowledge the SOP for digital health.</p> <p>Members adhere fully to the SOP.</p>						Strategically Required	Reputational	High	High	High	16


<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 (e.g. Continuing Competence, Research & Evaluation Unit (REVU), Organizational Risk, etc.). 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.						
CPSA Council Strategic Goals Supported: 1, 2, 3 and 4						
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target	2024 Target
1. CPSA has developed the capacity to understand and evaluate where its physician members lie on a continuum of performance and quality. 2. CPSA uses data and analytics to inform all regulatory processes.	Physicians are assigned a risk score that is refreshed annually with the most current available data and evidence.	33% complete by end 2020  [33% by the end of 2020 REVU continues to validate physician risk scores by performing various analyses and modelling of current data, including 2020 RIF data.]	66% 2021	100% by 2022		


Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
									Categorization	Likelihood	Impact	Level	Rating
Physician Factors Developed	Continue to validate physician factors.	Identify Alberta physicians on the continuum. Physician risk score populated on internal database for use by all CPSA departments.		Report to members their individual position on the performance continuum and collect feedback.	Each member recognize and acknowledge where they position on the performance continuum.	Support members in improving practice based on where they are on the continuum.	Members to self identify improvement opportunities and seek support based on annual risk score reporting.	Strategically Required	Reputational	High	High	High	16
Differential Fee (new)	Finalize rationale for differential fees for physician annual fees. Roll out functionality for 2023 billing.	Physicians to be billed a fee along with the annual fee when certain criteria is met.	Staff time					Nice to Have	Reputational	Low	Medium	Medium	6


Organizational Culture and Capacity Strategy						
Definition: 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.						
CPSA Council Strategic Goals Supported: all						
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target	2024 Target
1. All CPSA staff feel valued for their commitment and contribution to the organization 2. CPSA is a high-functioning organization – best-in-class not only as a regulator but a benchmark beyond its sector. 3. CPSA has a well-trained, capable and adaptive workforce.	Exemplary Employee engagement as reported on the employee engagement survey	Solicit feedback and identify priorities actions  [ Completed by the end of 2020]	Pulse survey to ensure progress	80% score on survey		maintain our status of employer rating on the employment engagement survey


Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
									Categorization	Likelihood	Impact	Level	Rating
Employee Engagement (Every 3 years)	Partner with (potentially new) vendor to conduct employee engagement survey  Next survey 2022	Engagement scores increase to 80%	\$15,000	Follow-up on employee engagement survey result.- Follow-up based on results	Follow up completed.			Nice to Have	Operational/Strategic	Medium	Medium	Medium	9
Performance Management	Adjust performance management to drive behaviors we need/align with HR Philosophy and Total Compensation Philosophy	Alignment of staff with required competencies		Adjust performance management to drive behaviors we need/align with HR Philosophy and Total Compensation Philosophy	Alignment of staff with required competencies			Nice to Have	Operational/Strategic	Low	High	Medium	8


	Global Name	2022 Action/Tactics 	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
	Talent Pipeline	Develop talent pipeline (continued) Create succession plan/knowledge transfer/growth opportunities for staff at all levels	Process & succession plan created. Increased staff engagement  Improved survey results – best employer  More upward movement in organization  Succession planning in place and continually iterative.		Review internal job classification structure. (Accountability Banding Scoring Guide)		Review internal job classification structure (continued) (Accountability Banding Scoring Guide)	Accountability Banding Scoring Guide updated	Nice to Have	Operational/Strategic	Low	Medium	Medium	6
	Staff training (new)	Equity, Diversity & Inclusion training for staff (enhanced training)		\$10,000					Strategically Required	Reputational	High	High	High	16
	People Resource Center	Streamline work processes: Continued rollout of People Resource Centre in second phase. (year 2 of 2)		\$5,000					Nice to Have	Operational/Strategic	Low	High	Medium	8
	Total Compensation Review (Every 3 years)	Conduct salary & benefit review	Alignment of compensation with Total Compensation philosophy						Nice to Have	Operational/Strategic	Low	High	Medium	8


									2022					
	Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
														
	Rewards and Recognition Program				Review / revise Reward & Recognition program	R&R plan rolled out.								
	Employee Benefits				Roll out possible changes in employee benefits	Total compensation in line with CPSA compensation philosophy.								
	Mentorship Program				Develop mentorship program	Mentoring program completed.								
	EDI Advisory Committee (new)	Establish an Equity, Diversity, Inclusion (EDI) advisory committee		\$37,600					Nice to Have	Reputational	Low	Medium	Medium	6
	License Portability Framework for MRAs	Introduce the fast track license option at FMRAC and expand collaboration to all participating MRAs	Participating MRAs apply framework for fast track license option among the provinces		Measure the effectiveness and impact of the framework for improved license portability and fast track license option.	Framework proven to be effective.	Continue to apply the regulatory framework for digital health technologies.	Regulatory framework for digital health technologies is in full implementation.	Strategically Required	Reputational	Medium	Medium	Medium	9
	HPA - Act to Protect training	Patient Relations part I continue follow up and part 2 will be added to annual renewal end of 2021 with follow up into 2022	Physicians have completed training for Part 1 & Part 2 modules.						Must Have	Reputational	Medium	Medium	Medium	9

	Global Name	2022 Action/Tactics 	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
	Bill 21 Compliant (Alberta Health Care Insurance Act)	Implement any changes required due to Bill 21 ( <i>Alberta Health Care Insurance Act</i> )	Compliant with Bill 21 <i>Alberta Health Care Insurance Act</i> by Jan 1, 2022						Must Have	Legal	Medium	High	High	12
	Fair Registration Act	Continue implementation of Field Law review suggestions for compliance - begins in 2021	Compliant with Fair Registration Act						Must Have	Legal	Medium	High	High	12
	Document Drop Zone	2019 Carried over: Develop tool for document submission.  1) Continue develop functionality for online form submission for existing physicians registered with CPSA.  2) XML functionality required to import document properties from website online forms to be reviewed by dept and uploaded into QUEST. (reduce	Streamlined tool for customers submitting documents.  Reduced staff time for manual data entry of document scanning, entering document properties, and uploading documents to QUEST.  Reduced department staff time for manual entry into DOC.		Continue work from 2021: Develop tool for document submission.  1) Continue develop functionality for online form submission for existing physicians registered with CPSA.  2) XML functionality required to import document properties from website online forms to be reviewed by dept and uploaded into QUEST. (reduce manual data entry by Admin team supporting departments)	Streamlined tool for customers submitting documents.  Reduced staff time for manual data entry of document scanning, entering document properties, and uploading documents to QUEST.  Reduced department staff time for manual entry into DOC.			Nice to Have	Operational/Strategic	Medium	Medium	Medium	9


	Global Name								2022				
		2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	Risk Assessment			
										Categorization	Likelihood	Impact	Level
		manual data entry by Admin team supporting departments)  Continue work started in 2021: 3) XML functionality required to import data entered by customers on website online forms to be reviewed by dept and uploaded into DOC. (reduce manual data entry by departments)			3) XML functionality required to import data entered by customers on website online forms to be reviewed by dept and uploaded into DOC. (reduce manual data entry by departments)								
	Complaint SharePoint (new)	Establish an electronic exchange (SharePoint) for complainants (patients) to access confidential information (ie: correspondence) vs. mailing or sending by email (Project Bluebird)	Compliant with Privacy needs; compliant with legislated timelines.  Reduced registered mail costs.	IT requirement 1.0 FTE contract role for 2 years.  \$93,000	Develop Complaints portal section as an addition to the Operations Document Drop Zone project.  Online submission of Complaint Forms via the website; access to upload additional documents to support complaint. Elimination of receiving confidential	Streamlined tool allowing Complainant to submit complaint form & any other document.			Strategically Required	Operational/Strategic	Very High	Very High	Very High

	Global Name								2022				
		2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	Risk Assessment			
										Categorization	Likelihood	Impact	Level
					documents by mail or fax.								
	Project Bluebird – External reviewers	Establish External Reviewers formalized program - regulated member participation as well as other physicians outside Alberta.	Increased engagement with regulated members; improved service through thoroughly trained external peer reviewers.	\$90,000					Must Have	Operational/Strategic	Medium	Medium	Medium
	Project Bluebird - staffing	Transformation of the workforce structure of the Professional Conduct department; align positions to work streams; re-alignment of reporting structure; new recruitments.	Ability to meet the demands of the increasing complaints; future focus to support innovative problem solving (concern/complaint) and aligning with 3 year vision of the Bluebird project.		Revisit workforce structure to ensure efficiencies are attained; may require adjustments to role profiles based on experience over 2 years within the work streams.	Final positions recruited and position profiles fully aligned to new vision.			<b>Must Have/Strategically Required (Tie)</b>	Operational/Strategic	Very High	Very High	Very High
	Project Bluebird - consultants	Project Bluebird - extensive transformation of workflows; requires Project Manager; Quality	Project Charter and Timelines created; QI specialist working with work streams; HR assistant	\$30,000					<b>Must Have/Strategically Required (Tie)</b>	Operational/S strategic	Very High	Very High	Very High

	Global Name	2022 Action/Tactics 	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	2022				
									Priority Level	Risk Assessment			
										Categorization	Likelihood	Impact	Level Rating
		Improvement Specialist; HR Assistant to facilitate project work.	facilitating HR matters.										
	Customer service staff (new)	Hire additional staff	Enhanced customer service experience addressing phone calls into CPSA	\$93,200					Nice to Have	Nice to Have	Medium	Medium	Medium 9
	Graphic Designer (new)	Support from a contracted graphic designer throughout the year.	Streamline visual identity on all communications materials	\$24,000					Nice to Have	Operational/Strategic	Medium	Medium	Medium 9
	Physician App (new)				Development of a CPSA Physician app	Development of a CPSA physician app to improve physician communication and access to information.			Nice to Have	Operational/Strategic	Medium	Medium	Medium 9
	Communication Staff (new)	A communications advisor will be retiring in March 2022, we would like to expand this role from 0.6 to 1.0 FTE with benefits	Recruit a high quality communications professional to support the increasing communications needs of CPSA.	\$39,900					Nice to Have	Operational/Strategic	Medium	High	High 12

<b>Learning Organization Strategy</b> <b>Definition:</b> 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.						
CPSA Council Strategic Goals Supported: all						
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target	2024 Target
All CPSA functional areas engage in high quality CQI	<ul style="list-style-type: none"><li>Departments are engaged in CQI</li></ul>	25%  [10% at the end of 2020]	33%	66%	75%	100% by 2024

Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
									Categorization	Likelihood	Impact	Level	Rating
CPSA CQI	Continuous quality improvement (CQI) of all CPSA processes (ongoing)	Regular reporting on results and action plans Processes improve across CPSA	\$30,000	CQI of all processes ongoing – continue implementing stretch goals	Regular reporting on results and action plans Processes improve across CPSA	CQI of all processes ongoing – continue implementing stretch goals	Regular reporting on results and action plans Processes improve across CPSA	Nice to Have	Operational/Strategic	Medium	Medium	Medium	9
Augmented Reality Technology - Assessment Support (new)	Develop proof of concept project plan for use of augmented reality headsets in conducting assessments;  Perform a detailed environmental scan;  Conduct internal (within CPSA) and external (accredited facility) pilots	Understand implications, best scenarios for use and return on investment for use of AR technology in enhancing and supporting accreditation assessments	\$5,000 / headset 1 - 2 headsets  \$3,300 (amortization cost)	Consider implementing use of augmented reality headsets in accreditation assessments in accordance with pilot findings	AR technology supports enhanced accreditation assessment processes	Consider broadening scope of proof of concept project plan for use of augmented reality headsets in other CPSA activity (e.g. IPAC, CC);  Conduct relevant internal and external pilots	Understand implications and return on investment for use of AR technology in enhancing and supporting CPSA medical regulation activity	Nice to Have	Operational/Strategic	Low	Low	Low	4

	Global Name	2022 Action/Tactics	Expected Results	Budget	2023 Action/Tactic	Expected Results	2024 Action/Tactic	Expected Results	Priority Level	2022 Risk Assessment				
										Categorization	Likelihood	Impact	Level	Rating
														
	Bluebird Project - learning	Engage Professional Conduct Team in learning about bias in investigations and improved quality of investigations - facilitate knowledge transfer during Bluebird Project.	Establish investigator training program on bias and quality investigations.	\$30,000	Engage Professional Conduct Team in learning about mental health and communicating with complainants and/or patients in difficult circumstances.	Establish course on communications and mental health challenges specific to the complaints process.			Nice to Have	Operational/Strategic	Medium	Low	Medium	6
	History of CPSA (new)	Develop and begin implementation of a project plan and determine the scope of resources required to create a history of CPSA	Complete project plan and begin implementation of project.	\$50,000	Develop a project plan and determine the scope of resources required to create a history of CPSA  * resources would be required	No capacity with existing CPSA team.  Potential for building fund \$			Nice to Have	Operational/Strategic	Low	Low	Low	4
	Governance Review (new)	Governance Review	A governance review allow an organization to reexamine its membership structure, by-laws, board role, board composition, governance approach or model, and organizational policies to ensure that goals of good governance and accountability to stakeholders are met.	\$100,000 consulting + \$16,000 per diems for Council = \$116,000  Year 1	Governance Review	A governance review allow an organization to reexamine its membership structure, by-laws, board role, board composition, governance approach or model, and organizational policies to ensure that goals of good governance and accountability to stakeholders are met.			Nice to Have	Operational/Strategic	Low	Low	Low	4

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 17, 2022	Dr. Ehi Iyayi		
<b>Agenda Item Title:</b>	Anti-Racism Anti-Discrimination Action Advisory Committee (Formerly Equity, Diversity and Inclusion Advisory Committee) Update		
<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 Choose an item. 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>	It is recommended Council approve the proposed CPSA Position Statement on Racism and Discrimination developed by the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC).		
<b>Background</b>	<p><b><u>ARADAAC Background</u></b></p> <ul style="list-style-type: none"> <li>• Council approved the establishment of the Equity, Diversity and Inclusion (EDI) Advisory Committee in December 2, 2021 to provide advice on priority areas where CPSA has the greatest authority to action and influence change to disrupt racism and discrimination within CPSA as an organization and within regulated member practice.</li> <li>• CPSA had made a commitment at that time to have the final draft terms of reference (TOR) be informed by the knowledge, expertise and experiences of EDI Advisory Committee members themselves before seeking Council approval.</li> <li>• The EDI Advisory Committee has met twice since its December 2021 establishment to discuss             <ul style="list-style-type: none"> <li>- A change in name to the Anti-Racism Anti-Discrimination Action Advisory Committee (ADARAAC);</li> <li>- Changes to the TOR; and</li> <li>- The development of a CPSA Position Statement on Racism and Discrimination (Position Statement).</li> </ul> </li> <li>• The name change and revised TOR are a separate item on Council's agenda.</li> <li>• The focus of this briefing is the proposed Position Statement.</li> </ul> <p><b><u>Position Statement on Racism and Discrimination</u></b></p> <ul style="list-style-type: none"> <li>• The ARADAAC has developed the proposed Position Statement as a vehicle for CPSA to publicly acknowledge that</li> </ul>		

	<ul style="list-style-type: none"> <li>- Racism and discrimination exist in the medical profession in Alberta and can no longer be ignored; and</li> <li>- CPSA has committed to being a change agent in the disruption of racism and discrimination in the medical profession.</li> <li>• Discussion at ARADAAC meetings highlighted the following themes which are reflected in the Position Statement:             <ul style="list-style-type: none"> <li>- CPSA has been prompted by historical racism and discrimination in the medical profession, as well as recent events, to respond with a commitment to change;</li> <li>- In order to effect meaningful change, it must be openly acknowledged that                 <ul style="list-style-type: none"> <li>○ Racism and discrimination are experienced by patients, by members of the medical profession and by learners who wish to practice the medical profession;</li> <li>○ It is not enough to suggest that promotion of EDI will address racism and discrimination;</li> <li>○ Racism and discrimination must be disrupted before EDI initiatives can have impact;</li> <li>○ Racism and discrimination in all their forms are unacceptable and violate the CMA Code of Ethics &amp; Professionalism;</li> </ul> </li> </ul> </li> <li>• ARADAAC members felt it important that the proposed Position Statement must resonate with those who have experienced racism and discrimination within the medical profession and instill confidence in the sincerity of CPSA's commitment.</li> <li>• ARADAAC members supported the incorporation of a contextual preamble to the Position Statement for this purpose.</li> </ul>
Next Steps:	It is recommended that, if approved by Council, the proposed Position Statement on Racism and Discrimination be posted on CPSA's website.
List of Attachments:	
1. <a href="#">Proposed CPSA Position Statement on Racism and Discrimination</a>	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17-18, 2022	Shawn Knight		
Agenda Item Title:	Governance Review Update		
Action Requested:	<input type="checkbox"/> The following items require approval by <b>Choose an item.</b> 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 checked="" type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p>CPSA received 14 proposals in response to its Governance Review RFP issued last November. 4 criteria were used to evaluate the proposals:</p> <ul style="list-style-type: none"> <li>Firm's qualifications and experience in similar work with the not-for-profit sector</li> <li>Facilitation experience working with boards, staff and key stakeholders including:             <ul style="list-style-type: none"> <li>Demonstrated ability of the consultant to work cooperatively with diverse groups and individuals.</li> </ul> </li> <li>Fees and Pricing</li> <li>Quality of the proposal, including approach, timeframes and work plan including:             <ul style="list-style-type: none"> <li>Demonstrated understanding of the issues facing CPSA and the environment in which it operates.</li> </ul> </li> </ul> <p>A proposal review team included the Chair of the Governance Review Committee, CPSA Chief of Staff and CPSA Program Manager, Governance. John T. Dinner Board Governance Services was selected as the successful consultant. As outlined in the Project Charter, the project mission is:</p> <p>Conduct a comprehensive governance review that will identify opportunities for CPSA to update its corporate governance</p>

	<p>approach through the identification best practices, relevant governance principles, structures and processes.</p> <p>John Dinner has begun to gather best practices from other regulatory bodies and organizations, and in late February a governance survey will be sent to CPSA Council members, 4 most recent Past Presidents and CPSA's administrative Executive Team.</p> <p>The project was launched February 11, and the intention is that it will wrap up in May.</p>
Next Steps:	<p>The Governance Review Committee will have its first meeting on March 10. The Committee Chair will supplement this report with a verbal update of the Committee's work.</p> <p>Following the Governance Review survey which is to be completed by March 7, 2022, the Consultant will organize interviews with Council members, recent Past Presidents, and CPSA Executive team members. The interviews will take place between March 8 and 25.</p>
List of Attachments:	
N/A	

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 17 – 18, 2022	Dr. Michael Caffaro, Assistant Registrar (Registration)		
<b>Agenda Item Title:</b>	Development of a new registration category		
<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>	CPSA staff propose new registration category for regulated members who do not provide clinical care to Albertans.		
<b>Background:</b>	<p>The <i>Health Professions Act</i> and accompanying <i>Regulation</i> stipulates a minimum number of registration categories without limiting a regulatory college's ability to create additional registration categories for members. Some members may not practice in a clinical capacity as either a temporary or permanent change in practice scope – this may include (but not be limited to) administrative roles, members with active health conditions, parental leaves and roles in teaching and/or research. Individuals on this register would be required to meet the required obligations of registration including liability insurance, CPD obligations, annual permit renewal and RIF – a reduced annual permit fee would be anticipated for these members. Both provisional and general registrants may be eligible. However this would not be a register for individuals who are withdrawn/suspended as a result of Part 4 (Professional Conduct) and disciplinary orders.</p> <p>An individual regulated member intending to return to some form of clinical practice would be required to apply to CPSA Registration department for a change in category, including a review of what assessments/practice conditions may be required to ensure the delivery of safe and effective care to Albertans.</p>		
<b>Next Steps:</b>	CPSA staff to update Council at May 2022 meeting.		
<b>List of Attachments:</b>			
1. <a href="#">Health Professions Act (extract)</a> 2. <a href="#">Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation (extract)</a>			

- (3) The council must conduct the review as soon as reasonably possible and on making a decision must give the applicant and the registrar a copy of its decision with the reasons for the decision.

1999 cH-5.5 s32

## Registration

### Registers of members

**33(1)** A council

- (a) must establish, in accordance with the regulations, a regulated members register for one or more categories of members who provide professional services of the regulated profession, and
- (b) may, in accordance with the bylaws, establish other members registers for one or more categories of non-regulated members.

- (2) The name of a regulated member who is suspended remains in the register.

- (3) The registrar must enter the following information for each regulated member in the appropriate category of register established under subsection (1)(a):

- (a) the full name of the member;
- (b) the member's unique registration number;
- (b.1) whether the member's registration is restricted to a period of time and, if so, the period of time;
- (c) any conditions imposed on the member's practice permit;
- (d) the status of the member's practice permit, including whether it is suspended or cancelled;
- (e) the member's practice specialization recognized by the college;
- (f) whether the member is authorized to provide a restricted activity not normally provided by regulated members of the college;
- (g) whether the member is not authorized to provide a restricted activity that is normally provided by regulated members of the college;
- (h) information described in section 119(1).

**(4)** The registrar

- (a) may, in accordance with the regulations,
  - (i) enter in a register described in subsection (1)(a) information in addition to that required by subsection (3), and
  - (ii) remove information from a register,
- and
- (b) must require regulated members and applicants for registration as regulated members to provide information related to their demographic status, education, training and experience and their practice of the regulated profession in accordance with regulations under sections 131 and 134.

**(5)** The registrar may, if authorized by the bylaws, enter in a register and remove from the register information about members registered under subsection (1)(b).

RSA 2000 cH-7 s33;2001 c21 s3;2003 c39 s2

**Register information**

**34(1)** If a member of the public, during regular business hours, requests information on the register respecting a named regulated member, the college must provide the information described in section 33(3) with respect to that member.

**(2)** A college may, in accordance with the regulations, disclose information about its members in addition to the information referred to in subsection (1).

RSA 2000 cH-7 s34;2006 c19 s2(5)

**Register error**

**35(1)** The council, hearing tribunal, registration committee, complaint review committee or competence committee may direct the registrar to correct or remove, and the registrar may correct or remove, any entry made in error in a register.

**(2)** A regulated member may request the registrar to correct or remove any information in the register that is inaccurate or incomplete if the regulated member provides the registrar with the information that is necessary to enable the registrar to correct the incomplete or inaccurate information.

RSA 2000 cH-7 s35;2008 c34 s5;2018 c15 s6

**Registration of regulated members**

**36(1)** If an application for registration as a regulated member has been approved and all the applicable fees provided for in the

bylaws have been paid, the registrar must assign that member a unique registration number and enter the information required by section 33(3) in the appropriate register.

(2) On entering the name of a person in the register of regulated members, the registrar must issue the person a practice permit.

(3) A practice permit must include

- (a) the name of the regulated member;
- (b) the regulated member's unique registration number;
- (c) the name of the college that is issuing the practice permit;
- (d) a statement that the practice permit is issued pursuant to the *Health Professions Act*;
- (e) any conditions imposed on the regulated member's practice permit;
- (f) the category of registration if the college has more than one category of regulated member;
- (g) the expiry date of the practice permit.

(4) If a college issues a registration document in addition to a practice permit, the college must clearly state on the registration document that it is not a practice permit.

(5) A regulated member must

- (a) display the regulated member's practice permit where the regulated member provides professional services, or
- (b) on request, make the regulated member's practice permit available for inspection.

RSA 2000 cH-7 s36;2007 c32 s1(8)

#### **Corporations not members**

**37** A corporation, professional corporation or physical therapy corporation may not be registered as a regulated member nor as an other member.

1999 cH-5.5 s37

- (l) “provisional register” means the provisional register category of the regulated members register
  - (i) for physicians, surgeons and osteopaths referred to in section 2(a)(ii), or
  - (ii) for physician assistants referred to in section 2(b)(ii);
- (m) “Registrar” means the registrar of the College;
- (n) “scope of practice” means the range of clinical skills and procedures that a physician, surgeon or osteopath is competent to perform based on their training and practice experience;
- (o) “sponsor” means the sponsor identified in a sponsorship agreement;
- (p) “sponsorship agreement” means an agreement referred to in section 7;
- (q) “Standards of Practice” means the standards of practice adopted by the Council in accordance with the Bylaws and section 133 of the Act;
- (r) “student register” means the student register category of the regulated members register
  - (i) for physicians, surgeons and osteopaths referred to in section 2(a)(vii), or
  - (ii) for physician assistants referred to in section 2(b)(vi);
- (s) “telemedicine register” means the telemedicine register category of the regulated members register
  - (i) for physicians, surgeons and osteopaths referred to in section 2(a)(vi), or
  - (ii) for physician assistants referred to in section 2(b)(v).

**Register categories**

**2** The regulated members register established by the Council under section 33(1)(a) of the Act has the following categories:

- (a) for the registration of physicians, surgeons and osteopaths,
  - (i) the physicians, surgeons and osteopaths general register,

- (ii) the physicians, surgeons and osteopaths provisional register,
  - (iii) the physicians, surgeons and osteopaths limited practice register,
  - (iv) the physicians, surgeons and osteopaths courtesy register,
  - (v) the physicians, surgeons and osteopaths emergency register,
  - (vi) the physicians, surgeons and osteopaths telemedicine register, and
  - (vii) the physicians, surgeons and osteopaths student register;
- (b) for the registration of physician assistants,
- (i) the physician assistants general register,
  - (ii) the physician assistants provisional register,
  - (iii) the physician assistants courtesy register,
  - (iv) the physician assistants emergency register,
  - (v) the physician assistants telemedicine register, and
  - (vi) the physician assistants student register.

## Registration

### General registers

**3(1)** An applicant for registration as a regulated member on the physicians, surgeons and osteopaths general register must

- (a) have received a medical or an osteopathic medical degree from a program approved by the Council,
- (b) have successfully completed post-graduate medical training approved by the Council, and
- (c) have successfully completed the registration examination approved by the Council.

**(2)** An applicant for registration as a regulated member on the physician assistants general register must

Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
March 17-18, 2022	Dr. Richard Buckley		
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 February 10, 2022, to receive updates and discuss the following items:</p> <ul style="list-style-type: none"> <li>• <b>Deputy Registrar Report</b> – The report included an introduction and welcome of Stacey Strilchuk, 2022 Council President and an update on the delayed implementation of two Standards; the Continuity of Care and Episodic Care standards until April 1, 2022. The committee was also advised on the status of the draft Strategic Plan to be presented to Council in May 2022 for approval to proceed. Several staffing updates within the continuing competence program were also shared.</li> <li>• <b>Continuing Competence SOP</b> – In response to Bill 46 a working group was struck to develop a Continuing Competence Standard of Practice. A draft of the standard is set for internal consultation in April 2022 followed by membership consultation May–June 2022 and then submission to the Minister of Health for review and comment. The working group will ensure the Standard is finalized and ready for adoption by Council in the Fall of 2022, well in advance of the anticipated proclamation of Bill 46 in early 2023.</li> <li>• <b>Continuing Competence Annual reporting</b> – Program activity updates were received from Analytics, Innovation &amp; Research, Continuing Competence and the Physician Health Monitoring program. A common theme among the reports was the high quality, innovative work produced within each program in response to the pandemic.</li> <li>• <b>Strategic Planning Update</b> – The committee received a high-level overview of the “Highest Quality, Compassionate &amp; Ethical Care” pillar. The committee provided their feedback, sharing that more emphasis was needed in the objectives on patient safety and physician health and support. The feedback was shared with the strategic planning working group for consideration.</li> <li>• <b>Delegation of Authority to Appoint Inspectors under Part 3.1 of the HPA</b> – A recent review of the April 2019 policy was undertaken following development of Part 3.1 Inspection Process and a review of the legislation to conduct unannounced COVID-19 practice visits. After consultation with legal counsel, it was recommended that a policy</li> </ul>		

	<p>supporting Part 3.1 Inspections needs the approval of the CPSA Council, as stipulated by the HPA. The amended delegation policy for Part 3.1 will be presented to Council in March 2022 for approval.</p> <ul style="list-style-type: none"> <li>• <b>Covid-19 Triage and Inspection update</b> – Physicians, clinic staff and the public continue to utilize CPSA COVID email and voicemail inboxes to seek guidance and obtain clarification on provincial COVID-19 restrictions. 1825 interactions received between January 1, 2020 and January 18, 2022. Taking an educational approach as outlined in Part 3 of the HPA most matters were resolved with a phone call or letter from CPSA to the physician in question. As of January 31<sup>st</sup>, a total of nine inspections conducted in the Edmonton, Calgary, Central and South Zones. Outcomes varied, some egregious some with insufficient evidence to substantiate concerns. Two anonymized clinic cases were presented to demonstrate the inspection process and outcomes.</li> </ul>
Next Steps:	The Competence Committee will meet next in April 2022.
List of Attachments:	
1. n/a	

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 17, 2022	Dr. Susan Ulan, Deputy Registrar		
<b>Agenda Item Title:</b>	Delegation of Authority to Appoint Inspectors under Part 3.1 of the Health Professions Act (HPA)		
<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 Council 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>	It is recommended that the revised "Delegation of Authority to Appoint Inspectors" policy be approved by Council.		
<b>Background:</b>	<p>The intent of the current policy was to address situations in both the Physician Health Monitoring and Infection Prevention and Control programs where unannounced inspections are necessary. The original policy was introduced by Competence Committee in 2019 to serve the purpose of one particular high risk practice.</p> <p>Review of this policy was undertaken following development of the Part 3.1 Inspection Process and review of the legislation to conduct unannounced COVID-19 practice visits.</p> <p>Legal counsel advised that the policy supporting Part 3.1 Inspections requires the approval of the CPSA Council, as stipulated by the HPA. The existing policy can be interpreted as giving the Competence Committee the role of delegation under Part 3.1 which does not align with HPA. There needs to be separation of Part 3 and Part 3.1 of the HPA and the current policy does not make that clear.</p> <p>The Competence Committee rescinded the current policy at their February 10, 2022 with the recommendation that this policy be revised to align with the HPA and to be approved by the CPSA Council.</p>		
<b>Next Steps:</b>	Once approved, the amended delegation policy for Part 3.1 will be adopted.		

List of Attachments:

1. [Current Policy – Delegation of Authority to Appoint Inspectors April 2019](#)
2. [Proposed Revised Policy – Delegation of Authority to Appoint Inspectors March2022](#)

Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
March 17, 2022	Tyler White		
Agenda Item Title:	Indigenous Health Advisory Circle Update		
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 <b>Choose an item.</b> 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) :	N/A		
Background	<p><b><u>Establishment</u></b></p> <ul style="list-style-type: none"> <li>• Council approved the establishment of the Indigenous Health Advisory Circle (Circle) and appointment of its co-chairs and members at its meeting on December 2, 2021.</li> <li>• The Circle is established to help CPSA           <ul style="list-style-type: none"> <li>- Better understand and support Indigenous patients,</li> <li>- Better guide the physicians who care for them, and</li> <li>- Better support Indigenous physicians and learners.</li> </ul> </li> <li>• CPSA had committed to providing an opportunity for final recommendations for the Circle's membership and terms of reference (TOR) to be informed by the knowledge, expertise and experiences of Circle members themselves. As such, Council was provided with a copy of the Circle's draft TOR for information only at the December meeting.</li> </ul> <p><b><u>First Meeting</u></b></p> <ul style="list-style-type: none"> <li>• The first meeting of the Circle was held on February 28, 2022.</li> <li>• Members expressed appreciation for CPSA's support and commitment in establishing the Circle.</li> <li>• The focus of the inaugural meeting was to familiarize Circle members with           <ul style="list-style-type: none"> <li>- CPSA's mandate as a regulatory college,</li> <li>- Areas within CPSA's authority to make change, and</li> <li>- Areas where CPSA has the potential to influence change.</li> </ul> </li> <li>• The February 28th meeting also served as the first step in the iterative process of finalizing the Circle's TOR.</li> <li>• Themes emerging from the meeting include the following:           <ul style="list-style-type: none"> <li>- Equity, Diversity and Inclusion (EDI) and Pan Aboriginality</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>▪ Viewing racism and discrimination through an EDI lens is important but it is equally important to recognize the unique circumstances of racism and discrimination of Indigenous Peoples.</li> <li>▪ It is also important to recognize that Indigenous Peoples are not all the same.</li> <li>▪ Each Indigenous group is unique and their needs are different.</li> <li>- Advocacy <ul style="list-style-type: none"> <li>▪ Physicians are in a space that allows for them to be heard and it is important they be informed and occupy this space appropriately.</li> <li>▪ Indigenous physicians cannot carry the burden of responsibility on their own and should be supported in a meaningful way.</li> </ul> </li> <li>- Continuing Competency and Standards of Practice <ul style="list-style-type: none"> <li>▪ Colleges allow their regulated members to choose how they maintain their competency but there is little uptake on opportunities pertaining to Indigenous health matters.</li> <li>▪ Enhancing competency to positively impact Indigenous health must be made a priority.</li> </ul> </li> <li>- Professional Conduct <ul style="list-style-type: none"> <li>▪ Current pathways contribute to systemic racism.</li> <li>▪ Initiatives such as CPSA's introduction of a sharing circle to support First Nations complainants are welcome. Initiatives to support other Indigenous groups are also required.</li> </ul> </li> <li>- Education <ul style="list-style-type: none"> <li>▪ Education is an important means for achieving desired outcomes.</li> </ul> </li> </ul> <p><b><u>Next Meeting</u></b></p> <p>The next meeting of the Circle will focus on</p> <ul style="list-style-type: none"> <li>• Better understanding <ul style="list-style-type: none"> <li>- The role of CPSA,</li> <li>- Where opportunities to address the identified themes fit within the context of regulation, and</li> <li>- Possibilities for action; and</li> </ul> </li> <li>• Using this understanding to inform changes to the TOR.</li> </ul>
Next Steps:	The next Circle meeting is tentatively scheduled for April 2022.
List of Attachments:	
<ol style="list-style-type: none"> <li>1. <a href="#">Draft Terms of Reference for the Indigenous Health Advisory Circle</a></li> <li>2. <a href="#">Circle Membership List</a></li> </ol>	

## Purpose

The Indigenous Health Advisory Circle (Circle) will provide advice and recommendations to CPSA Council and Leadership on strategies for better understanding and supporting Indigenous Peoples within CPSA and guiding regulated members in providing culturally safe, equitable care to improve health outcomes for Indigenous Peoples in Alberta.

## Membership

In its first year of operation, the Circle will be comprised of up to 12 members representing CPSA Council, Indigenous and non-Indigenous physicians, and members of Indigenous communities who reflect the lived experiences and diversity among Indigenous Peoples in Alberta. Where possible, the perspectives of First Nations, Metis and Inuit communities, including the perspectives of urban, rural, on and off reserve, and on and off settlement Indigenous Peoples) will be represented.

Members initially appointed to the Circle will seek to engage a broad group of 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. Engagement will be trauma informed.

In its 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) 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, Registrar and Complaints Director may attend at their discretion and by invitation</li> </ul>

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

Candidates for initial appointment to the Circle were identified by an Indigenous Health Advisory Circle Selection Panel (Selection Panel) and submitted to the CPSA Governance Committee for review and recommendation. The appointment of recommended candidates were approved by the CPSA Council on December 2, 2021 and a ceremony to establish the initial membership was held at the December 3, 2021 Council meeting.

Identification of candidates to align Circle membership with this Terms of Reference will be made following initial member recommendations for recruitment strategies. Potential candidates identified for subsequent appointment proposed by the Circle or by CPSA will be brought forward to the CPSA Governance Committee by the Registrar.

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. The 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 and make recommendations for what the future composition and terms of membership should be.

Circle members will conduct a review of the membership and terms of reference annually. At any point in time, the Circle or the Registrar may make recommendations for change to the membership composition or terms of reference. Recommendations for change to the membership composition or terms of reference will be brought forth to the Governance Committee.

Should a member resign, a new member may be appointed by the Registrar in accordance with the 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. CPSA Council and/or the Registrar or delegate may directly solicit the Circle for advice and endorsement of a proposed action or initiative.

The Circle will:

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

Submit advice and recommendations directly to Council in writing or detail in its records any advice or endorsement given when solicited by CPSA Council or the Registrar/delegate.

## **Roles and Responsibilities**

The Circle will assist CPSA in

- Focusing its role as regulator and its ability to influence positive change in the care of Indigenous Peoples;
- Developing a shared understanding of the context in which care for Indigenous patients is offered and the ongoing effects of colonialism on the ability of patients to trust those in authority;
- 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.

The Terms of Reference and any amendments will be approved by Council to ensure they are in alignment with CPSA's purpose, vision, strategy and areas of influence. 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.

## Meetings

**Frequency:** The Circle will meet at least four times per year. Additional meetings may be called as required at the request of the Co-Chairs 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 full meeting of the Circle.

As the Circle provides advice to CPSA Council and Registrar, meetings will not be held in public.

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

**Recommendations/Advice:** Every effort will be made to ensure recommendations and advice are finalized on a consensus basis. In the event consensus cannot be achieved, the Co-Chairs may determine that a majority vote may be taken to move a matter forward with the understanding that a member may request the Circle revisit the matter at a future date.

**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 advice made at the meetings of the Circle are confidential except any information deemed necessary by Council or the Registrar 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;
- 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 for information. Guests and guest speakers may be remunerated at the discretion of the Registrar or designate. Consideration may also be given to recognition of contributions made in accordance with cultural protocols at the discretion of the Registrar or designate.

**Indigenous Health Advisory Circle  
Membership and Biographies  
December 2021**

Co-Chairs:

- Dr. Lynden (Lindsay) Crowshoe, Co-Chair
- Mr. Tyler White, Co-Chair

Members:

- Ms. Reagan Bartel
- Ms. Margo Dodginghorse
- Dr. Norma Dunning (PhD)
- Ms. Audra Foggin
- Dr. Charlene Lyndon
- Elder Doreen Spence
- Mr. Lee Thom

**Lynden (Lindsay) Crowshoe** MD is a **Blackfoot** primary care physician and researcher, member of the **Piikani First Nation**, Associate Professor of Medicine and Assistant Dean Indigenous Health at the University of Calgary (UC) Cumming School of Medicine (CSM). In **research**, he brings together and bridge multiple disciplines of knowledge including health, clinical, social sciences, professional health education and Indigenous Ways of Knowing. He has experience leading provincial, national and international research teams focusing on primary care, public health and health education. In **health service**, Dr. Crowshoe has provincial leadership experience in Indigenous PHC (primary health care) services, systems and policy; provides national input on Indigenous PHC; and has led multidisciplinary Indigenous PHC teams both on reserve and urban. He provides clinical service to the urban Indigenous population of Calgary at the Elbow River Healing Lodge. In **health education**, he provides input on Indigenous health education policy and programming within national organizations (Association of Faculties of Medicine, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada) and leads similar activities within the Cumming School of Medicine (CSM) in his role as Assistant Dean. For the CSM has developed innovations of Indigenous health education as well as Indigenous medical student recruitment, admissions and critical supports. He has a long history of mentoring Indigenous and non-Indigenous medical and research learners and has directly taught thousands of medical learners, building critical knowledge of Indigenous health.

**Tyler White**<sup>1</sup> a Public Member appointed to the Council of the College of Physicians & Surgeons of Alberta, is an inspirational and visionary leader with over 20+ years of business management experience in the health industry.

Mr. White has been Chief Executive Officer with Siksika Health Services, in Siksika Nation, AB since 1999 and is a driven and dedicated professional who nurtures and empowers his

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<sup>1</sup> Biography has been taken from the CPSA website.

team to deliver quality services. His leadership skills also help expand services, create partnerships and improve health care.

Mr. White is the recipient of many awards including the Health Management Award of Excellence. He has served as a member of the Alberta Mental Health and Child Review Panel and is a long-standing supporter of youth advocacy in his community. He is

- A strong believer in continuous professional development, and staying current with health and business trends to advance organizations.
- A powerful presenter and communicator, capturing the attention and interest of various political leaders, professional athletes and industry.
- A proud second-generation senior manager with Siksika Nation Tribal Administration.
- Gifted and honored with the Blackfoot name "NaatoyiiPiitawotaan", meaning Holy Eagle Shield by Blackfoot Elder Tom Crane Bear.

While career-focused, Mr. White is also very active in his personal life. He spends quality time with his family, and enjoys collecting shoes and watches, and watching sports. His personal motto: Building Teams, Creating Opportunities, and being Innovative.

**Reagan Bartel, MPH, RN, BScN, CNCC(C)**, earned her Master of Public Health and Bachelor of Science in Nursing from the University of Alberta. She has 16 years of critical care nursing experience delivering front line care in an Edmonton ICU before moving into population health as the Director of Health for the Métis Nation of Alberta (MNA). She is a daughter, granddaughter, wife, and Auntie. She is a proud Métis woman, descending from the line of Ignace Poitras Sr. on her father's side and Irish settlers on her mother's. Her focus is on ensuring that the Métis stories, experiences, and perceptions gifted to the MNA are incorporated into health advocacy, policy, programs, and services. She values leadership, culture, community, growth and transparency in her life and work.

**Margo Dodginghorse** (Ihtapatawawahka) is a member of the Siksika Nation and married into the Dodginghorse family to Kyle Dodginghorse (Natosapo) of Tsuut'ina Nation. She comes from the Sitting Eagle and Wolfleg Families and a member of the Eagle Rib Clan. Margo is the proud mother to 3 children – Ethan (Akohkitopi), Gracie (Poksskonataki) and Charley (Natoyipoka). Margo's upbringing has provided her a foundation based on spirituality, wellness and connectiveness. Throughout her career, Margo has found strength in her foundational teachings and has committed herself for nearly 20 years towards advocacy for the health and well-being of First Nations in Alberta. She has spent most of her career representing multi-nations as a health advisor and advocating from a First Nation perspective. She has received many teachings from Elders and Knowledge Keepers in the communities of Treaty 7 and has networked at the community, regional and national level.

Margo is certified in negotiation, mediation, Lean White Belt and project management. She is also a lifelong learner and her academic background includes Health Administration, Business Administration and also received a citation through the University of Alberta in Aboriginal Health Promotion. She is a certified Yoga Teacher trained through the Alberta Yoga College and Children's Yoga Teacher trained through Little Hippies. Margo is finalizing her First Nation Health Manager Designation Certification.

**Norma Dunning** is an Inuk writer, researcher, grandmother and professor. Her second collection of short stories, *Tainna (the unseen ones)* received the Governor General's award for literary fiction on November 17, 2021. Her first collection of short stories, *Annie Muktuk and Other Stories* received the Danuta Gleed Award, the Howard O'Hagan Award and a Bronze standing in Indies publications. *Eskimo Pie: a poetics of Inuit Identity* published in 2020 and a second collection of poetry is scheduled to release in spring of 2023. Her academic work bleeds into her creative work whereby she writes on the socioeconomic and emotional disparities of Inuit Canadians in hopes of informing mainstream.

**Audra Foggin** is an Assistant Professor at Mount Royal University which is located on the traditional Treaty 7 Territory in the department of Child Studies and Social Work. Isiniw Iskwew is her Cree name which translates as *Rock Woman*. She is a mother of 3, Kokum (Grandmother to 2) and is proud of her children. She is a 60's scoop survivor and a proud member of Frog Lake Cree Nation Treaty 6. Her background is diverse with interests in yoga, horses, running and figure skating. She is grateful to work with the Elders or Indigenous community whenever the opportunity arises and sees advocacy and building relationships as the most important elements of any organization.

**Charlene Lyndon** MD has been practicing as an OBGYN in Calgary, her hometown, since 2002. Dr. Lyndon attended Queen's University followed by the University of Toronto where she received her MD in 1989. Dr. Lyndon completed her residency in Obstetrics and Gynaecology and obtained her FRCSC in 1994.

Currently Dr. Lyndon is a Clinical Assistant Professor at the University of Calgary Cumming School of Medicine where she is a member of the Equity, Diversity and Inclusion Committee. In 2018 Dr. Lyndon was awarded a Gold Star for undergraduate teaching. This year Dr. Lyndon received a UME Association Dean's Letter of Excellence. Dr. Lyndon is presently on the CAMSS Executive serving as Secretary Treasurer. She is also is a member of Alberta Health Services ZARC and Bylaws Review Committees.

Dr. Lyndon is part of the fifth generation of her family to have the privilege of living and working in the traditional territory of Metis Group 3 and Treaty 7 First Nations. With a background of being raised by a single mother and growing up in Calgary Housing, Dr. Lyndon brings a firsthand perspective to her clinical work recognizing how inequity and lack of privilege impact education and health.

Through involvement in her neighbourhood, the Calgary Stampede and her clinical work at Eden Valley Wellness Centre, Dr. Lyndon has advocated for Indigenous People's inclusion in community and in healthcare settings. Dr. Lyndon recognizes that Albertans have significant work ahead to undo the intergenerational trauma of colonialization and for equity to be achieved.

**Doreen Spence**, known as Grandmother to many, is a Cree Elder who was born and raised on the Good Fish Lake Reservation. She is also a member of the Saddle Lake Band as her father was from Saddle Lake. Grandmother Doreen is retired after having spent many nursing in active treatment hospitals. Currently, she is an active Elder in Residence with the Cumming School of Medicine's (CSM) Indigenous, Local and Global Health (ILGH) Office and mentors students and staff in the Alberta Indigenous Mentorship in Health Innovation (AIM-HI) Network and at Mount Royal and St. Mary's Universities. Healing and wellness are her life-long legacy and she is honoured to have been recognized by so many for doing what she is so passionate about. She has received an honorary Bachelor of Nursing from Mount Royal University; been appointed to the Order of Canada; received the Indspire Award, the Alberta Centennial Medal, the Alberta Human Rights Award, the Chief David Crowchild Memorial Award, and the YWCA Woman of Distinction Award; and was one of the 1000 PeaceWomen nominated for the 2005 Nobel Peace Prize.

### **Lee Thom**

- Elected official of the Kikino Métis Settlement (in Métis Nation of Alberta, Region 1)
- Member, Métis Settlement General Council Health Board
  - Quarterly meetings, discussing current health statistics, strategic planning to address current and ongoing health and wellness issues in the 8 Métis Settlements
  - Directly involved in the Métis settlement covid-19 response and on settlement vaccination roll-out
- Advocate of adequate consultation, engagement and planning with and within Métis communities

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 17-18, 2022	Levonnie Louie and Shawn Knight		
<b>Agenda Item Title:</b>	Council 2022 Proposed Learning Plan		
<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. Choose an item. 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>	It is recommended that Council: <ol style="list-style-type: none"> <li>1) support the suggestions for Individual Learning in the attached draft <i>2022 Council Learning Plan</i>, including the list of learning opportunities in Appendix A; and</li> <li>2) discuss and select an idea for Group Learning in the attached draft <i>2022 Council Learning Plan</i>; and</li> <li>3) approve the <i>2022 Council Learning Plan</i> following modifications made during Council discussion.</li> </ol>		
<b>Background:</b>	<p>Individual and Group education is key to developing a high-performing Council. It is suggested that Council members participate in individual education sessions as well as structured group learning opportunities at Council meetings.</p> <p>All voting Council members have access to \$1500 per year or \$4500 in total for their 3 years on Council, to be used towards individual learning. Historically this funding has not been widely utilized, however 2021 saw a slight increase due to the availability of virtual conferences.</p> <p>In past years, CPSA Council has participated in group learning activities for a one hour block at each Council meeting. The topics have included governance training, policy discussions, cultural awareness and financial literacy. In 2020 &amp; 2021, formal education at Council meetings was paused due to the virtual environment and the increased number of topics on Council meeting agendas. The Executive Committee is responsible for Council agendas, and due to the past support for in-Council learning sessions, made a decision to invite Field Law to present: "Year In</p>		

	<p>Review: Important Professional Regulatory Cases of 2021 for the CPSA” at the March 2022 Council meeting.</p> <p>At its February 2022 meeting, the Governance Committee provided input on opportunities for learning as individuals and as a group at Council meetings. The attached 2022 CPSA Council Learning Plan was developed for consideration by Council.</p> <p>The following discussion questions are included in the Learning Plan:</p> <ul style="list-style-type: none"> <li>• CPSA staff will be taking a Respect in the</li> <li>• Workplace online course in 2022, and the CPSA Council Learning Plan recommends this for Council members as well. Council is asked to consider if this course should be mandatory or encouraged to Committee members.</li> <li>• 3 options are presented for group in-Council learning. Council is asked to consider the options when finalizing the 2022 Council Learning Plan.</li> </ul>
Next Steps:	Following Council discussion and approval, the 2022 Council Learning Plan will be implemented.
List of Attachments:	
1. <a href="#">DRAFT 2022 CPSA Council Learning Plan</a>	

## 2022 CPSA Council Learning Plan

**Introduction:** Individual and group learning is important to good governance, and fulfilling CPSA's mandate as a regulator to govern in a manner that protects and serves the public interest. The Governance Committee has considered and discussed options for Council Learning in 2022, and the following Learning Plan is put forward for Council's consideration and approval.

### Learning Plan Goals:

1. To enhance the understanding of the role of a health regulator and the fiduciary duty of CPSA Council.
2. To continuously improve as [Exemplary Leaders \(Kouzes and Posner\)](#).
3. To develop and maintain a physically and mentally safe and healthy workplace.
4. To promote an exchange of learning amongst Council members.

**Learning Practices/Principles:** In developing policy for Council effectiveness and evaluation in 2019, Council used the [Five Practices of Exemplary Leaders \(Kouzes and Posner\)](#):

1. Model the Way
2. Inspire a Shared Vision
3. Challenge the Process
4. Enable Others to Act
5. Encourage the Heart

These practices can be used by Council members to plan their individual learning, and can also be applied when participating in group in-Council learning sessions.

**Related CPSA Policy:** [Policy to Measure Council Effectiveness and Self-Evaluation](#)

## Individual Learning

Each council member has access to an annual \$1500 learning allocation. This can be used to take a course or participate in a learning opportunity that helps them fulfill CPSA's mandate of public protection.

Activity	Resources	Measuring and Reporting Outcomes	Learning Plan Goals
Council members participate in individual learning.	<ul style="list-style-type: none"> <li>List of learning opportunities compiled by CPSA staff and updated regularly (<b>please see Appendix A, and attached to each Council agenda</b>).</li> <li>Peer review (conducted through a 360 exercise or other method) can be accessed by individual Council members. Contact the Chief of Staff or Program Manager, Governance to discuss.</li> <li>Council member meets with CPSA Office of the Registrar staff to discuss and tailor a learning plan.</li> </ul>	<ul style="list-style-type: none"> <li>The annual self evaluation survey will include a question about individual learning such that outcomes can be tracked over time.</li> <li>Standing item on Council Consent Agendas for information only – advance callout for agenda topics. Have you taken any learning that you want to share on the Consent Agenda? Optional report back on Council member learning experiences is encouraged.</li> </ul>	1, 2, 3 and 4 (all goals)
Anti-harassment/ Respect in the workplace 90 minute online training. (mandatory training for all CPSA staff and Council members)  <i><b>Council discussion: Should this training be mandatory for all Council Committee members too?</b></i>	"Respect in the Workplace and Anti-harassment" training offered by the Government of Alberta (GoA) and delivered by Respect Group Inc (RGI). Course description:  "Respect in the Workplace was developed to provide organizations, of all sizes, with a standard, cost-effective tool to empower teams with the skills to prevent bullying, abuse, harassment and discrimination (BAHD). Improving culture is first and	<ul style="list-style-type: none"> <li>Course completion will be tracked.</li> </ul>	2 and 3

Activity	Resources	Measuring and Reporting Outcomes	Learning Plan Goals
	<p>foremost. The secondary benefit is organizational risk and liability reduction.”</p> <p>CPSA has been exploring this type of learning, and the RGI course offered through the GoA is an efficient and cost effective manner to achieve this type of education for the whole organization. All members of the Alberta Public Service and all of Alberta’s Agencies, Boards and Commissions are required to take the e-course, and while CPSA is not required to participate, it will be important to be aligned with Alberta colleagues when it comes to respect in the workplace and anti-harassment.</p>		
Type Coach Assessment	<p>Assessment tool through TypeCoach. Council member and senior staff personality types are available to all of Council. TypeCoach assessments are an excellent opportunity for Council members to understand colleagues’ interaction types, and provides useful tools for effectively working together.</p> <p>Without Council entering into a formalized TypeCoach program we will not achieve full utilization, therefore it is recommended that TypeCoach be discontinued in 2023.</p>	<ul style="list-style-type: none"> <li>All Council members and senior administrative leaders have completed the TypeCoach Assessment.</li> </ul>	2 and 3

## Group Learning: 1 hour in-Council-meeting Learning Session

Activity Options ( <i>for Council discussion</i> )	Resources	Measuring and Reporting Outcomes	Learning Plan Goals
<p><i>Idea 1: Book/Article/Movie Club</i></p> <p>Option 1.1: Council requests volunteers to lead a discussion about a book/article/movie of their choice on the topic of governance and leadership. The volunteer would prepare to lead a discussion at the next Council meeting, and the book/article/movie title is provided to all of Council in the case that they wish to review it in advance. At the meeting, the volunteer provides Council with a synopsis of what they learned at the Council meeting. The volunteer/s will lead a discussion, using questions/comments that are developed and circulated in advance of the meeting.</p> <p>Option 1.2: All Council members receive the same book or article, on the topic of governance and leadership. Council members would come prepared to discuss the book or article before each Council meeting. Council would spend 1 hour at each Council meeting, focusing on the role of a health profession regulator in addressing issues raised in the book or article. (One proposal for a book is <a href="#">Uncaring: How the Culture of Medicine Kills Doctors and Patients</a>, by Robert Pearl.)</p>	<p>Access for all Council members and senior leaders to the book/article/ movie that is chosen.</p>	<p>The Annual Evaluation of Council Effectiveness will include a question about the 1 hour in-Council learning session. In the <a href="#">Policy to Measure Council Effectiveness and Self-Evaluation</a>, the Executive Committee is responsible for reviewing and acting on what is learned from evaluations.</p>	<p>1 and 4</p>

Activity Options ( <i>for Council discussion</i> )	Resources	Measuring and Reporting Outcomes	Learning Plan Goals
<p><i>Idea 2: Speaker Series</i></p> <p>Council selects a topic for each of the in-Council learning sessions in 2022.</p> <p>This would be a continuation of the in-Council learning session at the March meeting, which is a presentation by Field Law about Professional Regulatory cases.</p>	<p>Proposed 2022 in-Council Learning sessions:</p> <p><i>March meeting</i> – Professional Regulatory cases of 2021, presenter: Field Law</p> <p><i>May meeting</i> – Financial literacy for Boards, presenter TBD</p> <p><i>September meeting</i> – Psychological safety for Boards, presenter TBD</p> <p><i>December meeting</i> – Topic identified as a gap by the Governance Review, presenter TBD</p> <p>Other learning topics that could be explored:</p> <ul style="list-style-type: none"> <li>○ Effective chairing of meetings.</li> <li>○ Quasi-judicial training such as Council Appeals.</li> <li>○ Legal Duties of Board Members</li> <li>○ Process for complex decision-making</li> <li>○ Emerging societal trends and the effect on regulators</li> </ul>	<p>The Annual Evaluation of Council Effectiveness will include a question about the 1 hour in-Council learning session. In the <a href="#">Policy to Measure Council Effectiveness and Self-Evaluation</a>, the Executive Committee is responsible for reviewing and acting on what is learned from evaluations.</p>	<p>1 and 4</p>

Activity Options ( <i>for Council discussion</i> )	Resources	Measuring and Reporting Outcomes	Learning Plan Goals
<i>Idea 3: a mix of Book/Article/Movie Club and Speaker Series</i>	See above.	The Annual Evaluation of Council Effectiveness will include a question about the 1 hour in-Council learning session. In the <a href="#">Policy to Measure Council Effectiveness and Self-Evaluation</a> , the Executive Committee is responsible for reviewing and acting on what is learned from evaluations.	1 and 4

## **APPENDIX A: Individual Learning Opportunities**

### **(updated regularly, and attached to each Council Agenda)**

**Updated:** March 1, 2022

#### **Conferences**

- [ICD National Director Conference 2022](#), May 5, 2022, online, Governing with Courage
- [CLEAR Virtual Symposium: the Adaptive Regulator, Responding to Social, Political and Professional Change](#). North America - June 16th & 23<sup>rd</sup>, online.
- [2022 Annual Educational Conference](#), September 14-17, 2022 in Louisville, Kentucky.
  - Focuses on four areas of inquiry:
    - Regulatory Administration and Governance
    - Compliance, Discipline, and Enforcement
    - Entry to Practice Standards and Continuing Competence
    - Administration, legislation and policy
- [2022 Canadian Network of Agencies for Regulation \(CNAR\) Conference](#), October 24-26 in Charlottetown, PEI and virtual option.
- [CLEAR's International Congress on Professional and Occupational Regulation 2023](#), Summer 2023 in Dublin, Ireland.

#### **Online**

- [Council of Licensure Enforcement & Regulation \(CLEAR\) Learning Events](#). Some examples:
  - [CLEAR Online Board Member Training: Introduction to Regulatory Governance](#) Virtual On Demand Training
  - [So, You Think You Want to be a Regulator?](#) Virtual On Demand Training
  - [Introduction to Regulatory Governance Webinar Series - 5 module package discount](#) 24 Feb 2022 1:00 PM • Via Webinar: at your desk! (1:00 P.M. Eastern) - 5 Modules on February 24, March 24, April 21, May 19, and June 23
  - [Introduction to Regulatory Governance Webinar: Roles and Responsibilities of a Board Member](#) 24 Mar 2022 1:00 PM • Via Webinar
- Governance Professionals of Canada, <https://gpcanada.org/Public/Default.aspx>
- Institute of Corporate Directors, <https://www.icd.ca/Education/Course-Calendar>

- Legal Education Society of Alberta – Board Governance Courses.  
<https://courses.lesaonline.org/>
- [CapacityGOV](#) powered by Axonify is an online learning experience that delivers value far beyond traditional e-learning platforms. [Capacity Canada](#) and Axonify partnered to create a board governance knowledge platform that is engaging, flexible, and useful – and is accessible anytime, anywhere. Drawing on evidence-based research on the most effective learning techniques, that app supports users to pursue lessons at their own pace and retain complex information well after their program is complete.
- The Government of Alberta Board Development Program <https://www.alberta.ca/board-development-program.aspx/>
- [Onboard Canada – Ryerson University](#) – \*\*Currently restructuring, with relaunch TBD.  
<https://leadership.civicaaction.ca/onboard/>

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
December 3, 2021	Levonnie Louie		
Agenda Item Title:	2022 Council Retreat Planning		
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 Council 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>As discussed via Gail Jones email of previously, Tyler White and Siksika Nation (Treaty 7) would be honored to host the CPSA Council for an event at Siksika.</p> <p>The date set for the event is <b>May 3, 2022</b>. Along with the one day Council Retreat held January 28 to work on the Strategic Plan and Building Fund, Council supported an additional Retreat to be held at the <a href="#">Siksika Nation</a>.</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, the mobilization of the Anti-Racism Anti-Discrimination Action Advisory committee, Truth and Reconciliation (T &amp; R) commitments and Council team building.</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>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.</p> <p><b>The Agenda and Activities</b></p> <p>The Agenda for the Retreat at Siksika Nation is currently being developed in collaboration with Siksika Nation representatives. The general theme of the event will centre on CPSA's role in Truth and Reconciliation, engagement, partnership and education with Indigenous communities.</p> <p>The following activities are being explored with the concept of Listening, Learning, Reflecting and Developing Actions:</p> <ul style="list-style-type: none"> <li>• Visiting the historic <a href="#">Blackfoot Crossing</a> site and facility: The Blackfoot Crossing was the site of the historic meeting between Siksika (Blackfoot), Pekuni (Peigan), Kainai (Blood), Nakoda (Stoney) and Tsuu T'ina (Sarcee) peoples and representatives of the Crown to make a treaty in September, 1877.</li> <li>• The sharing of culture through story telling.</li> <li>• Engagement with Siksika Nation Chief and Council and other Indigenous leaders of The <a href="#">Blackfoot Confederacy</a>.</li> <li>• Possibility of a Round Dance at the Piiksapi Memorial Arbor.</li> <li>• The viewing of the <a href="#">Unforgotten</a> with Indigenous leaders, Elders and community members to further learn the challenges Indigenous peoples face in the Alberta health care system. Following this, Council will 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.</li> <li>• The opportunity for CPSA to enter into a partnership with Siksika Nation which is mutually beneficial, and furthers CPSA's goal as a regulator to eliminate racism and discrimination in the health system.</li> </ul> <p>All activities would be developed in collaboration with the Siksika Nation and the Blackfoot Confederacy leaders to ensure they are appropriate and respectful.</p>
Next Steps:	<ol style="list-style-type: none"> <li>1. Finalize activities and an Agenda for May 3, 2022</li> <li>2. Communicate travel details to Council</li> </ol>
List of Attachments:	
N/A	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17-18, 2022	Levonnie Louie and Shawn Knight		
Agenda Item Title:	Establishment of History Project Committee		
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) :	That Council approves the establishment of a History Project Committee, with Terms of Reference to be refined and recommended to Council by the Governance Committee.
Background:	<p>At the May 27/28, 2021 Council meeting, Council gave approval for the CPSA History Project, and suggested that the work begin in 2022. The idea behind the History Project is to create a resource that talks about CPSA's history. The goal is to have a well-rounded resource that does not shy away from uncomfortable parts of CPSA's history, including developing an understanding CPSA's complicity in allowing discriminatory medical practices. It is felt that understanding the past will allow us to learn how to become better for the present and future.</p> <p>Also at the May 2021 meeting, a group was struck to explore the History Project. The group met on September 29, 2021 and discussed the following:</p> <ul style="list-style-type: none"> <li>• The project needs to include the dark side of CPSA's history and how CPSA and its membership were complicit in matters such as eugenics, forced sterilization and residential schools.</li> <li>• Will work to develop the history with many lenses, not just a colonial/settler version of events.</li> <li>• Will work with Indigenous Elders, Knowledge Keepers and Thought Leaders from all Indigenous groups in Alberta.</li> </ul>

	<ul style="list-style-type: none"> <li>• Look at telling and relating the stories of the past; consideration to including several mediums to tell the story including dancing, drumming and singing.</li> <li>• A Request for Proposals (RFP) will be developed to secure a consultant to assist in this work.</li> </ul> <p>At its February meeting, the Governance Committee reviewed a draft History Project Scope, and discussed the Committee's composition/membership. As Council members who have been involved in History Project discussions, it is recommended that Tyler White and Rick Buckley meet to discuss the TOR and the membership of the Committee and take forward a proposed TOR to the Governance Committee.</p>
Next Steps:	<p>The Terms of Reference for the History Project Committee will be refined and brought back to Council.</p> <p>CPSA submitted an application to Employment and Social Development Canada for summer youth positions. If successful, CPSA will have some additional temporary staff capacity to conduct research and assist with the History Project. The results of the application will be known in April, with students starting work in May. Developing an RFP and selecting a consultant to assist with the Project is another option being considered for development of the History Resource.</p> <p>A budget for the History Project will be developed.</p>
<p>List of Attachments:</p> <ol style="list-style-type: none"> <li>1. <a href="#">DRAFT History Project Committee Terms of Reference (for information only)</a></li> </ol>	

**Terms of Reference**  
**History Project Committee**  
**Approved: TBA**  
**Review Date: {TBA}**

## **Purpose**

The purpose of the History Project Committee is to coordinate and help build a comprehensive resource about CPSA's history. The Committee will ensure that the resource relates the history of professional medical regulation in Alberta, including perspectives, stories and issues that are not often documented. The Committee is tasked with guiding the creation of a resource that does not shy away from presenting uncomfortable parts of CPSA's history, in order to promote discussion and understanding. The resource will help CPSA to deliver on its mandate to protect all Albertans.

## **Objectives**

- Collect and document key stories and facts about medical regulation in Alberta.
- Create a record of past Council members
- Ensure that key information and stories are documented from multiple, diverse sources that may reveal a clearer picture and understanding of medical regulation than has been revealed in the past.
  - The Indigenous Advisory Circle and the Anti-Racism and Anti-Discrimination Action Advisory Committee are important partners in the History Project.
- Explore different forms of media for presenting the History Resource. Examples include drumming, dancing, song, poetry, visual art.
- Set out a Communications and Outreach Strategy with the aim of reaching and educating the profession and Albertans.
- Recommend the History Resource in its final form, to the CPSA Council.

## **Scope**

The History Project Committee is focused on a single project, the creation of a CPSA History Resource. The scope begins with the conception of the History Resource and ends with recommendation of the History Resource to CPSA Council. Information provided in the History Resource will be focused on CPSA in its role as

regulator in the practice of medicine in Alberta, and does not seek to describe the field of medicine in its broad sense.

The intent is that the Committee fully reviews and reports on CPSA's history, even those aspects (e.g.: role in residential schools, forced sterilization) that may be uncomfortable. In accounting for all aspects of CPSA's history, the History Resource will become an opportunity to be more successful in its mission to protect the public and ensure trust by guiding the medical profession.

## **Membership**

Members are:

- 2 voting Council members
- 1 non-voting Council member
- President or other member of Executive Committee 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. Should the Chair be unavailable for a meeting, they will delegate the role of Chair to another Committee member.

The Committee may invite others to participate, be they past Council members, student or consultants, depending on their evolving needs.

## **Authority and Accountability**

Council Bylaws section 16.8 states:

Subject to the Act, the Council may appoint an ad hoc committee as necessary to perform specific functions.

At its meeting in {XXX 2022}, Council approved a motion to create an ad hoc sub-committee of Council to create a CPSA History Resource.

## **Roles and Responsibilities**

The History Project Committee's role is project-focused in that the Committee will coordinate diverse and multiple Alberta voices to develop and recommend a CPSA History Resource to CPSA Council.

The Committee is responsible for:

- Developing a Project Work Plan
- Overseeing the completion of the Work Plan
- Developing a Communications and Outreach Strategy to highlight the History Resource to the profession and to Albertans
- Recommending a History Resource to CPSA Council

## **Meetings**

### **Frequency**

- At least 4 times during the committee's term, and additional meetings based on the needs of completing the project.

### **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 History Project Committee
- Committee members are paid an honorarium and are reimbursed for their expenses as per CPSA's Honoraria and Expense Policy.
- The CPSA Chief of Staff, or designate will attend all History Project Committee meetings.
- Other CPSA staff will attend the History Project Committee meetings as requested or required.

## **Term**

The History Project Committee is established for a period of one year from the date of approval of the TOR. If additional time is required to achieve the Committee's purpose, Council will be presented with rationale for extending the Committee's term, at the Council meeting before the Terms of Reference expire.

## **TOR Review**

Should the Committee's work exceed one year in length, the Terms of Reference will be reviewed annually by the Committee, and if there are substantive changes, the revised TOR will be recommended to Council for approval.

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
March 17, 18, 2022	Levonne Louie		
<b>Agenda Item Title:</b>	Strategic Planning Working Group (SPWG) - Report to Council		
<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 Choose an item. 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:</b>	Provide the SPWG, along with its consultant Greg Lamothe from MNP, permission to proceed with drafting the Strategic Plan. The final document will be presented to Council at its May meeting for approval.		
<b>Background:</b>	<p>Council has seen the new proposed Strategic Plan and has had an opportunity to work with the main elements at our January 2022 retreat.</p> <p>The attached slides serve to remind Council of the process, the elements of the new Strategic Plan and summarize the discussions from the January meeting.</p> <p>Note that the January discussions will primarily assist CPSA's executive team in generating a new Strategic Action Plan for Council's consideration in 2023 and beyond.</p>		
<b>Next Steps:</b>	<ol style="list-style-type: none"> <li>1. Draft final Strategic Plan document</li> <li>2. Present Strategic Plan document to CPSA Council at May 2022 Council meeting for approval</li> </ol>		
<b>List of Attachments:</b>			
1. <a href="#">Strategic Planning Summary Slides</a>			

# College of Physicians and Surgeons of Alberta

**MNP**

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## Strategic Planning

March 2022



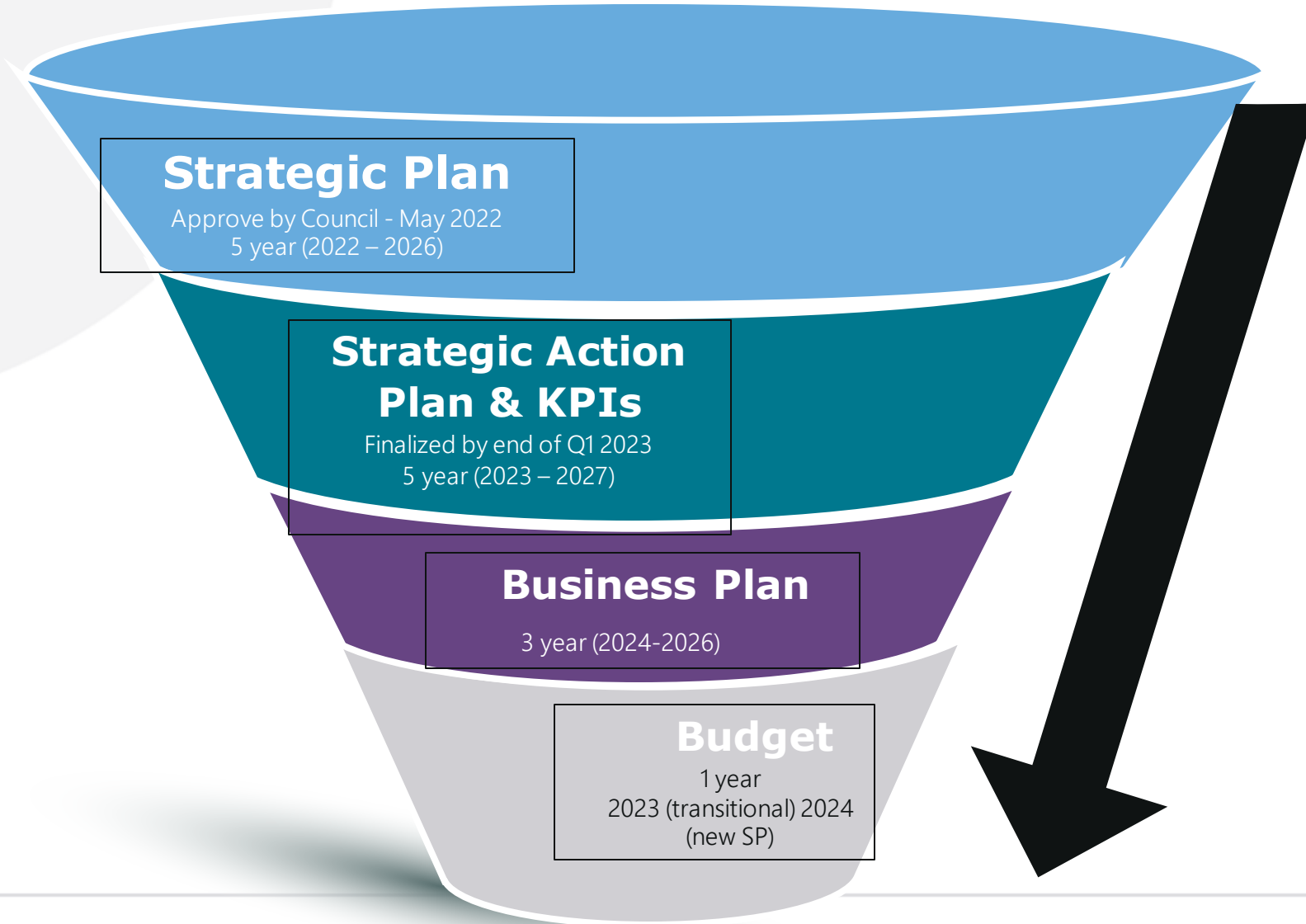
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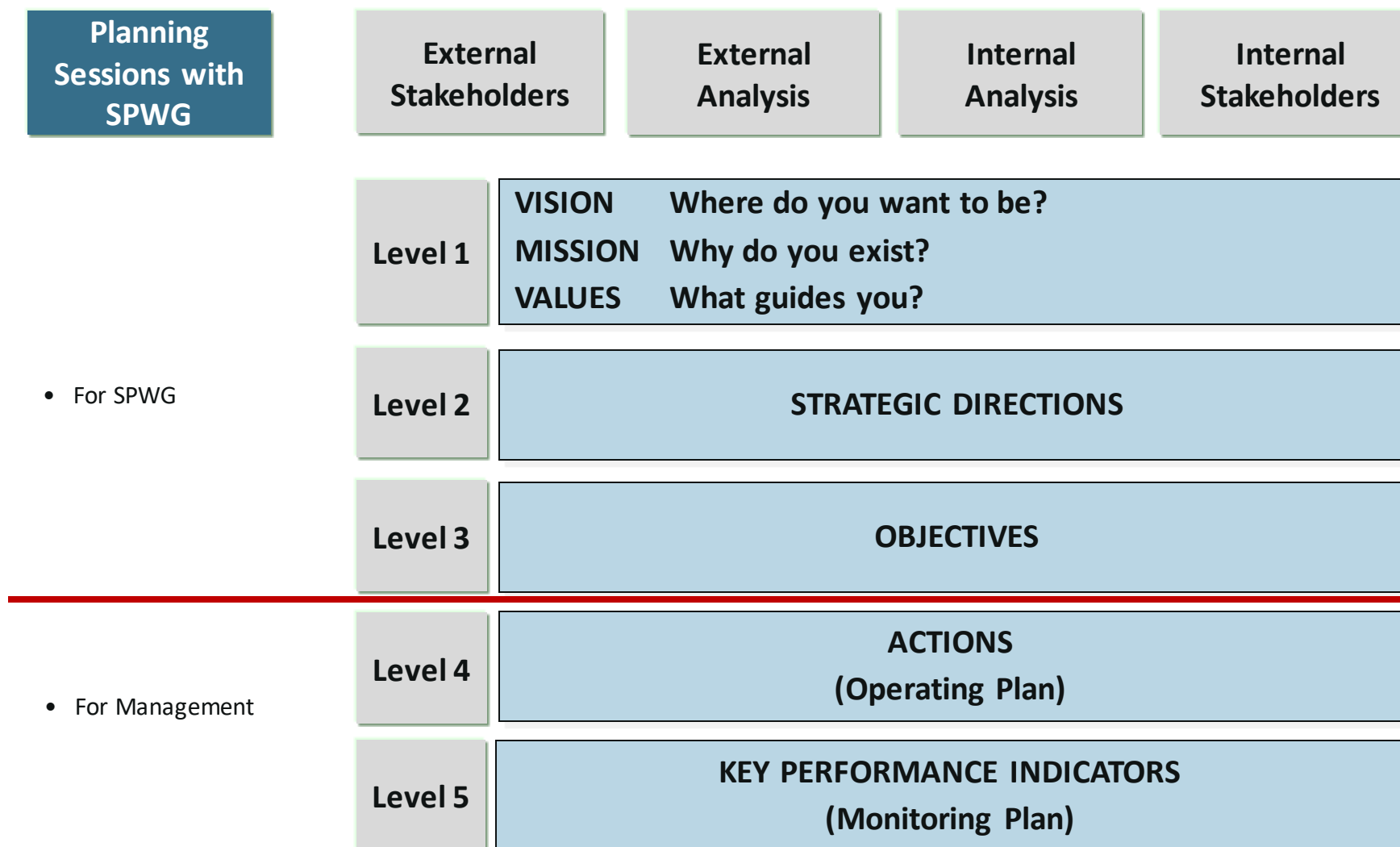
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# Strategic Plan Cycle

**MNP**



# Strategic Planning Framework



## Vision

Professional, ethical, and competent regulated members providing the highest quality care for all Albertans

## Mission

To serve and protect all Albertans, contributing to their health and wellness, by supporting and guiding regulated members to proudly provide safe high quality care together with healthcare partners and patients

## Values

### We do the right thing

We act responsibly, respectfully and with integrity, aspiring to be fair and reasonable. We acknowledge our mistakes as well as our successes and strive to do what's right in service to the public.

### We make informed decisions

Our decisions are based on evidence, knowledge, experience and best practice. We plan, measure outcomes and apply what we learn.

### We empower people

We believe people perform best when they see the Vision, set their own goals, have the resources they need and aspire to excellence and personal growth.

### We collaborate

We invite others to contribute to achieving our goals and value their time and expertise. We share what we know generously within our legislated limits and seek opportunities to collaborate externally in areas of mutual interest.

### We are innovators

We think ahead to create opportunity. We set the bar high and value creativity in exploring new and better ways of doing our work.

### We enjoy and find meaning in our work

We care about what we do and give our best. While our work is serious, we enjoy camaraderie with our coworkers and take time to celebrate each other's milestones and achievements.

## Strategic Directions



### Highest Quality, Compassionate and Ethical Care



### Enhanced Partnerships



### Proactive and Innovative Approach



### Anti-Racism & Anti-Discrimination



### Authentic Indigenous Connections

Towards increasing the provision of excellent regulated member care for all Albertans

Towards informed, engaged partners who help us provide quality care with Albertans

Towards being recognized as a leader and innovator in self-regulated professions who always strive for excellence

Towards becoming an anti-racism and anti-discrimination organization

Towards substantive and authentic connections and relationships that help us provide quality care in partnership with Indigenous peoples

## Objectives

### Competency

- To increase the quality and safety of care provided by Alberta regulated members during the continuum of their career
- To have all Alberta regulated members involved in lifelong learning and evidence-based medicine that positively impacts patient outcomes (quality improvement)
- Increase efforts to proactively identify high risk regulated members to help them improve the care of Albertans
- Increase the number of regulated members who use clinical appropriateness guidelines
- Improve CPSA's ability to assess competency in a team-based, multi-disciplinary environment
- To enhance competencies for regulated members in their non-medical expert roles

### Professional Conduct

- To enhance the accessibility, efficiency, effectiveness, timeliness, transparency and fairness of the complaint process
- To support regulated members and their professions to learn and improve care resulting from the complaints process
- Enhance learning from complaints data to improve CPSA's programming

### Registration

- To improve the responsiveness/nimbleness of the registration and assessment process to meet the changing health care needs of Albertan

### Physician Health

- Enhance our ability to identify regulated member health factors and their impact on patient care
- To decrease the impacts on the quality of care that stems from regulated members health and wellness issues

### Accreditation

- Leverage the accreditation authorities to improve patient outcomes

### Enhance Patient/Family Partnered Care and Shared Accountability

- Improve engagement with patients/families, incorporating their input into CPSA policies and processes

- Strengthen partnerships with provincial, national and international regulatory organizations to improve consistency and quality of regulatory standards at all levels
- Strengthen partnerships with our provincial, national and international health system organization partners to expand research efforts to improve health system performance and patient outcomes
- Maintain membership and active leadership with the Federation of Medical Regulatory Authorities of Canada (FMRAC)
- Enhance CPSA's consultative framework for authentically engaging with regulated members, government and healthcare partners and Albertans on such things as standards of practice, policy development and advice to the professions
- Achieve and maintain a non-partisan professional relationship with government to influence health policy to improve health outcomes
- Strengthen partnerships to proactively recognize and support regulated members health and wellness as a core component of providing safe, high-quality healthcare

- Build CPSA's reputation as a creative, proactive and innovative organization by developing, sharing and promoting innovative approaches to self-regulation involving CPSA partners, Albertans and regulated members
- Use research and knowledge translation to enhance CPSA's regulatory work
- Support and generate new approaches to medicine and health system improvement, including embracing learning opportunities that come from unsuccessful initiatives

- CPSA will become an anti-racism and anti-discriminatory organization, in part, by developing specific initiatives to address these issues
- CPSA will integrate equity, diversity, and inclusion principles in all we do, and develop specific initiatives and actions that address our equity, diversity and inclusion opportunities

- Authentically engage with, listen and incorporate wisdom from Indigenous Peoples
- Acknowledge the historical health inequities that have been experienced by Indigenous Peoples, and use our legislated mandate to reduce these inequities, therefore improving the quality of care provided by our regulated members
- Commit to actively addressing recommendations related to healthcare and CPSA's role with respect to the TRC



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Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17-18, 2022	Christopher Fung		
Agenda Item Title:	Council Vaccination Policy		
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 <u>Choose an item.</u> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendations:	It is recommended that: <ol style="list-style-type: none"> <li>1) Council approves the Council Vaccination Policy; and</li> <li>2) Council considers the impacts of including Committee members in the Council Vaccination Policy.</li> </ol>
Background:	<p>At the December Council Meeting, Council approved the development of a Council Vaccination Policy that would use the same approach that is used for the Vaccination Policy for CPSA team members. A draft of the policy was presented at the December Council meeting and was reviewed by the Legislation and Bylaw Committee on February 4, 2022. The policy has now been finalized and is attached for approval and implementation.</p> <p>The Legislation and Bylaw Committee raised the question of the application of the Vaccination Policy to Committee members who are not on Council. It is recommended that Council review the potential impacts of applying the policy to Committee members.</p> <p>Potential impact of applying the Vaccination Policy to Committee members:</p> <ul style="list-style-type: none"> <li>• Potential Committee members may feel that participation in a Committee is safer with the Vaccination Policy, and this may help with recruitment to Committees.</li> <li>• Committee members who do not wish to comply may resign, leaving vacancies on Committees, affecting the work of the organization.</li> <li>• Committee members with unique expertise that are asked by CPSA to join a Committee may not join if they do not</li> </ul>

	<p>wish to comply. This would mean that CPSA would miss out on unique expertise being applied to CPSA decisions and work.</p> <ul style="list-style-type: none"> <li>• The timeline for implementation of the policy (currently set for March 31, 2022) may have to be extended if Council decides to include Committee members, due to increased number of individuals to verify as vaccinated.</li> </ul>
Next Steps:	<p>Approval of the Council Vaccination Policy will result in immediate implementation.</p> <p>If Council decides to include Committee members in the Policy, the Policy will be amended to include "Committee members" throughout the Policy, and the timeline for Committee member compliance may be extended.</p>
List of Attachments:	
1. <a href="#">Final Draft - Council Vaccination Policy</a>	

Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
March 18, 2022	Ed Jess, Chief Innovation Officer		
Agenda Item Title:	Presentation by Analytics, Innovation & Research (AIR) :Machine Learning Project		
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 (if applicable) :	N/A		
Background:	<p>CPSA's department of Analytics, Innovation &amp; Research (AIR) has been exploring opportunities to augment existing programs by utilizing more innovative methods, such as the use of Artificial Intelligence.</p> <p><b>Background:</b> Machine learning (ML) is the study of computer algorithms that can improve automatically through experience and by the use of data. ML is seen as a part of artificial intelligence. Working with our Business Intelligence partners, <a href="#">OKAKI</a>, AIR has been exploring various ML models that could be incorporated into our existing workflows that would enhance physician competency and improve patient health outcomes. This has brought us to a project that is getting close to the implementation stage:</p> <p><b><i>Development and operationalization of an ML model for prediction of 30-day adverse outcome (Hospitalization, Emergency Department visit or Death) for a patient after an opioid dispensation using limited data available in Pharmaceutical Information Network (PIN).</i></b></p> <p>This presentation will focus on the model features, performance and future development as well as the opportunities to operationalize this work in the context of AIR's work.</p>		
Next Steps:	None		
List of Attachments:			

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 18, 2022	Levonne Louie, FAC Chair		
Agenda Item Title:	Differential Fees		
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>The Finance &amp; Audit Committee (FAC) has over the years had high level conversations about the concept of differential physician annual fees.</p> <p>The CPSA Leadership Team had asked CPSA's Research &amp; Evaluation Unit (REVU) to explore possible options and provide feedback regarding differential annual fees for physicians.</p> <p><b>Background</b></p> <p>The premise of a differential fee is in response to both</p> <ol style="list-style-type: none"> <li>1) the rising costs incurred at CPSA by a portion of its physician membership <sup>(Note 1)</sup>; and</li> <li>2) anecdotal accounts from members that question why all physicians must pay higher annual fees, as only a select few require additional (financial and human) resources from CPSA.</li> </ol> <p><sup>Note 1</sup> Note that it is only in cases where a regulated member goes to a full hearing where CPSA MAY recoup some of its costs. If an investigation does not result in a full hearing, CPSA incurs the costs of the investigation and subsequent action.</p> <p>There are other programs where some external costs are recovered such as individual practice reviews (IPR), but full costs are not recovered.</p>

	<p>In response to both the membership's concerns and the CPSA's costs analysis, REVU was tasked with analyzing possible scenarios for implementing a differential fee schedule.</p> <p>The FAC received a presentation from REVU at its recent meeting, and requested the same presentation be brought to Council for a fulsome discussion.</p> <p>The concept of differential fees being proposed would focus on a financial disincentive to drive a change in physician behavior and result in keeping patients safe.</p> <p>The current physician annual fees were approved for a three year period with 2022 being the last year. It is now appropriate for CPSA to consider this new philosophical approach to fees as FAC will be tasked this year with recommending fees for 2023 which will be brought back to Council for approval.</p> <p>These Council discussions will impact budget discussions later in the year.</p> <p><b>Item for discussion</b></p> <p>Does Council support the concept of differential fees?</p> <p>Any change in annual fee structure would be supported by a communication plan for the membership. The communication plan would include specific communication with impacted physicians prior to the annual billing cycle.</p>
Next Steps:	<p>If there is an appetite to pursue differential fees, then CPSA leadership will incorporate scenarios into further analysis for the FAC.</p> <p>CPSA leadership is currently researching differential fees with respect to various leave scenarios such as maternity /paternity leaves. Further details will be provided when the analysis is completed.</p>
List of Attachments:	
1.	

<b>Submission to:</b>	<b>Council</b>												
<b>Meeting Date:</b>	<b>Submitted by:</b>												
March 18, 2022	Andrea Garland (Nicole Bertram and Sondra Mackenzie-Plovie to present)												
<b>Agenda Item Title:</b>	Annual Report Process												
<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 is required by legislation to produce an annual report that includes items such as financials and statistics related to our core regulatory functions. In addition to the required elements, we see the annual report as an opportunity to tell the story of CPSA and engage with Albertans, physicians and, most importantly, our primary audience: the provincial government.</p> <p>This presentation outlines the work thus far on CPSA's 2021 annual report. The presentation gives a high-level overview of the report's content, design concept and timeframes for the project.</p>												
<b>Next Steps:</b>	<p>In 2019, CPSA Council approved the following process and general timeframes:</p> <table border="0"> <tr> <td>Mid-March</td> <td>• Council receives first look at CPSA Executive team-approved annual report stories and other content for preliminary feedback</td> </tr> <tr> <td>Mid-April</td> <td>• Council receives draft formatted print annual report with finalized content for final comments, review and approval</td> </tr> <tr> <td>Mid-May</td> <td>• Council approves annual report via email motion; feedback is considered and applied to final version of annual report</td> </tr> <tr> <td>May Council meeting</td> <td>• Council receives final version of annual report</td> </tr> <tr> <td>June 30</td> <td>• By legislation, distribution begins</td> </tr> </table>			Mid-March	• Council receives first look at CPSA Executive team-approved annual report stories and other content for preliminary feedback	Mid-April	• Council receives draft formatted print annual report with finalized content for final comments, review and approval	Mid-May	• Council approves annual report via email motion; feedback is considered and applied to final version of annual report	May Council meeting	• Council receives final version of annual report	June 30	• By legislation, distribution begins
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Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
March 17, 2022	Susan Ulan		
Agenda Item Title:	Appointment of Pam Gill as Hearings Director		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable) :	It is recommended that Council appoints Ms. Pam Gill as the Hearings Director of the College of Physicians & Surgeons of Alberta, per section 14(1) of the <i>Health Professions Act</i> .
Background:	<p>Section 14(1) of the Health Professions Act requires Council to appoint a Hearings Director. Ms. Nazrina Umarji was appointed to this position by Council in 2020. Ms. Umarji is on maternity leave and Ms. Pam Gill was delegated to be the Acting Hearings Director effective October 25, 2021 until such time that Council was available to formally appoint Ms. Gill as the Hearings Director.</p> <p>The <i>Health Professions Act</i> prohibits the Hearings Director and Complaints Director (Dr. Dawn Hartfield) from being the same person. The College must publish a directory with the contact information for the Hearings Director, which is currently done on the CPSA website.</p>
Next Steps:	
List of Attachments:	