COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Council Meeting Synopsis

CPSA Council Chambers
2700-10020-100 Street, Edmonton

Attendees:

Council Members - Voting:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley
- Nicole Cardinal
- Patrick Etokudo
- Christopher Fung
- Levonne Louie
- Linda McFarlane
- Raj Sherman
- Laurie Steinbach (attended virtually)
- Ian Walker
- Tyler White (attended virtually)

Council Members – Non-Voting:

- Brenda Hemmelgarn
- Chaim Katz
- Jon Meddings
- Laura Morrison

Additional Attendees:

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

- Dean Blue, Director, Accreditation
- Fizza Gilani
- Monica Wickland-Weller
- Nicole Bertram
- Sondra Mackenzie-Plovie
- Andrea Garland
- Charl Els

Guests (External on May 27 only):

- Associate Minister Mike Ellis and staff
- Dr. Nathaniel Day
- Dr. Stan Houston
- Dr. Ginetta Salvalaggio

Regrets:

- John O'Connor
- Tyler White on May 27 only

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**

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Council Meeting Synopsis

CPSA Council Chambers
2700-10020-100 Street, Edmonton

Thursday, May 26, 2022

Note: Items in blue font contain links to additional information.

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, March 17 and 18, 2022

1.2 President's opening remarks

- Feedback from March Council Meeting

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 May 26, Dr. Laura Morrison, the Professional Association of Resident Physicians of Alberta's representative on Council, provided the acknowledgement which reflected on her experiences as a settler who has lived, worked and played across Canada while learning directly and indirectly a number of lessons from Canada's Indigenous peoples.

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, March 17 and 18, 2022 and decision items from March 17 and 18 in-camera session, E-mail confirming approval of annual report (**for approval**).
- Building Fund Initiatives Working Group Meeting Summary Report (**for information**)
- Finance and Audit Committee Meeting Summary Report (**for information**)
- Governance Committee Meeting Summary Report (**for information**)
- Approval – Appointment to Complaints Review Committee and Hearing Tribunal as recommended by Governance Committee (**for approval**)
- Approval – Appointment to Rural Health Professions Action Plan (RhPAP) Board of Directors as recommended by Governance Committee (**for approval**)
- Approval – Appointment to Anti-Racism Anti-Discrimination Action Advisory Committee as recommended by Governance Committee (**for approval**)
- Medical Facility Accreditation Committee Meeting Summary Report (**for information**)
- MD Snapshot – update (**for information**)

Following additional discussions, Council approved or received as information the above items.

3.0 Reports

3.1 President's Report

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

3.2 Registrar's Report

The Registrar's Report was received as information. Council initiated a discussion related to the need for more primary care physicians in rural as well as urban areas to gain an understanding of the roles of the various parties within the system and what, if any role could be played by the regulator.

4.0 Standards of Practice

- Consultation 023 – approval for consultation
  - Continuing Competence Standard of Practice

Council approved the draft version of the Continuing Competence Standard of Practice for formal consultation which will be open until July 6, 2022.

5.0 Committee Reports

5.1 Finance and Audit Committee

- Audited Financial Statements – Final draft
- Audited Financials Statements - Summary
- Pension Fund Financial Statements

Council approved the audited Financial Statements and the Pension Fund Statements.

5.2 Finance and Audit Committee

- Differential Fees

Council reviewed a model for a differentiated fee structure that could be used to potentially modify the behavior of a very small group of regulated members who have repeated and ongoing interactions with several areas within CPSA such that they are considered to be irremediable and ungovernable. No decisions were made at this time and additional information will be brought to Council for consideration.

5.3 Strategic Planning Working Group

Council approved the 2022-2026 Strategic Plan as presented and the Strategic Planning Working Group was dissolved.

5.4 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.

5.5 Siksika Gathering- debrief

On May 3, CPSA Council and Executive Team members were invited to attend an historic gathering at "Piik'sappi" Gordon Yellow Fly Memorial

Arbor on Siksika Nation. Council reflected on the day, their learnings and plans around next steps to work with Siksika and other Indigenous groups to further the work of truth and reconciliation.

5.6 Governance Review Committee

- Presentation of Final Report

Council received the final report from John Dinner, who was hired to identify best practice governance principles, structures and processes necessary to update and strengthen the CPSA's governance framework. As a next step, CPSA team members will be analyzing the report and developing a plan based on feedback from Council members regarding which of the recommendations should be implemented.

6.0 Communications Team

6.1 Annual report – Final view

As required by legislation, CPSA develops an annual report which is presented to government before the end of June. Hard copy versions of the report as well as an enhanced digital version will be shared before the end of June. Keep an eye on the CPSA website for further information.

6.2 Live Tweeting of Council Meetings

Council approved a trial by the Communication Department to live tweet Council meetings in 2022 with an evaluation and review at the end of 2022.

7.0 In Camera (Council and others by invitation)

- **AHS Sponsorship**
- **Registration of Foreign Trained Physicians**

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, May 27, 2022 starting at 0800

8.0	**Call to Order for In-Camera Session (Council and Executive Team and others by invitation)** • **Introduction to Safer Supply Discussion** *An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session*.
	8.1	**Presentation I– Safer Supply**
	8.2	**Presentation II -Safer Supply**
	8.3	**Presentation III – Safer Supply**
	8.4	**Council Discussion – Safer Supply**

9.0 Call to Order and Introductions for public session

9.1 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 second day of the Council Meeting, Chaim Katz, student representative to CPSA Council, provided the land acknowledgement with gratitude for the opportunities he has been presented with to learn and better understand truth and reconciliation.

10.0 Committee Reports (Continued)

10.1 Anti-Racism Anti-Discrimination Action Advisory Committee

Dr. Daisy Fung, Vice Chair of the Anti-Racism Anti-Discrimination Action Advisory Committee shared details from the Committee's recent meeting which are also noted in the attached written report.

11.0 Registration Team

- Update – new registration category

In follow up to the March meeting, Dr. Caffaro shared the draft policies written to govern the development of a register for members with a non-clinical role. A final policy will be shared with Council in the fall, along with a proposal regarding the fee structure. It is anticipated that once approved the category will be available to registrants for the 2023 calendar year.

12.0 Council Education

- Finance 101
- Introduction to September Learning Session (verbal)

Council's education session on Finance 101 was deferred to later in the year. In preparation for the September Learning Session, Council members were asked to listen to a Podcast produced by Wondery called Dr. Death.

13.0 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.

Adjournment

cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Council Meeting Minutes – Public

Indigenous Peoples Experience Multipurpose Room
Fort Edmonton Park

Attendees:

Council Members:

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

Thursday, March 17, 2022 starting at 0800

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

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

Ms. Strilchuk called the public session to order at 907.

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 to which we are committed.

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)

Ms. Strilchuk thanked Council members for completing their annual conflict of interest declarations. No additional conflicts were declared.

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)
- 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)

The following items were removed from the Consent agenda and discussed separately as part of the report from the Anti-Racism Anti-Discrimination Action Advisory Committee:

- Name Change and Terms of Reference for Anti-Racism Anti-Discrimination Action Advisory Committee (for approval)
- Appointment of Vice-Chair for Anti-Racism Anti-Discrimination Action Advisory Committee (for approval)

The following items were added to the agenda:

- A verbal update from Dr. Gordon Giddings regarding Accreditation Standards
- A verbal update from Ms. Linda McFarlane regarding the Building Fund Initiatives Working Group.

Discussion of the items on the Consent agenda noted the following:

- While the use of the Patient Relations Fund appears to be inconsistent, Council was advised there could be many reasons for this, including the reluctance of a patient to immediately seek out help. Patients have 5 years to access the funding. Patients are able to select their own provider but as the program is administered by a third party, CPSA team members are unable to comment on any potential barriers that may exist. Additional information will be requested from the vendor regarding barriers to access, including options to allow patients to access culturally appropriate counselling options.
- Council appreciated receiving the update on labour mobility and the measures undertaken by the team to meet or exceed the legislative requirements.

MOTION C4-22: Moved by Raj Sherman and seconded by Daisy Fung that Council approves the amended agenda and items on the Consent agenda as circulated. Carried.

3.0 Reports

3.1 President's Report

The President's Report was received as information.

3.2 Registrar's Report

The Registrar's Report was received as information. Discussion of the report noted the following:

- Project Bluebird (the ongoing project within the Professional Conduct department to streamline processes and improve efficiencies) will focus on ways to incorporate restorative justice in their processes later this year and into 2023.
- Responding to a question about actions being taken to alleviate stress and workload concerns of staff, Dr. McLeod indicated that each team is exploring innovative ways

to approach the work and streamline processes as much as possible. As well, all staff will be asked to participate in an engagement survey to better understand the issues.

- Regarding the work underway at the national level pertaining to physician assessment, Dr. McLeod noted that conversations are ongoing and it is not yet known when or if the report requested by the Medical Council of Canada will be released publicly. This work will incorporate more than just the assessment of residents, it is also considering how to assess physicians trained outside of Canada and ensuring there is no implicit bias in those assessment processes. Additionally, consideration needs to be given to how to ensure and assess physician competency throughout a physician's career.
- The matter of the unique experience of learners during COVID was addressed, noting it is incumbent upon the entire profession to be available to ensure newly graduated physicians have the supports they need for long term success.

3.3 Key Performance Indicator Targets for 2022

Dr. Ulan presented the targets that have been developed relative to the Key Performance Indicators (KPI) shared with Council in September. With the anticipated approval of a new Strategic Plan later this year, Dr. Ulan noted that 2023 will be a transitional year between the current Strategic Plan and the one to be approved in May. Council requested additional information about the Quality Improvement KPI and in particular inquired about how physician engagement in Quality Improvement (QI) work is measured. The following was noted:

- Many physicians routinely engaged in QI work but did not recognize it as such. Hence the question asked on the renewal information form (RIF) was simplified.
- In future, it is anticipated that CPSA will engage with others such as the Universities or the PCNs to support physicians in quality improvement work.
- A Standard of Practice around expectations for QI work will be developed and could include a self-audit tool
- Within CPSA, each department has goals to meet around QI for the overall department. As well, individuals are provided opportunities to learn and grow. While the proposed target for QI within CPSA may seem overly aggressive, it is anticipated that through QI work, efficiencies will be realized and overall workloads should be reduced.

MOTION C5-22: Moved by Levonne Louie and seconded by Christopher Fung That Council approves the Key Performance Indicator Targets for 2022 as circulated**.** Carried.

3.4 Anti-Racism Anti-Discrimination Action Advisory Committee (formerly called Equity, Diversity and Inclusion Advisory Committee)

- Name Change and Terms of Reference for Anti-Racism Anti-Discrimination Action Advisory Committee (for approval)
- Appointment of Vice-Chair for Anti-Racism Anti-Discrimination Action Advisory Committee (for approval)

Prior to approving the items brought forward by the Governance Committee, Ms. Louie noted that there have been some inconsistencies around the proposed title of this Committee and clarified that the request is to change the name of the Committee to be:

Anti-Racism Anti-Discrimination Action Advisory Committee

Motion C6-22 Moved by Levonne Louie and seconded by Linda McFarlane that Council approves changing the name of the Equity, Diversity and Inclusion (EDI) Advisory Committee to the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC). Carried.

MOTION C7-22: Moved by Levonne Louie and seconded by Raj Sherman that Council appoints Daisy Fung as Vice-Chair of the Anti-Racism Anti-Discrimination Action Advisory Committee. Carried.

MOTION C8-22: Moved by Levonne Louie and seconded by Christopher Fung that Council approves the Terms of Reference for the Anti-Racism Anti-Discrimination Action Advisory Committee. Carried.

Dr. Ehi Iyayi joined the Council meeting to provide an update of the Committee's work, including the development of a proposed position statement on racism and discrimination. One of the goals of the position statement is to engage partners and Albertans in creating a healthy environment and healthcare system. Once approved, the statement will be posted on the public website.

MOTION C9-22 Moved by Levonne Louie and seconded by Laurie Steinbach to approve the position statement as developed by the Anti-Racism Anti-Discrimination Action Advisory Committee. This motion was withdrawn before being passed by Council based on some questions brought forward regarding the Code of Ethics and the definition of Discrimination.

MOTION C10-22 Moved by Levonne Louie and seconded by Linda McFarlane to table further discussions and the approval of the position statement developed by the Anti-Racism Anti-Discrimination Action Advisory Committee until Friday, March 18, 2022. Carried.

3.5 Governance Review Committee Update

Ms. Steinbach provided Council with an update on the work of the Committee and John Dinner, the 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.

4.0 Registration Team

4.1 Discussion regarding developing a new registration category

Dr. Caffaro introduced some of the situations that could be addressed if a new registration category was created. The category could be used by registrants who have stepped away from providing clinical care for various reasons including administrative appointments, academic appointments, retirement, parental leave or even those who have withdrawn from practice as a result of the complaints process or for health reasons. If Council supports continued work in this area, a policy, including a potential differentiated fee, would be brought back to Council later this year. At the present time, it is anticipated the number of physicians who would be interested in being registered in this way would be small. There are about 60 members who are currently noted as active, withdrawn from practice, but it is unknown how many physicians on parental leave might be interested in this registration category. Responding to a question about whether there would be any required training should a person on this register wish to return to providing clinical care, Dr. Caffaro indicated the individual would need to re-register and follow all the provisions in place for registration which may require the individual to take additional training.

Based on the Council discussion, Ms. Strilchuk indicated that Council was supportive of continued work to develop this new registration category.

4.2 Data Review -2022 Registration Statistics

Council reviewed the 2022 Registration statistics as provided in their agenda materials. Dr. Caffaro noted that such data is a snapshot of a regulated member's practice and intentions at a point in time. Noting what appeared to be a decrease in the number of University of Calgary graduates that have registered with CPSA, Dr. Meddings explained that while an individual may graduate from an Alberta institution, they will not necessarily register to practice in that province. He did, however share his concern that while the population within the province has increased, the number of students graduating from medical school has not kept pace due to a lack of funding and availability of instructors.

Dr. Caffaro concluded by indicating that registration statistics are updated quarterly and shared publicly on the CPSA website.

5.0 Standards of Practice

- Advice to the Profession – Professionalism in Public Forums – draft for review
- Continuity of Care – possible revisions to previously approved Standard
- Consultation 022 – approval for consultation
    - *Medical Services Requiring Accreditation Outside of Hospitals* and
    - *Reprocess Medical Equipment*

Dr. McLeod indicated that the Advice to the Profession regarding Professionalism in Public Forums was developed in response to a request by Council in September of 2021. He reminded Council that an Advice to the Profession document is simply that, advice. As such, CPSA cannot hold regulated members accountable to that advice. He indicated that staff recognize the concerns shared regarding a physician's rights regarding freedom of speech, but noted that physicians are in a position of trust and need to acknowledge that and abide by the CMA Code of Ethics and Professionalism. He added that Advice to the Profession documents are not usually brought to Council for approval. However, given Council's interest in this topic, he wanted to ensure this met Council's expectations.

Dr. Ulan added current best practice regarding the management of regulated members who share misinformation noted that if a regulator did not have clear expectations for their regulated members, it would be difficult to take any regulatory action against such members.

Council noted some minor revisions to the document to provide additional clarity and indicated their support to move forward with the development of the Advice to the Profession – Professionalism in Public Forums.

Dr. Ulan presented the proposed revisions to the Continuity of Care Standard of Practice. Mr. Knight indicated that because the standard had not yet been implemented, additional consultation on the revisions is not required. Given the connection between the Continuity of Care Standard and the Episodic Care Standard, the two documents are being presented together for implementation on April 1.

Mr. Jason MacDonald presented information about the Standards proposed as part of Consultation 022. The work of infection protection and control has evolved since the standards were first developed and as such, it is recommended that the standard on Medical Device Reprocessing be expanded to have a broader look at safety in a number of areas within a facility. Dr. Ulan added that following consultations it is expected that physicians will no longer be required to get approvals regarding acupuncture and hair transplantation. The risks associated with these activities has been mitigated elsewhere.

MOTION C11-22: Moved by Levonne Louie and seconded by Daisy Fung that Council approves the revised Continuity of Care Standard of Practice for implementation on April 1, 2022. Carried.

MOTION C12-22: Moved by Levonne Louie and seconded by Daisy Fung that Council approves implementing the Episodic Care Standard of Practice on April 1, 2022 which was previously approved in December, 2021. Carried.

MOTION C13-22: Moved by Jaelene Mannerfeldt and seconded by Daisy Fung that Council approves the draft versions of the Medical Services Requiring Accreditation Outside of Hospitals and the Reprocess Medical Equipment Standards of Practice be approved for formal consultation. Carried.

6.0 **Building Fund Initiatives Working Group**

Ms. Linda McFarlane, chair of the Building Fund Initiatives Working Group, advised Council that a consultant will be engaged to facilitate the development of plans and principles as the Working Group considers potential uses of the funding previously set aside for a building**.** Council requested clarification about the process used to procure consulting services, and was advised that the value of the contract was below the threshold in the CPSA risk management framework and therefore did not require implementing the request for proposal (RFP) process. The Working Group will have its first meeting in April and will bring forward another update in May.

7.0 Competence Committee Report

- Update re: Inspections
- Policy for approval

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 nine facilities based on concerns shared with CPSA in recent months. The authority to carry out such inspections is provided for in part 3.1 of the Health Professions Act.

A "Delegation of Authority to Appoint Inspectors Policy" has been developed to reflect the legislation and provide additional clarity on the inspection process. Procedures will also be developed with more granular details.

MOTION C14-22: Moved by Raj Sherman and seconded by Levonne Louie that Council approves the revised "Delegation of Authority to Appoint Inspectors Policy". Carried.

On the matter of competence, Council noted that current and recently graduated students have had a very different learning experience and may not have similar competency to others who did not undertake their training during a pandemic. As such, the question was asked about additional ways to engages these learners to enhance their training. Dr. McLeod responded and indicated that CPSA relies on others for assessing the competency of learners and ensuring that the needed skills are taught and assessed. He noted that CPSA and others do recognize there is a cohort of learners with a different experience and suggested that the entire profession needs to support this cohort.

8.0 Accreditation Standards

Dr. Gordon Giddings, Assistant Registrar, Accreditation, advised Council that the implementation of the Non-hospital Surgical Facility Standards as previously approved by Council will be delayed until the first quarter of 2023. He indicated that the delay is related to a number of factors including the need to provide facilities with additional time to give feedback given the disruptions

caused by the pandemic. By delaying the implementation of the standards, it is expected that the facilities will be more receptive to the required changes and will have additional time for training.

Council noted that the provincial government has issued a request for proposals (RFP) to expand chartered surgical facilities as part of the Alberta Surgical Initiative. As such, Council requested follow up to ensure those responding to the RFP who are given a contract will be required to meet the new Standards.

The public session adjourned at 1605.

9.0 In Camera (Council and others by invitation)

- **Social Media Questions/Concerns**

Council met in-camera.

Friday, March 18, 2022 starting at 0800

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

11.0 Call to Order and Introductions for public session

Ms. Strilchuk called the public session to order at 0815

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 to which we are committed.

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 learned in the Indigenous Peoples Experience at Fort Edmonton Park.

12.0 Indigenous Health Advisory Circle

Mr. Tyler White, Co-Chair of the Circle provided Council with an overview of their first meeting. There are currently 9 members of the Circle, but they are looking to expand

membership to ensure there is broad engagement and diverse thinking. The Terms of Reference are currently under development. He noted this is the start of a journey to share wisdom and knowledge and noted that the group is well-positioned to do good things. The importance of building relationships and understanding was highlighted by both Mr. White and Mr. Knight.

Council suggested the following:

- bringing together the chairs and/or vice chairs of the Circle and the Anti-Racism Anti-Discrimination Action Advisory Committee.
- including reference to trauma informed care/impacts of residential school in the Terms of Reference
- adding a student representative to the Circle

Dr. Hemmelgarn noted that work is underway at the University of Alberta to decolonialize the curriculum. Mentoring and other support is available to Indigenous Students. Dr. Meddings added that Dr. Lindsay Crowshoe, Co-Chair of the Circle is leading the work at the University of Calgary as it, along with all medical schools in Canada, respond to the calls for action from the Truth and Reconciliation Commission.

Position Statement on Racism and Discrimination

In follow-up to the discussions held on the first day of Council meetings, Council reviewed an updated version of the proposed Position Statement.

MOTION C15-22 Moved by Jaelene Mannerfeldt and seconded by Levonne Louie to approve the position statement as developed by the Anti-Racism Anti-Discrimination Action Advisory Committee as revised and pending a review of spelling and grammar. Carried

13.0 Governance Committee Report

- Council Learning Plan (for discussion and approval)
- 2022 Council Retreat Planning (for discussion)
- Formal Establishment of History Project Committee (for approval)

Council reviewed the proposal for Council learning opportunities in the coming year. Ms. Louie, chair of the Governance Committee reminded Councillors that the voting members are able to access funding amounting to $4500 over their three-year term on Council to engage in governance or leadership development sessions. Of the options presented for the group learning, Council indicated their preference would be to have a mix of delivery models. Council also agreed that all Council members will be expected to participate in the anti-harassment online training module and complete it by the end of the year.

MOTION C16-22 Moved by Laurie Steinbach and seconded by Christopher Fung that Council approves the 2022 Council Learning Plan, and for Group Learning, Idea 3: a mix

of Book/Article/Movie Club and Speaker Series. Further Council supports expecting all Council members to participate in the Anti-harassment/Respect in the workplace online training. Carried.

On May 3, Council has been invited to a gathering at Siksika to participate in some activities related to the recommendations from the Truth and Reconciliation Commission. It will be a full day of sharing culture through story telling, dancing, and meeting with community members. Plans are still being developed and Council members were encouraged to reach out to Mr. Knight or Mr. White with any ideas or suggestions for the day.

Ms. Louie noted that last year, some preliminary discussions were held regarding the development of a History Project. At the time, Richard Buckley, Tyler White and Jim Stone were identified to participate in this work. A draft Terms of Reference for the Committee was shared with Council and feedback requested to move forward with the formal establishment of this Committee. The 2022 budget includes $50,000 for this work. An application has been submitted for a grant to hire a summer student to assist in this work. The Committee will develop a workplan and a detailed budget in the coming months.

MOTION C17-22: Moved by Daisy Fung and seconded by Chris Fung that Council approves the establishment of the History Project Committee. Carried.

14.0 Strategic Planning Working Group

Ms. Louie reviewed the work completed to date which has led to the creation of a draft Strategic Plan. Once Council approves the finalized plan at the May Council meeting, administration will begin the work to operationalize the plan. Council will continue to provide direction to administration as they annually approve the business plan and budgets that will align with the Strategic Plan.

MOTION C18-22: Moved by Christopher Fung and seconded by Laurie Steinbach that Council approves that the Strategic Planning Working Group will draft the final strategic plan for presentation and approval by Council at the May meeting. Carried.

15.0 Legislation and Bylaw Committee

- Vaccination Policy

Dr. Christopher Fung presented the Council Vaccination Policy for approval. This policy was requested by Council in December. The Legislation and Bylaw Committee reviewed the policy, but required additional feedback from Council as to whether or not the policy should extend to all Committee members as well as Council members. Through its discussions, Council decided the policy should only apply to Council members.

MOTION C19-22: Moved by Levonne Louie and seconded by Raj Sherman that Council approves the Council Vaccination Policy as presented. Carried.

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 around prescription opioid users. Decisions on how to use and operationalize this data is ongoing.

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. If the work is to move forward, it will be important to ensure it is viewed with an anti-racism and anti-discrimination lens. The current fee structure will end in 2022 and the Finance and Audit Committee will be bringing forward a recommendation for fees for 2023. Further work by the Finance and Audit Committee will be undertaken to consider this approach.

18.0 Annual Report Process

Ms. Nicole Bertram and Ms. Sondra Mackenzie-Plovie gave 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, with extended content will also be available on the CPSA website. Council will be given an opportunity to provide feedback on the initial draft of the report before the end of March.

19.0 Appointment – Hearings Director

MOTION C20-22: Moved by Jaelene Mannerfeldt and seconded by Christopher Fung that Council approves appointing Ms. Pam Gill as Hearings Director of the College of Physicians & Surgeons of Alberta, per section 14(1) of the Health Professions Act. Carried.

The Public Session adjourned at 1300.

20.0 Council Education Session

- Important Regulatory Cases in 2021

	Council met in-camera with legal counsel to discuss the important regulatory cases from 2021.
21.0	**In Camera (Council and others by invitation)** 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.
22.0	**Adjournment**

Gail Jones
Recording Secretary

COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Decision Items
In-Camera Meetings

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: March 17 and 18, 2022
Council met in-camera at various times during the March 17 and 18, 2022 Council meeting to discuss sensitive issues.

MOTION C3-22: Moved by Levonne Louie and seconded by Christopher Fung to approve the in-camera agenda and items on the in-camera consent agenda as circulated. Carried.

From: Gail Jones
To: [redacted]
Subject: RE: Approval Requested - Please respond by noon on Monday, May 16
Date: Thursday, May 12, 2022 10:54:00 AM
Attachments: image004.png
image001.png

This e-mail is to confirm that the motion noted below has passed and will be recorded in the Motions Database as Motion C21-22.

Thank you everyone.

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

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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

This email was sent from the traditional territory of the Treaty 6 First Nations and the homelands of the Métis people.

Council members,
Please respond to this e-mail **before noon on Monday, May 16, 2022.** As a first step, I will need a Council member willing to move the motion below as well as someone to indicate they will second the motion:

> **MOTION**: Moved by John O'Connor and seconded by Christopher Fung that Council approves the CPSA 2021 Annual Report version 7-051022 as well as the digital platform for the 2021 annual report as circulated via e-mail on May 10, 2022.

Once I have a mover and seconder for the motion, I will recirculate this e-mail to confirm and then gather everyone's responses. Once the motion is passed, either Sue or I will send out an e-mail to confirm the motion has passed.

Given that this report has been provided to all Council members for final approval, if anyone finds any substantive errors or omissions in the report, we ask that you oppose approval, noting the area that requires correction. Voting will be discontinued until the error/omission is corrected and a revised version will be made available to Council for approval.

As previously shared with Council, in order to meet the Alberta Government's submission deadlines, Council approval for the Annual Report is needed via e-mail, prior to the May Council meeting.

Nicole and Sondra have asked that I share the following message with you in regards to the Annual Report.

> *On behalf of the CPSA Communications team, we are excited to share CPSA's 2021 annual report for your formal approval via email. We shared a draft of the annual report content with CPSA Council in March for your opportunity to review and provide feedback. We also shared the report's design concepts at the March Council meeting. We are now seeking your approval on the print version and digital platform for 2021's annual report. The print version is attached to this email and you can access the digital platform here using the password* **Hum@nity!** *(exclamation point included).*
>
> ***About the 2021 report***
>
> *The theme of our report is "Humanity of health care." It highlights how the relationships between Albertans and their care providers shone through the ups and downs of another challenging year. Through these challenging times, CPSA continued in our leadership role to guide and support regulated members in providing Albertans with safe, high-quality medical care when they need it most. Like every year, our annual report is a meaningful way to highlight the efforts of our entire team and our commitment to our work.*
>
> *The elements you'll find in the print report include:*
>
> - *Messages;*
> - *Governance, leadership and committee information;*
> - *Statistics and department descriptions;*
> - *Draft audited financials (not yet approved by CPSA Council); and*
> - *Cross-promotion of the multimedia stories that are found, in full, on our digital platform.*
>
> *The topics for the multimedia stories on our digital platform include:*
>
> - *COVID-19 misinformation (longform written);*
> - *The people in the pandemic (Q&A written, images for digital platform to come);*
> - *Diversity of perspectives (podcasts on different topics about anti-racism, anti-discrimination and equity, diversity and inclusion);*
> - *Commitment to Reconciliation (video about Indigenous health in Alberta and a work of art by an Indigenous artist); and*
> - *The evolving healthcare team (photo journal of a day in the life of a physician assistant).*
>
> *The digital platform will also include an interactive PDF of the 2021 print report, including financials, once approved by Council. For the time being, you'll see our 2020 annual report as a placeholder. You'll also notice the PDF has placeholders for QR codes, which will be populated once the digital platform is published.*
>
> *We extend our sincere gratitude and thanks to the entire CPSA team and to CPSA Council for your ongoing guidance and support. Pending Council's approval of the report and digital platform via email and the audited financials at May's Council meeting, our team will finalize print files, print the report and begin distribution, including publishing our digital platform.*
>
> *Sincerely,*
>
> *Nicole and Sondra*

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

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This email was sent from the traditional territory of the Treaty 6 First Nations and the homelands of the Métis people.

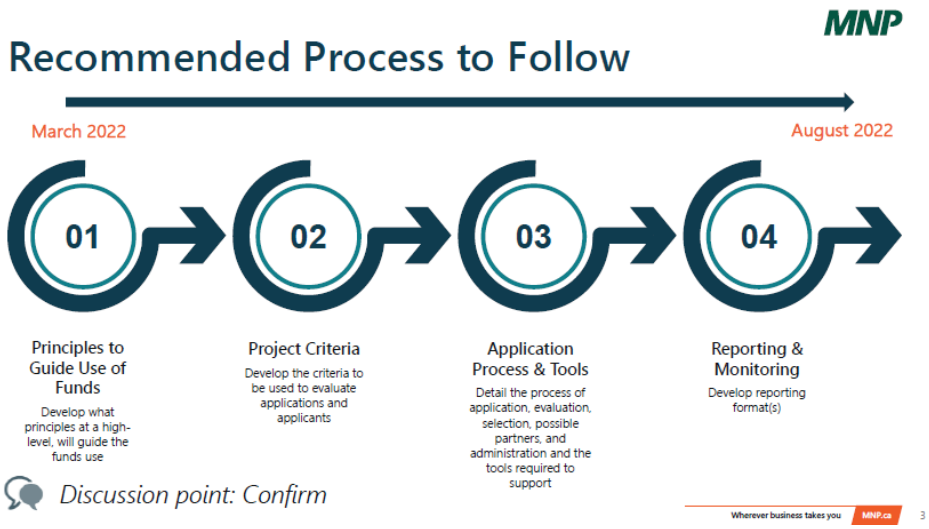
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Ms. Linda McFarlane, Chair Building Fund Initiatives Working Group		
Agenda Item Title:	Building Fund Initiatives Working Group Meeting Summary Report		
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	n/a
Background:	The Building Fund Initiatives Working Group is time-limited ad hoc committee of Council established to oversee the $5 million Council has allocated from the CPSA building fund to support programs, initiatives or research to benefit Albertans. The Working Group consists of the following voting members: • Ms. Linda McFarlane, Chair • Dr. Richard Buckley • Ms. Levonne Louie • Dr. Raj Sherman • Ms. Stacey Strilchuk The Working Group is supported by CPSA administration • Dr. Scott McLeod, Registrar • Ms. Tracy Simons, Chief Financial Officer • Mr. Josh Eberhart, Senior Accountant/Financial Analyst • Ms. Tina Giamberardino, Risk Management Coordinator Additional support is also provided by Mr. Greg Lamothe of MNP. Mr. Lamothe is providing assistance to facilitate the group through a process. The group has agreed on four major steps in the process to oversee the distribution of the $5M.



The timeline is to have the four steps competed by the end of August 2022.

The Working Group met on April 4 and May 6 to begin developing the principles to guide the use of the funds and start the project criteria using the ideas generated by Council at the February retreat. The Working Group has been refining the feedback targeting to have a list of 6 – 8 principles and a number of more specific project criteria.

The $5M from the building fund was invested in a high interest savings account in January 2022 to preserve capital until the funds can be disbursed.

Next Steps:	The Working Group is continuing to meet and will bring back to Council for approval the refined principles and project criteria for the September Council meeting. The group will also have further details on the application process and the reporting and monitoring to be proposed.

List of Attachments:
none

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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Levonne Louie, FAC Chair		
Agenda Item Title:	Finance & Audit Committee (FAC) Meeting Summary Report		
Action Requested:	☐ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	n/a		
Background:	The Finance & Audit Committee (FAC) met on April 22 and May 13, 2022 and addressed the following issues:		

1) Financial results December 31, 2021

FAC discussed a report from management regarding the budget variances for the 2021 financial results. For 2021, there is a year-to-date **operating income** of $4,045,000 compared to the budgeted income of $1,368,000 resulting in more income, or a positive variance, of $2,677,000.

The other income consists of change in market value of investments and the building fund investment activity with a combined $3,460,000 gain for the year. This gain is due to an increase in the market value of the investment portfolio at December 31, 2021 compared to the market value at December 31, 2020.

The total net income to the end of the year is $7,781,000.

	31-Dec-21	Budget	Variance	
Revenues	<34,148,000>	<34,119,000>	29,000	0%
Expenses	30,103,000	32,751,000	2,648,000	8%

Operating Income	**<4,045,000>**	**<1,368,000>**	**2,677,000**	
Development Costs	234,000	255,000	21,000	8%
Sub-total after Development Costs	<3,811,000>	<1,113,000>	2,698,000	
Accreditation, net	<510,000>	37,000	547,000	
Sub-total	<4,321,000>	<1,076,000>	3,245,000	
Other <income>	<3,460,000>	<248,000>	3,212,000	
<Net Income>	**<7,781,000>**	**<1,324,000>**	**6,457,000**	

A breakdown of the main contributors to the net income of $7,781,000 to the end of year include the following variances to budget:

1. **Reduced expenses due to Covid-19** $1,184,000

2. **Pension activity**
    a. New pension accounting rules

CPSA adopted the new accounting rules for recording the defined benefit supplemental employee retirement pension (SERP) in 2021. The new rules require a lower discount rate for measuring the pension obligation which results in recording a higher obligation. The new rules will require the change in accounting for the supplemental pension to be recorded as a charge or reduction in net assets, not an increase in expense on the income statement. For 2021, there is a $981,000 reduction to net assets.

    b. Defined benefit pension plan

The defined benefit pension plan is closed to new entrants and closed to additional service costs for existing employees as of December 31, 2020. CPSA no longer contributes to the pension for employee's current service costs.

During 2021, the pension assets grew at a higher rate than the pension obligation resulting in an overall credit or reduction to the pension expense of $424,000 recorded on the income statement.

3. **Revenues, including accreditation revenues were higher than budgeted** $179,000

4. **Other income greater than budgeted** $3,212,000

CPSA is required to record our investments and building fund investments at market value. This unrealized gain at the end of 2021 is a result of the change in value since December 31, 2020.

5. **Reduced overall expenses** $1,883,000

A significant factor for overall reduced spending was reduced staffing costs due to delays in hiring positions.

Net Asset summary

The net assets (or accumulated surplus) at December 31, 2021 is $51.9 million. The breakdown between restricted and unrestricted is as follows:

Net Assets:	
Invested in equipment and leasehold improvements	$ 5,278,000
Internally restricted*	10,527,000
Unrestricted	36,132,000
Total	$51,937,000

*The internally restricted net assets consists of the following:

Building fund	$9,766,000
Accreditation program	761,000
Total internally restricted	$10,527,000

The unrestricted net assets increased in 2021 due to the excess of revenues over expenditures for the year.

In addition, the accounting rules for the defined benefit pension plan require the re-measurement of the pension obligation to be recorded in the statement of changes in net assets. The total gain or credit recorded to the CPSA's net assets is $2,882,000 (2020 = $4,135,000).

The re-measurement calculation includes:

• The difference between the actual return on the pension assets and the return calculated using the discount rate	$2,591,000
• a gain on the obligation	$291,000
Total re-measurement	$2,882,000

In other words, the pension asset returns were greater than expected, and the obligation did not grow as large as expected in 2021.

Overall there is an increase to the CPSA's surplus in 2021.

The total unrestricted surplus as of December 31, 2021 of $36,132,000 represents approximately 99% of one year's gross operating expenses (based on 2021 budgeted total expenses).

The higher level of surplus will allow CPSA to plan for shortfalls in future years' budgets and if necessary, will allow us to draw down the unrestricted surplus as operating expenses increase.

CPSA's current policy on reserves targets the unrestricted surplus at 60% of one year's gross operating expenses. The FAC will be reviewing the policy on reserves later in 2022 in conjunction with the review of the 2023 budget.

2) Contract Review

At the March 2022 Council meeting, Council requested clarification about the process used to procure consulting services. FAC agreed to review CPSA's management control framework and the list of contracts.

FAC reviewed the following:

- Management Control Framework (last updated by FAC Nov. 2021)
- Monitoring Report on Adherence to Executive Limitations 2021 (reporting reviewed annually by FAC, last reviewed Nov. 2021)
- Sole Source Contract Criteria (approved by FAC June 2019)
- 2021 contract list

FAC was satisfied with the controls in place and made no recommendations for changes.

3) Risk Reporting

A few years ago, the Medical Regulatory Authorities (MRAs) were involved in the development of best practises for regulators. The FIRMS Standards were created from these recommendations.

FIRMS = FMRAC integrated risk management system.
(FMRAC =Federation of Medical Regulatory Authorities of Canada)

FMRAC, with the assistance of HIROC (Health Insurance Reciprocal of Canada) and the MRA representatives, have developed a list of standards across the following modules:

- Governance
- Leadership
- Registration & Licensure
- Complaints & Resolution
- Quality Assurance of Medical Practice
- Facility Accreditation – Quality Review Programs
- Integrated Risk Managements
- Human Resources
- Finance
- Records Management Privacy & IT
- Security & Premises

It is the goal of the standards to identify areas of possible risk in an organization. As a result, the organization is able to decrease its exposure to litigation and/or insurance claims by addressing the risks.

If an MRA chooses to participate in the program, a risk assessment checklist (RAC) summarising an MRA's self-evaluation against each of the requirements is required by FMRAC every one to two years.

FAC received a presentation from HIROC on CPSA's first year self-assessment on the RAC.

Management uses these results to identify any gaps in process and prioritizes what areas need to be addressed. CPSA has identified our complaints & resolution department where processes are currently being reviewed under the Bluebird project.

CPSA is entering its second year of participation. The results of the second year self-assessment will be shared with FAC later this year.

4) Investment Asset Mix

FAC received a report, Review of Strategic Asset Allocation for Non-Pension Assets, from Mercer.

The committee had a robust discussion on alternative asset mixes comparing the return volatility and the expected returns. FAC provided feedback into the asset mix for the investment portfolio.

The committee also provided direction to replace the wording used in the investment policy about restrictions on assets and incorporate environmental, social and governance (ESG) language.

A suggestion was made that Council could consider developing a corporate ESG policy for CPSA.

5) Defined Benefit Pension Valuation

FAC received an education session from Mercer about defined benefit and defined contribution pension plans, and the differences between a registered and a supplemental plan.

FAC provided feedback to Mercer, CPSA's actuary, on the assumptions to be used for the defined benefit registered pension valuation. The valuation will be prepared as of December 31, 2021 and needs to be filed by September 30, 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 2022 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) Q1 2022 activity update

a) CPSA Risk Register

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

- Financial
- Legal
- Operational/Strategic
- Reputational

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

b) Business Activity Update

The Business Activity Update lists the key performance indicators (KPI), the associated targets and the actions/ tactics from the approved 2022 Business Plan. The document is broken down by the six business pillars.

FAC received a report on the business activity to the end of March 2022.

c) People & Culture Statistics and staffing update

FAC received a report for information outlining key human resource statistics for the first 3 months in 2022 compared to prior years.

The staffing update also highlighted the difficulty in recruiting in the current environment.

d) Financial Results Q1 2022

As of March 31, 2022, there is a year-to-date operating income of **$384,000** compared to the budgeted loss of $1,360,000 resulting in more income, or positive variance, of $1,744,000.

	31-Mar-22	Budget	Variance	
Revenues	(8,746,000)	(7,517,000)	1,229,000	16%
Expenses	8,362,000	8,877,000	515,000	6%
Operating Income	**(384,000)**	**1,360,000**	**1,744,000**	
Development Costs	3,000	119,000	116,000	97%
Sub-total after Development Costs	(381,000)	1,479,000	1,860,000	
Amortization & rental inducements	134,000	138,000	4,000	3%

Accreditation, net	(112,000)	(175,000)	(63,000)	36%
Sub-total	(359,000)	1,442,000	1,801,000	
Other loss <income>	706,000	(75,000)	(781,000)	
Net Loss	**347,000**	**1,367,000**	**1,020,000**	

The other income consists of losses in the market value of investments since December 31, 2021.

The total net loss to the end of the quarter is $347,000.

Note that the Audited Financials and Differential Fees were also discussed at these meetings but appear as separate agenda items with separate briefings.

Next Steps:	n/a
List of Attachments:	
1.	

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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Levonne Louie		
Agenda Item Title:	Governance Committee Meeting Summary Report		
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :			
Background:	The Governance Committee met on April 13, 2022. The following matters were discussed: 1. The Committee was provided with an update regarding the Governance Review. 2. The Committee reviewed some initial concepts for the 2023 Council Retreat. 3. Information around psychological safety was shared with the Committee. It was suggested that the Executive Committee should have responsibility to ensure Council meetings provide a psychologically safe environment for all Council members. 4. The Committee approved revisions to the questions to be asked on the Self-evaluation and Council Effectiveness surveys. 5. The Committee reviewed the process used to develop the recommendations for the appointments to the Complaint Review Committee and Hearing Tribunal List. The appointment recommendation is under separate cover on the consent agenda. 6. The Committee discussed the appointment of a CPSA representative to the Rural Health Professions Action Plan Board of Directors. Additional information is included in the recommendation to approve this appointment which is under separate cover on the consent agenda.		

	7. The Committee reviewed information about the upcoming regulated member elections. The timeline for the election is: • August 17 – nominations open • September 14 – nominations close • September 21 – voting opens • October 19 – voting closes 8. In the absence of a past president, the Committee will take on responsibility to facilitate the Executive Elections at the September 2022 Council meeting. Nomination information regarding Executive Committee positions will be sent to Council members after the May Council meeting. 9. As required in the Governance Committee's Terms of Reference, the Committee "Annually confirm Committee mandates". This was done at the Committee's April meeting. At this time, the Committee is not recommending any changes and felt all Committees had fulfilled their responsibilities as listed in each committee's terms of reference. The reports are linked below for Council information. 10. The Committee requested clarification be made to the Committee's Terms of Reference regarding its responsibilities relative to reviewing the terms of reference for other committees. 11. On the topic of in person versus virtual meetings, the Committee suggested that full day meetings could be held in person, but shorter meetings should be scheduled as virtual meetings.
Next Steps:	

List of Attachments:

1. 2021 Committee Performance Review – Competence Committee
2. 2021 Committee Performance Review – Executive Committee
3. 2021 Committee Performance Review – Finance & Audit Committee
4. 2021 Committee Performance Review – Governance Committee
5. 2021 Committee Performance Review – Legislation & Bylaw Committee
6. 2021 Committee Performance Review – Medical Facility Accreditation Committee

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Levonne Louie		
Agenda Item Title:	Hearing Tribunal (HT) and Complaints Review Committee (CRC) Appointments for 2022		
Action Requested:	☒ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Governance Committee Feedback is sought on this matter.	☐ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	Approve the appointments of: Dr. Anca Tapardel Dr. Sheela Vijay Dr. Fraulein Morales for their first three-year term on the Hearing Tribunal and Complaint Review Committee (HT & CRC) roster effective June 1, 2022 until May 31, 2025.		
Background:	The *Health Professions Act* directs that CPSA must maintain a membership list of regulated members from which HT and CRC are appointed. The Bylaws of CPSA state that members are appointed to this committee for a three-year term, with an optional further appointment of an additional three-year term for a total of six years. These three members are being recommended for appointment in addition to the other members as noted on the attached list. Three (3) female and two (2) male physicians were contacted with regard to joining the committee (April 2022) of which three (3) female physicians expressed interest. <u>The process developed to recommend these members is as follows:</u> • The Hearings Director reviewed each member's resume and completed questionnaire. • The Hearings Director conducted personal interviews. • The Hearings Director also examined each member's complaint/disciplinary record and vetted the members' names with the CPSA leadership team.		

	• The above information is shared with the Governance Committee for review and final recommendation to CPSA Council
Next steps:	Recruitment will continue in 2022 to ensure our candidates represent the diversity of Alberta and the profession.
List of Attachments:	
1. Hearing Tribunal and Complaints Review Committee List	

COMPLAINT REVIEW COMMITTEE & HEARING TRIBUNAL (3 year term)
Current Membership

NAME	APPOINTED
Dr. B. Balachandra	2022-2024 2019-2021 2016-2018
Dr. V. Bobart	2022-2024 2019-2021 2016-2018
Dr. W. Craig	2022-2024 2019-2021 2016-2018
Dr. E. Dance	2022-2024 2019-2021 2016-2018
Dr. D. Faulder	2022-2024 2019-2021 2016-2018
Dr. D. Yee	2020-2022 2017-2019 2010-2015
Dr. A. Drummond	2021-2022 2018-2020 2015-2017
Dr. R. Sargent	2021-2022 2018-2020 2015-2017
Dr. R. Strother	2021-2023 2018-2020 2015-2017
Dr. G. Charrois	2021-2023 2018-2020
Dr. R. Cox	2021-2023 2018-2020 2010-2015
Dr. D. Jena	2021-2023 2018-2020
Dr. E. MacKay	2021-2023 2018-2020
Dr. N. Mahil	2021-2023 2018-2020
Dr. D. Sheppard	2021-2023 2018-2020
Dr. E. Wasylenko	2022-2024 2019-2021
Dr. K. Loeffler	2022-2024 2019-2021
Dr. S. Gourishankar	2022-2024 2019-2021
Dr. G. Liaghati-Nasseri	2022-2024

NAME	APPOINTED
	2019-2021
Dr. O. Oladele	2022-2024 2019-2021
Dr. H. Amin	2022-2024 2019-2021
Dr. N. Pillay	2022-2024 2019-2021
Dr. A. Brisebois	2021-2023
Dr. T. Rajapakse	2021-2023
Dr. E. Gye	2022-2024

- There are currently 25 physician members on the CRC/HT: 10 female and 15 male.

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Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Levonne Louie		
Agenda Item Title:	RhPAP Appointment		
Action Requested:	☒ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☐ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	That Council appoints Dr. Michael Caffaro as the CPSA representative on the Rural Health Professions Action Plan (RhPAP) Board of Directors.		
Background:	Dr. John O'Connor has been serving as the CPSA representative to RhPAP since 2018. His term on Council will conclude on December 31, 2022. We wish to express our gratitude to Dr. O'Connor for his service on this external Committee. At its meeting in April, the Governance Committee was advised of a request from RhPAP to have the appointment of Dr. O'Connor's successor be made prior to July 1 to enable the new representative to be in attendance for a strategic planning session scheduled for July. In reviewing this request, the Committee was advised that there is no requirement that the representative to RhPAP be a Council member. The RhPAP Board indicated they are looking for an individual with rural experience. The focus of the Board in the coming years will be on issues related to physician resource planning and registration processes. Given the current commitments by Council members to the various CPSA Committees as well as the needs of RhPAP, the Committee supports the recommendation of Dr. Michael Caffaro to RhPAP. Dr. Caffaro has indicated his willingness to take on this responsibility.		
Next Steps:			
List of Attachments:			

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Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Levonne Louie		
Agenda Item Title:	Appointment to Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC)		
Action Requested:	☒ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☐ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	That Council appoints Mofiyin Lawal and Mariam Osman to the vacant position of U of C Black Medical Students' Association Member at Large on the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC). Ms. Lawal and Ms. Osman would fill this position on a rotating basis.		
Background:	The Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) Terms of Reference were approved at the March 2022 CPSA Council meeting, and include a membership list in which there are some vacancies. With ARADAAC member Dr. Osei-Tutu assisting with recruitment, 2 members of the U of C Black Medical Students' Association expressed an interest in joining the Committee. ARADAAC met on May 4, 2022, and Ms. Lawal and Ms. Osman attended the meeting as observers. The Committee made a recommendation to the Governance Committee that Ms. Lawal and Ms. Osman be appointed to ARADAAC. As there is only 1 position available for the U of C Black Medical Students' Association, if appointed, the representatives would attend Committee meetings on a rotating basis. To ensure a timely filling of the vacancy on ARADAAC, the Governance Committee held a meeting and vote by email on Friday, May 6, 2022. The following motion was voted on and carried by the Governance Committee:		

	THAT the Governance Committee recommend the appointment of Mofiyin Lawal and Mariam Osman to the vacant position of U of C Black Medical Students' Association Member at Large on the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC). Ms. Lawal and Ms. Osman would fill this position on a rotating basis.
Next Steps:	Ms. Lawal and Ms. Osman will be official members of ARADAAC.
List of Attachments:	

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Submission to:	**Council**

Meeting Date:	Submitted by:		
February 24, 2022	Liz McBride		
Agenda Item Title:	Medical Facility Accreditation Committee Report		
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable):	Not applicable		
Background:	**The Medical Facility Accreditation Committee (MFAC) met on February 24, 2022 and addressed the following:** **1. Introductions of New Committee Members** • Dr. Iona Bratu, pediatric general surgeon • Dr. Evan Lundall, rural facility physician **2. Accreditation Status of a Private Diagnostic Imaging Facility** The MFAC was advised that, with regard to an ongoing issue of attempts to resolve/receive responses to outstanding 4 year assessment citations from a private facility, to date no further responses for the remaining outstanding citations have been received. The Committee was reminded that this meeting was called in order to provide the Medical Director with an opportunity to make any oral submissions he wished concerning whether MFAC should or should not suspend the accreditation of AMIHA United for the alleged failure of him, as the Medical Director of AMIHA United, to cooperate fully with the assessment committee, pursuant to section 49(2) of the Bylaws of the CPSA. In final consultation with MFAC legal counsel, the Committee proposed that the matter be adjourned to provide the Medical Director with an opportunity to consult with legal counsel. The Committee further advised that it would provide an opportunity for the Medical Director and/or his legal counsel to make further		

submissions in writing and that he would be advised of the deadline for any written submissions.

The consensus of the Committee was that it would consider any additional written submissions and make a decision on whether or not to suspend the accreditation of this facility under section 49(2) of the Bylaws at its June 23, 2022 meeting.

3. Global Imaging Group Review

The members were reminded of the multiple complaints that have been received from various physicians, stakeholders and provincial Diagnostic Imaging leaders regarding a private diagnostic imaging facility.

These complaints, which have been received over several months, led to the Global review that was recommended by the Advisory Committee on Diagnostic Imaging (ACDI) in May 2021. Following that, CPSA continued to receive fairly regular complaints from physicians about the lack of availability of images on PACS and about the appropriateness and quality of studies performed.

There was also escalation of specific complaints for both the medical director (e.g. radiologist not on-site) and any associated radiologists to professional conduct.

At the recent ACDI meeting, there was consensus that a recommendation be made to MFAC that all ACMS facilities cease performing obstetrical and MSK ultrasound until such time as remedial solutions were implemented. They also were in support of the matter being further addressed in Professional Conduct.

Dr. Giddings provided an update to the Committee that, although ACDI had made a recommendation that this group of facilities suspend all MSK and obstetrical ultrasound activity, CPSA legal counsel advised that as the Medical Director was delayed in providing his submission for review by MFAC, he should be granted an adjournment to the next MFAC meeting.

MFAC was in agreement with granting the adjournment.

As concerns pose an immediate threat to the safety of Albertan patients and speak to the quality of services being provided in these facilities, Dr. Giddings advised that he will be further escalating the Medical Director issues to CPSA Professional Conduct.

Committee Members further suggested that another global review be conducted focused on obstetrical ultrasound due to the higher risk of these procedures/outcomes to patients.

	CPSA will bring back the further image review findings and any subsequent responses and actions to MFAC at a future meeting.

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Submission to:	**Council**

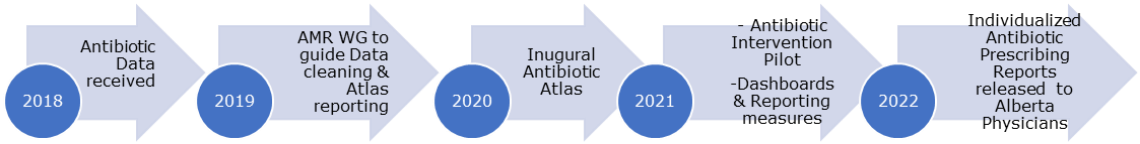
Meeting Date:	Submitted by:		
May 26-27, 2022	Fizza Gilani, Program Manager, Prescribing, Analytics & TPP Alberta Ed Jess, Chief Innovation Officer		
Agenda Item Title:			
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	
Background:	**Background:** In Canada, 14, 000 antimicrobial resistance (AMR) associated deaths occurred and one quarter of bacterial infections were estimated to be resistant to at least one antibiotic in 2018[1-3]. Resistance levels continue to rise with a projected increase in resistance rates to 40% (currently estimated at 26%) by 2050. If left unchecked, the cost to the Canadian healthcare system could be as high as $7.6 billion/year[3]. While it is recognized[4] that antibiotic resistance can occur naturally over time, overuse of antibiotics and inappropriate prescribing can dramatically accelerate the process. In Alberta, Physicians are the largest antibiotic prescriber group, responsible for 78 per cent of antibiotic prescriptions. Antimicrobial resistance is a complex issue with multiple contributing factors with a concerted effort required to help stem its tide. To do its part, the College continues to engage with its membership, stakeholders and partners to acquire and mobilize on antibiotic prescribing data. **Objective:** To provide an overview of activities to date using Antibiotic data with a focus on the MD Snapshot – Prescribing

A. Overview of Activities

Timelines



Projects completed

1. Antibiotic Atlas 2018, 2019, 2020
2. Antibiotics formally added as a regularly monitored Tracked Prescription Program (TPP) Type 2 drug class (Q1 2021)
3. First Prescribing Intervention Pilot (Q3 2021)
4. Antibiotic data incorporated into MD Snapshot – Prescribing (Q4 2021)
5. Survey to gather feedback on individualized antibiotic data reporting
6. New data trends and ingredient-wise breakdown of individual prescribing added (Q1 2022)

Projects underway

1. Focus group to gather feedback and garner further engagement among stakeholders, on antibiotic related initiatives.
2. Formalize new educationally focused, audit and peer feedback-based interventions focused on antibiotic prescribing risk indicators building on the Antibiotic Intervention Pilot
3. Acquire additional data, e.g. therapy indication, to enhance further reporting and allow for better identification of prescribing appropriateness
4. Further report refinement; 1-2 additional measures for patient level reporting in 2022.

B. Activity Highlight: Bringing Antibiotics to the Prescribing Snapshot

Report & Roll-out

MD Snapshot - Prescribing reports are produced quarterly and reflect the previous 3 months of individual prescribing for TPP monitored drugs in the community setting. Prescribing Snapshots are made available in a secure online format through the Physician Portal with personalized prescribing and trend data up to the past 3 years.

An inaugural Antibiotic reporting section was incorporated to the MD Snapshot – Prescribing reports containing seven reporting measures with five peer comparison reporting aggregated reporting and two providing patient level information. Additionally, trend data was included for three key measures.

The MD Snapshot reports are supportive tools, not meant to be judgemental or punitive; this message was broadly highlighted and also shared as a new dialogue box (below) directly onto the report landing page. Other enclosures

> MD Snapshot Prescribing is a tool to improve prescribing awareness and support good patient care. Variations in practices and clinical complexities are recognized. Please consider your individual context when reviewing your Prescribing Snapshot. Questions? Visit the program page by clicking here or email us at AIR.Inquiries@cpsa.ab.ca

included an updated 'Prescribing Companion' tailored to the topics of AMR Stewardship and antibiotic prescribing.

Report Uptake

Approximately 10, 400 Alberta physicians who prescribed an antibiotic and/or opioid or benzodiazepine or Z-drug, were provided their Prescribing Snapshot in January 2022.

The report received over 6000 views from physicians on the first day, and has been accessed by over 2800 distinct users since (~27% of recipients). This reflects more than twice the average quarterly access rate and highest in the past year. We hope to maintain the upward uptake trajectory and continue to engage the profession with ongoing projects.

Issues Reported

In all, we received just under 35 reports with the ten related to technical challenges (e.g. loading delays at peak access times). Other issues pertained to data errors or miscellaneous queries.

Survey Feedback

The post-release survey (sent Feb 9th) received 196 responses. Of the respondents, 64% were FM/GPs and over half were working full time and belonged to a Primary Care Network. Below are key findings from the survey:

- **56.3%** respondents said that the MD Snapshot-Prescribing **increased their awareness of their antibiotic prescribing practice**
- When asked if they felt **better informed about antimicrobial stewardship and concerns related to antibiotic resistance**, **51%** said 'yes'
- **47%** would **consider changing their antibiotic prescribing practice** as a result of the information provided
- **60%** found enclosed resources helpful; Over **87%** respondents said the report was 'easy to understand'
- **16%** expressed an interest in receiving a paper copy, most prefer online delivery

	• **Peer comparisons, patient specific information and total number of patients and antibiotic prescription measures were rated highest** among included measures for usefulness in practice • Of the trend measures, **Antibiotic DDDs per quarter followed by patients per day and prescriptions were day were rated most useful** to practice • Open ended comments included suggestions for further enhancements (e.g. including ingredient level details, adding diagnostic information, separating long term care prescribing from regular practice, etc.). 1. Canadian Antimicrobial System Report Resistance Surveillance (PHAC 2020); 2. Canadian Antimicrobial System Report Resistance Surveillance (PHAC 2021); 3.When Antibiotics Fail: The growing cost of antimicrobial resistance in Canada (CCA); 4. Antibiotic Resistance Fact Sheet (WHO); 5. TPP Antibiotics Atlas 2020.
Next Steps:	***Next Steps*** The upcoming MD Snapshot – Prescribing, releasing this month, incorporates ingredient-wise analysis and additional trend data on antibiotic prescribing. Further enhancements will be guided by focus group activities, technical capabilities, additional access to data and ongoing feedback.
List of Attachments:	

President's Report
College of Physicians and Surgeons of Alberta Governing Council

Prepared for May Council – May 26 and 27, 2022

March 2022

- March 24th Governance Review meeting
- March 25th Monthly meeting with Registrar
- March 25th Alberta Medical Association/CPSA meeting
- March 27th Every Child Matter's Hockey Game

April 2022

- April 4th Building Fund Initiatives Working Group meeting
- April 7th Meeting with the Registrar and Leadership Team
- April 11th Monthly meeting with Registrar
- April 12th RhPAP/CPSA meeting
- April 13th Governance Committee meeting
- April 14th Council Planning meeting
- April 14th Strategic Planning Working Group meeting
- April 21st Executive Committee meeting
- April 22nd Finance and Audit Committee meeting
- April 26th – 30th Federation of State Medical Boards Conference

May 2022

- May 2nd Podcast meeting with Siksika Health Services
- May 3rd Gathering at Siksika First Nation
- May 4th Anti-Racism Anti-Discrimination Action Advisory meeting
- May 6th Building Fund Initiatives Working Group meeting
- May 9th CBC Calgary interview
- May 12th Council Agenda meeting
- May 13th Finance and Audit Committee meeting
- May 16th Monthly meeting with Registrar
- May 17th Building Fund Initiatives Working Group meeting
- May 24th Executive Committee Pre-Council Preparation meeting
- May 26th CPSA Council
- May 27th CPSA Council

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Registrar Report

To: CPSA Council
From: Scott McLeod
Date: May 26th, 2022

Introduction

Spring seems to finally be upon us here in Edmonton and there are signs that summer may actually arrive.

Despite the reality that COVID-19 is still very much a part of our lives, we can start seeing life transition into what our new normal is going to be. We're all trying to sort out the right mix of virtual vs in-person meetings, how many days we can work effectively from home and how much business travel actually adds value. You name it, there are lots of questions that still need to be answered.

We are also now coming to the reality that two years in a pandemic has a greater long-term impact than some of us may have predicted. Our health system is struggling to catch up with the care deficit and health care providers are exhausted from 2 years of the pandemic.

Over the past month I've attended meetings like the Canadian Conference on Medical Education (CCME), The Federation of State Medical Boards (FSMB), The Canadian Society of Physician Leaders (CSPL), The Medical Council of Canada (MCC) strategic planning, the Federation of Medical Regulatory Authorities of Canada (FMRAC) strategic Planning. The problems Alberta is struggling with are the same as the rest of the Country, North America and I suspect the rest of the world.

The real shortage of primary care providers across North America is an enormous issue that has no easy solution. One reality that I believe must be addressed is within the culture of the medical profession itself. For decades, primary care has lacked the respect it deserves, and fewer students are choosing primary care as a career. After the second round of the CARMs match there were still 99 unmatched residency positions.

I realize there is not much comfort in knowing this is a bigger issue than just Alberta, but all these organizations are looking at ways to address these real issues. Unfortunately it's going to take time.

1. CPSA Organizational Updates

a. Return to the Office:

I'm pleased to report that after going through 2 years of remote work our team has successfully transitioned back to the office. We have been able to incorporate some hybrid work solutions and although we still haven't got it running as smoothly as it could yet, I'm very pleased with how adaptable our team has been.

The return to the office was easier for some than others, but seeing how everyone has respected each other through our transition just speaks to how supportive our team is.

b. Staff Engagement Survey:

Despite how I think things are going, it's important for us to continually get feedback from our team. On May 11th, we launched our staff engagement survey so that we can formally assess how things are really going. Some may say that we're setting ourselves up for negative reviews because of the difficulties in returning to the office and the tremendous strain everyone is under, but times like these are when we need to measure engagement to know how we're doing. It's easy to have good staff engagement when times are good, the real test is to see how we do when time are more challenging.

c. Customer Experience Project

We are continuing to invest in improving everyone's experience with CPSA. As we learned from the rebranding exercise, we needed to improve how others perceived us as an organization. To address this we have invested time into improving the experience people have when they interact with CPSA. As the famous writer and poet, Maya Angelou, has said, "You may not remember what a person said to you, you may not remember what a person did to you, but you will never forget how a person made you feel!"

We are already seeing the results of the work our team has committed to this. During the AMA Rep Forum, several physicians approached me to share how much they appreciate the tone of respect, empathy and compassion that is coming from CPSA.

I believe we're going in the right direction, but we need to remain vigilant. It only take a few bad interactions to have a dramatically negative impact.

d. CPSA Leadership Retreat.

After two years of not getting together for a retreat, the CPSA leadership team spent a few days together in Jasper to rebuild those very important personal connections and work on our own leadership development, both as individuals and as a team. We had many incredibly good discussions about how we best work together to support the organization, the profession and the public. I believe this set us up well to bring CPSA Council's Strategic Plan to life.

e. Staffing

Like many organizations, CPSA is having a difficult time finding high quality applicants for many of our vacant positions; this is not unique to CPSA. There is a significant shortage of people available for many jobs and the market for talent is becoming more competitive. Despite that challenge we are hiring some incredible talent. I just believe we need to have patience as we go through this next year.

As an example, we recently hired Mr. Dean Blue as our new Director of Accreditation and with tremendous sadness we will say goodbye to Liz McBride. Dean knows he has a steep learning curve ahead of him, but during our retreat to Jasper we invited him to join us and we all felt he is going to fit in perfectly.

f. KPIs

Follow the links for an update on our KPIs as well as our performance dashboard.

2. The Profession

a. COVID

Over this past year we have talked extensively about a handful of doctors that have been a challenge for us related to vaccine exemptions, mask exemptions, prescribing ivermectin and other drugs and spreading misinformation. These problems have not disappeared, but they are getting less attention.

I'm confident the actions taken by CPSA over this past two years have made a difference. It's difficult to quantify, but I believe Council's desire to communicate with both the profession and the public last fall has paid off. Recently we received a communication from Canada Border Services who used our website and publically available list of physicians who were restricted from issuing exemptions to stop a falsified document from being used for travel. They were thankful for us having that information available to help them do their very difficult job. This shows that we are seen as a trusted voice and a place to come for important information.

b. AMA Rep Forum

May 13th and 14th, Dr. Daisy Fung and I attended the AMA Rep Forum in Calgary. The majority of the forum was related to government relations, the AMA/Government agreement and income equity. This included a one hour session with the Minster of Health. From my perspective as a guest, I felt the conversations during that session were the best I've seen to date.

A consistent message that I heard throughout the Rep Forum was related to the crisis in primary care that we're having in Alberta. Family Physicians are leaving or retiring and we are not seeing a sufficient number coming back to address the needs of Albertans. This is resulting in more Albertans using walk-in clinics, virtual care only clinics or the Emergency Departments.

One big issue is not being able to quantify the severity of the problem, because no one, including CPSA, has the data to know how many Albertans there are unattached to a primary care provider. The result is that some people are concerned the government may not be recognizing the severity of the problem because of poor metrics. One of these concerns is related to CPSA's website which lists what family doctors are accepting patients. We don't know how accurate that information is yet it's being used to say we have lots of doctors accepting patients. We will be reviewing the value of keeping that on our website if it's not accurate. Some other jurisdictions have stopped providing that service and it turns out the PCNs are likely a better source for that information.

There was also a discussion around the drug toxicity deaths in Alberta, but this will be discussed further at our meeting.

There was also an excellent discussion about childhood mental illness in Alberta. There is not only an increase in the prevalence of mental illness, there are insufficient resources to address the demand.

It was clear after these two days that we're still seeing the profession under considerable strain. The health and well-being of physicians is of particular concern. As we have discussed in the past, this is a serious concern to CPSA, because we believe it is having an impact on the quality of patient care. Unfortunately, this is not something we can solve in the short term. We can however be empathetic and compassionate to the challenges our front line physicians are dealing with right now.

3. Provincial Update

a. ACP

Over the past few months, CPSA and the Alberta College of Pharmacy (ACP) have been working on finding new and innovative ways of addressing some unprofessional behaviours we are seeing with pharmacist's and physician's working relationships. Overall we believe that having pharmacists and physicians work together is beneficial for patients, there are however some behaviours that have not put the patients best interest first. At times the financial gain to the partnership has been at the expense of safe, high quality health care.

The physical location of an office can at times be an issue, but it's not a great predictor of behaviours. ACP and CPSA are therefore exploring ways we can address this concern together without disrupting the benefits of a strong partnership in the interest of quality care. More work in this area will be shared in the coming months.

Concerns have also been raised by some pharmacists about physician assistant prescribing. Since PAs are reasonably new to Alberta, everyone is finding their comfort zone. We have provided guidance to ACP that PAs should be considered equivalent to residents when it comes to prescribing. Follow the link to view the letter shared with ACP in that regard. We believe this will provide reassurance to the pharmacy profession.

b. Alberta Federation of Regulated Health Professionals (AFRHP)

I'm happy to report that Mr. Shawn Knight is continuing as a member of the AFRHPs executive committee and therefore he is keeping CPSA well informed on what's happening with respect to regulation in Alberta.

Currently the biggest issue for most health regulators is the implementation of Bill 46. For many this has meant a complete division of their regulatory and association functions. For CPSA this has been less work than for many others, but still a great deal more than we had predicted. Doing a complete review of all our functions and processes and then providing a formal report to government for review was no easy task. Thankfully Shawn and his team were able to put together an extensive submission of everything CPSA will do to ensure we have completely divorced ourselves from any association type functions.

One other key requirement to Bill 46 is the development of a Standard of Practice on Continuing Competence which will be sent for consultation upon Council's approval.

4. National Updates

a. FMRAC

FMRAC has been going through a considerable amount of strategic review over the past couple months, including a retreat in Vancouver and another follow-up this month. Many great things have been coming from these discussions and I can see FMRAC being even more valuable to CPSA as we move this work forward. As a minimum, FMRAC will become much more agile to adapt to the needs of the Medical Regulatory Authorities (MRA) and it will have more value for the money we commit to it each year.

The Annual FMRAC Conference will be held in Quebec City June 12th and 13th. The topic for this year's conference is "Eradicating Indigenous-specific and other forms of Racism and Discrimination Creating a safe Regulatory Environment for Patients." There has been so much interest this year we had to close registration earlier than normal.

At the conclusion of the Conference in Quebec City, I will no longer be the FMRAC President. Dr. Nancy Whitmore will take over for her two-year term. I will stay on as the past president for one year.

b. Medical Council of Canada

The MCC is still working on its strategic plan and there are many very interesting things being discussed, but I'm not at liberty to share those plans with you yet. I can however say that the MCC Council is committed to making sure that MCC's work directly contributes to improving the care that all Canadians deserve.

The Council is looking for two new Council members. One with regulatory experience and one public member. If you are interested or you know someone who may be interested, please share the following link with them.

https://mcc.ca/news/call-for-nominations-for-the-mcc-council/

I am on the MCC Governance and Nominating Committee, so I may be able to answer questions.

c. College of Family Physicians of Canada

CFPC will most likely be changing to a 3 year residency training program. We don't know the details yet, however this will be a significant departure from the current training and we don't yet know what that will do for the primary care requirements in Canada.

d. Royal College of Physicians and Surgeons of Canada

The RCPSC is in the process of changing how they certify international graduates. One benefit of this change is allowing international graduates to write their written exam prior to moving to Canada. This will generate a great deal more comfort for international graduates, but there is still some discussion about what else would be required to be granted a certification for the RCPSC. This will have an impact on how we register international graduates, but it's still a bit too early to tell.

e. Association of the Faculties of Medicine of Canada

At the recent CCME held in Calgary, there was a special session dedicated to improving the final year of medical school. The concern raised by the undergraduate programs has been related to the amount of time learners spend on the CARMs match and not on learning. For that reason many great minds are trying to sort out how best to provide an optimal learning experience and still ensure learners can meet their requirements for the match. I believe this may lead to several options that may completely change the landscape of both undergraduate and postgraduate education.

5. International Updates

a. International Association of Medical Regulatory Authorities (IAMRA)

IAMRA has officially decided to once again cancel the conference they had originally intended to hold in South Africa in 2020. We are not sure where the next meeting will be, but there have been discussions of Canada cohosting it with FSMB.

b. Federation of State Medical Boards (FSMB)

Stacey and I were able to attend this year's FSMB meeting and conference in New Orleans last month. I suspect Stacey will provide a more in depth report, but I would sum up the meeting as "enlightening."

All the issues we're dealing with in Alberta are just as much of an issue in many US jurisdictions. They too are dealing with misinformation, racism, discrimination, shortages of primary care etc. What was heartening was to see that Alberta is doing reasonably well compared to many other jurisdictions. In some areas I would argue we are ahead of most and in some areas we're struggling along with the rest, but I didn't attend a single presentation where I felt we were trailing behind.

Conclusion

We may be slowly moving from a pandemic to an endemic, but the impacts of COVID-19 on the health of the public, the profession and the economy has meant that we will be recovering from these past 2 years for several years to come. During these coming years it will be important for CPSA to embrace the new strategy and help physicians be the very best they can be. We need to set clear professional expectations, and we must be compassionate and empathetic as everyone recovers.

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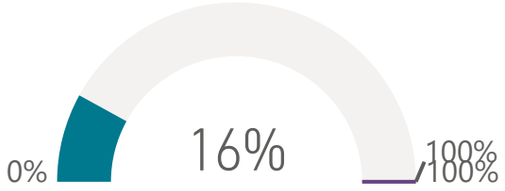
KPIs

Progress Target

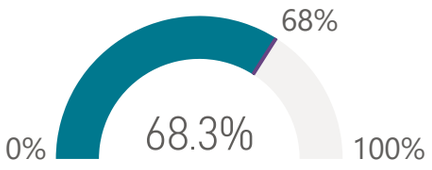
March 31 2022

Quality Mandate



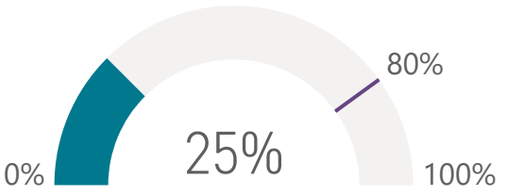
200 of high risk indiv. physicians assessed

Organization Presence & Influence



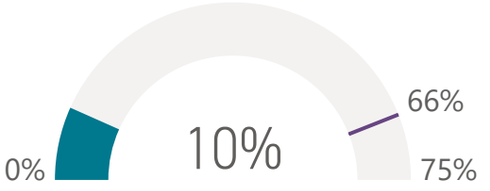
Improve media sentiment score

Organization Culture & Capacity



Employee engagement survey to ensure progress

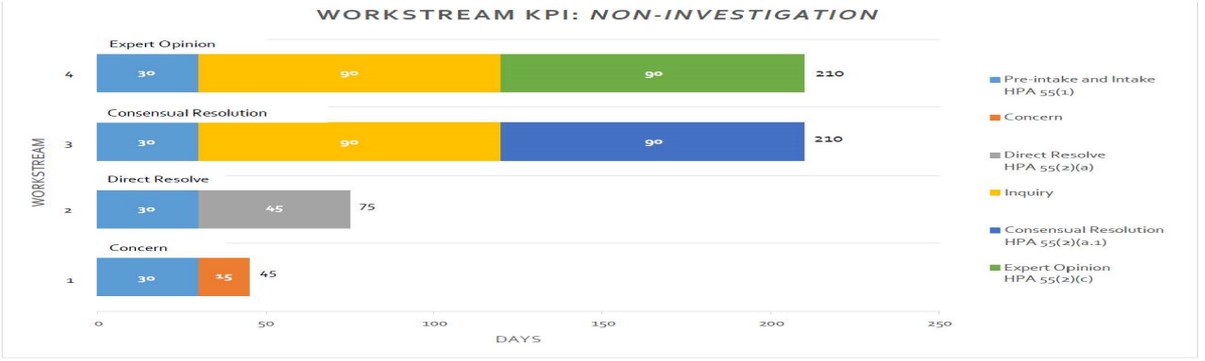
Learning Organization

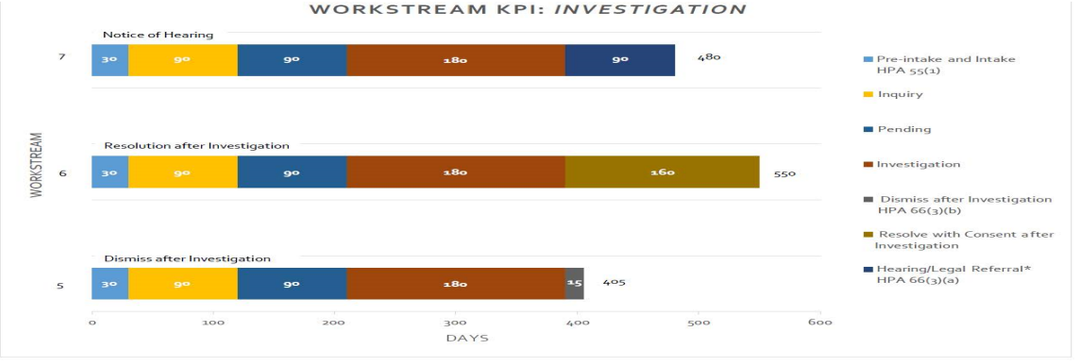


Departments are engaged in CQI

Length of Time to Close Complaint Files

These are the measures that Council approved and we are working on developing the reporting to be able to report on these work streams.
60% of complaint files will meet the workstream completion time frames for Non-Investigation and Investigation Workstreams by December 2022.

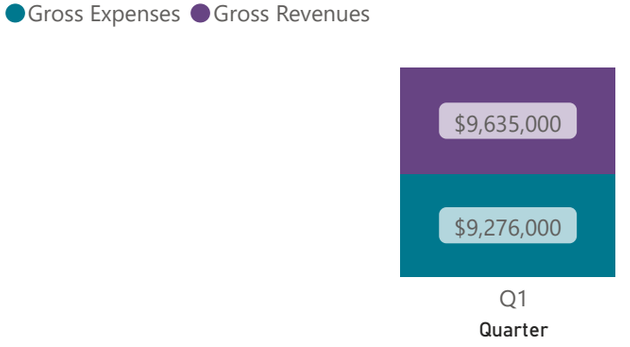




Financial Results

	31-Mar-22	Budget	Variance	
Revenues	(8,746,000)	(7,517,000)	1,229,000	16%
Expenses	8,362,000	8,877,000	515,000	6%
Operating Income	**(384,000)**	**1,360,000**	**1,744,000**	
Development Costs	3,000	119,000	116,000	97%
Sub-total after Development Costs	(381,000)	1,479,000	1,860,000	
Amortization & rental inducements	134,000	138,000	4,000	3%
Accreditation, net	(112,000)	(175,000)	(63,000)	36%
Sub-total	(359,000)	1,442,000	1,801,000	
Other loss <income>	706,000	(75,000)	(781,000)	
Net Loss	**347,000**	**1,367,000**	**1,020,000**	

Revenues Compared to Expense (prior other income)



CPSA Business Activity Update

For the Period Ending March 31, 2022

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

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.

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
Data Discovery	Understand how to operationalize and act on new and existing data discoveries			Prescribing Analytics	CINO	Exceeding/Meeting Target	25%		Bi-weekly updates from Nancy on AH data review and planning
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,		Prescribing Analytics	CINO	Exceeding/Meeting Target	50%		Utilizing existing data and planning for the incorporation of specific new data sets from AH.
Differential Fee	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.		Admin	CFO/CINO	Exceeding/Meeting Target	60%		Differential Fees working group presented concept to Council at their March meeting. Approved in concept to continue developing concepts on how various scenarios could be applied.

Digital Health Strategy

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).

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
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 health care emerges from the pandemic. Measure the member and public awareness on the impact that digital health technologies and means have on public safety.	Public and membership acknowledge risks and benefits in receiving and delivering healthcare through digital means.		Communications	Director Communications	Exceeding/Meeting Target	25%		Virtual care communication support is on track for Q1.

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
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.		Prescribing Analytics	CINO	Exceeding/Meeting Target	50%		Virtual Care Standard complete. Ongoing work with Virtual Care Working Group (AH Committee, Ewan Chairs) and Digitally Enabled Care Working Group (Ed Chairs).
Digital Health SOP	Operationalize the use of the Telemedicine SOP and to educate physicians regarding the expectations. Communicate the SOP for digital health effectively to members and the public. Measure the effectiveness of the SOP for digital health.	Physicians are educated about the telemedicine SOP and it becomes one of the CPSA tools used. The members and the public acknowledge the SOP for digital health. Members adhere fully to the SOP.		Office of the Registrar	COS	Exceeding/Meeting Target	95%	A New SOP has been created and operationalized with an ATP.	The SOP is deployed and inforce so the majority of the work in completed, however we have not yet found a manner to evaluate its effectiveness.

Learning Organization Strategy

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

KPI's	2022 Target	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
Departments are engaged in CQI	66%	Prescribing Analytics	CINO	Below Target	10%	Continuing to work with Registration and hopefully expand to PHM later in 2022	Slight delay/issues with data analysis that has now been resolved with Registration.

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
CPSA CQI	Continuous quality improvement (CQI) of all CPSA processes (ongoing)	Regular reporting on results and action plans Processes improve across CPSA	LOS001	Prescribing Analytics	CINO	Exceeding/Meeting Target	25%		Developing a department by department plan and reporting for CQI
Bluebird Project – Skill Enhancement	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.		Complaints & Discipline	Director Professional Conduct	Below Target	20%	Early Resolution Training through ADRIA has begun with Early Resolution Officers and two Associate Complaints Directors enrolled in initial Communications Course. Technical training being established for Administrative Assistants for mid-2022.	20%
History of CPSA	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.		Office of the Registrar	COS	Exceeding/Meeting Target	5%		Council established a History Project Committee at the March 2022 meeting. A TOR for the Committee has been drafted.
Governance Review	Governance Review	A governance review allow an organization to re-examine 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.		Office of the Registrar	COS	Exceeding/Meeting Target	50%		A consultant was engaged to carry out the Governance Review. The consultant conducted a survey, interviews, and submitted an External Scan and Preliminary Recommendations.

Legislative Activity

KPI's	2022 Target	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the correspondin g Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
	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	Director Accreditation	Below Target	60%	Significant delays in process due to COVID-19; regular bi-weekly meetings continue with AH; AHS/AH also using NHSF's to address pandemic surgical backlog which has further delayed gov't RFP process Developed revised assessment model to expedite these accreditations (required for greater than 50 % vol increases and new procedure types for currently accredited facilities)	Gov't Ophthalmology RFP in final negotiation stages with AHS (2 group agreements in YYC; third contract being negotiated for YEG); Orthopedic RFP is in final evaluation stages (2 additional facilities in YYC and YEG); Focus/content for third RFP cohort still under ministerial consideration (either additional procedure scopes in urban centres or expansion of ophthalmology and orthopedics in regional centres)
	Complaint backlog	60% of complaint files will meet the workstream completion time frames for Non-Investigation and Investigation Workstreams by December 2022.		Complaints & Discipline	Director Professional Conduct	Below Target	10%	New KPI's established, reporting remains a challenge until new software is implemented as DOC reporting is not set up to report on new KPI's	10%

Organization Presence & Influence

Definition: CPSA is a respected and credible organization that promotes high quality healthcare for all Albertans and is recognized as a key stakeholder in the Alberta and Canadian healthcare scene. As an innovative and forward thinking regulator, CPSA is and is sought out to participate in health related initiatives provincially, nationally and internationally.

	KPI's	2022 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
	Improve media sentiment score	Average media sentiment score of 68%		Communications	Director Communications	Exceeding/Meeting Target	68%		Average sentiment score of 68.3% in Q1

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the correspondin g Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
Disruptive Physicians	Continue bilateral initiative with Alberta Health Services (AHS) regarding disruptive physicians.	Develop a plan with AHS to address disruptive physicians building on the work of PROactive		Office of the Registrar	Deputy Registrar	Below Target	5%	Challenges with engaging with AHS to develop a plan. Changes at AMA may bring new opportunity to engage with them. The issue needs to be reframed.	Will meet with AMA to explore options.
Provincial Quality Work	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.		Office of the Registrar	Deputy Registrar	Exceeding/Meeting Target	20%	Provincial CPD network launching April 28, 2022 with the focus on 2 streams of work including data and peer mentoring to begin with.	COVID and provincial partner capacity issues delayed the launch which was intended for 2021.
Communication/ Brand Strategy	Continue Communications Strategy, Brand Strategy, Physician and Albertan engagement, media and marketing	Communication and brand effectiveness assessment to measure the effectives of brand change. Ongoing efforts related to public and physician engagement.		Communications	Director Communications	Exceeding/Meeting Target	25%		Branding, media and communication work on track in Q1.
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.		Complaints & Discipline	Director Professional Conduct	Below Target	20%	Metrics established; requires new software implementation to be established in order to track the desired metrics. New satisfaction survey to be established by Q3 2022.	20%

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's	2022 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
	Exemplary Employee engagement as reported on the employee engagement survey	80% score on survey		People & Culture	Director PnC	Exceeding/Meeting Target	25%		Engagement survey is set to launch in May.

			KPI (Please list

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
Global Name	2022 Action/Tactics	Expected Results	(Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
Employee Engagement	Partner with (potentially new) vendor to conduct employee engagement survey Next survey 2022	Engagement scores increase to 80%		People & Culture	Director PnC	Exceeding/Meeting Target	25%		Kincentric hired, survey drafted and will launch May 12
Workforce Plan Previously Performance Management	Adjust performance management to drive behaviors we need/align with HR Philosophy and Total Compensation Philosophy	Alignment of staff with required competencies		People & Culture	Director PnC	Exceeding/Meeting Target	10%		Will be addressed in performance management and living our culture initiative.
Workforce Plan Previously 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.		People & Culture	Director PnC	Exceeding/Meeting Target	10%		Initial work initiated with more to come in Q2.
Workforce Plan Previously Staff training	Equity, Diversity & Inclusion training for staff (enhanced training)			People & Culture	Director PnC	Exceeding/Meeting Target	25%		Plan completed and implementation to begin in Q2.
People Resource Center	Streamline work processes: Continued rollout of People Resource Centre in second phase. (year 2 of 2)			Admin	CFO	Below Target	80%	With shortage of staff in the payroll team, roll-out is taking longer than originally planned. The Payroll team is currently running parallel runs in the old and new system to ensure accurate calculations for staff payroll.	Roll out of the new payroll module deferred to Q2.
Total Compensation Review	Conduct salary & benefit review	Alignment of compensation with Total Compensation philosophy		Admin	CFO/PnC Director	Exceeding/Meeting Target	50%		Consultant hired and external survey on Total Compensation is in progress. Results from the survey are expected early May.
Anti-Racism, Anti-Discrimination Action Advisory Committee	Establish Anti-Racism, Anti-Discrimination Action Advisory Committee			Office of the Registrar	COS	Completed	100%		The first Committee meeting was in February, and the Committee TOR was approved at the March 2022 CPSA Council meeting.
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		Registration	Director Registration	Exceeding/Meeting Target	100%	Up to date as of information obtained	Then may be part of the mobility act which we are also up to date so far
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.		Registration	Director Registration	Completed	100%	both modules are complete, members are up to date, and both are part of registration process now	complete
Bill 21 Compliant (Alberta Health Care Insurance Act)	Implement any changes required due to Bill 21 (Alberta Health Care Insurance Act)	Compliant with Bill 21 Alberta Health Care Insurance Act by Jan 1, 2022		Registration	Director Registration	Exceeding/Meeting Target	100%	Up to date as of information obtained	not enacted as of yet, have had conversations with AHS…and are as up to speed as we can be, but may require changes in our process if enacted

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
Fair Registration Act	Continue implementation of Field Law review suggestions for compliance - begins in 2021	Compliant with Fair Registration Act		Registration	Director Registration	Exceeding/Meeting Target	100%	Up to date as of information obtained	meetings with GOA on this have been very positive and we are in compliance as of current requirements. Continue to update website on things like fees, changing information
Document Drop Zone	2019 Carried Over: Develop tool for document submission.1) Develop Functionality on CPSA website for online form submission2) 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	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		Admin	CFO/CIO	Exceeding/Meeting Target	25%	Next phases include 1) Capturing the applicable document content from the first 27 common forms & attachments and upload the data to our internal database (DOC) which eliminates data entry required by department staff. 2) Identifying the next set of documents to capture the document properties to eliminate data entry that creates workflows in QUEST.	The Submission Review Centre portal launched in March 2022. This new internal platform is the first step to automate capturing the document properties from CPSA's online web forms and will eliminate manual data entry by our administration team to enter document properties which create workflows in QUEST for department staff to action. This first phase captures 27 of the most common forms and attachments received by the registration department for registered physicians.
Complaint Portal	New Software implementation (iSight) 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.		Complaints & Discipline	Director Professional Conduct	Below Target	10%	Software contract signed. Implementation to start in May 2022. Tracking of new KPI's and timelines to be implemented by August 2022	10%
Project Bluebird - External Investigation Services	Establish External Investigators 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.		Complaints & Discipline	Director Professional Conduct	Below Target	15%	Existing resources being formalized by newly assigned External Investigator Program Coordinator. Planning and structure of program established. Program process map to be completed by May 2022. Virtual training program to be designed by September 2022.	15%
Project Bluebird - consultants	Project Bluebird - extensive transformation of workflows; requires Project Manager; Quality Improvement Specialist; HR Assistant to facilitate project work.	Project Charter and Timelines created; QI specialist working with work streams; HR assistant facilitating HR matters.		Complaints & Discipline	Director Professional Conduct	Exceeding/Meeting Target	25%	Project Charter to be updated quarterly. Quality Improvement specialist attending monthly project meetings and supporting the project with 2 hours of virtual support weekly. HR Assistant facilitation has been discontinued for 2022.	25%
Customer service Initiative	Hire additional staff	Enhanced customer service experience addressing phone calls into CPSA		People & Culture	Director PnC	Exceeding/Meeting Target	25%		Team member hired and will start as lead on April 25.

Quality Mandate Strategy

Definition: This strategy has two key elements:
- **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's	2022 Target	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
Higher risk individual physicians are assessed	200 regulated members assessed (2% of membership)	Continuing Competence	Director Continuing Competence	Below Target	16%	Delayed in initiations for PAF as we are making improvements to our process. As well, we are experience a low volume of referrals from Complaints in Q1, similar to Q1 of 2021.	31 physicians initiated for quality assurance assessments

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE

Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the correspondin g Action	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE
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 develop operational process to communicate expectations and monitor adherence to SOP.	SOP approved by Council towards end of 2022 or beginning of 2023. Finalize operational framework to implement SOP and monitor adherence. Communication plan developed and online registration tool made available for implementation by year end.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	75%		The actual SOP will be proclaimed Fall of 2023. But the development work expected for this year and the communication plan have been completed and on target. We targeted to get the SOP into consultation by Q1 and have Council review it to go out for external consultations in Q2 (May 2022 meeting). All are on target.
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.		Continuing Competence	Director Continuing Competence	Below Target		We just pulled RIF data so still require time to analyze for reporting.	Not able to report on the data at this time.
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.	QMS001	Continuing Competence	Director Continuing Competence	Below Target	16%	Delayed in initiations for PAF as we are making improvements to our process. As well, we are experience a low volume of referrals from Complaints in Q1, similar to Q1 of 2021.	31 physicians initiated for quality assurance assessments
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.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	50%		Clinical Reasoning Course is under way and already accepted registrants. Peer Coaching program started and is made available to regulated members starting April 2022. Learning Management System is still in development and targeted for completion in Q1 of 2023, which aligns with our grant schedule.
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	Director Continuing Competence	Exceeding/Meeting Target	100%		This is a continuous strategy/action.
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 procedures to new NHSFs)	Program able to manage all Phase 2/3 service increases		Accreditation	Director Accreditation	Below Target	60%	Significant delays in process due to COVID-19; regular bi-weekly meetings continue with AH; AHS/AH also using NHSF's to address pandemic surgical backlog which has further delayed RFP process Developed revised assessment model to expedite these accreditations (required for greater than 50 % vol increases and new procedure types for currently accredited facilities)	AR / Director and Program Manager further facilitating expediting assessments and privileging by having virtual consultation meetings with facility medical directors and administrative staff. Privileging of physicians and initial assessments for new ophthalmology contracts well underway
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		Physician Health Monitoring	PHM Assistant Registrar	Exceeding/Meeting Target	50%		1. RSI project full draft in summer, final copy for Sept 2. Fatigue Management - To be updated 3. Cannabis project - completed draft, continuing through approval process
Bill 46	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.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	100%		Internal consultation underway. First draft will be presented to Council for review in May 2022. Will seek Council approval for external consultations in September 2022.

COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

April 28, 2022

Mr. Greg Eberhart
Registrar
Alberta College of Pharmacy

Sent via e-mail

Dear Mr. Eberhart,

SUBJECT: Supervision of Physician Assistants

Thank you for our recent discussion regarding physician assistants (PA) and the level of supervision that is expected as it relates to prescribing. I have had the opportunity to review our standards of practice related to supervision of restricted activities and the full standard can be found at the following link:

Supervision Of Restricted Activities - College of Physicians & Surgeons of Alberta | CPSA

The following paragraph from the standard outlines the detailed expectations of regulated members who are supervising a person performing restricted activities:

1. A regulated member who supervises a person performing a restricted activity **must**:
    a. be personally:
        i. competent to perform the restricted activity;
        ii. authorized to perform the restricted activity without supervision;
        iii. satisfied with the knowledge, skill and judgment of the supervised person performing the restricted activity; and
        iv. responsible for the restricted activity performed by the supervised person;
    b. ensure it is safe and appropriate for the supervised person to perform the restricted activity on the particular patient;
    c. obtain the patient's informed consent for the restricted activity to be performed under supervision, unless consent is not possible because of emergency;
    d. provide a level of supervision commensurate with the skills and abilities of the person performing the restricted activity and the risk of harm to the patient;
    e. remain readily available for consultation during the performance of the restricted activity and for an appropriate follow-up period;
    f. have a quality assurance process in place to ensure the restricted activity is performed safely;
    g. ensure the person performing the restricted activity is clearly identified in the patient's record; and
    h. ensure the equipment and resources used to perform the restricted activity are safe and appropriate.

As you are aware, section 2 of Schedule 7.1 of the *Government Organization Act* includes the following provision as a restricted activity:
(f) to prescribe a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act*;

I believe that the level of supervision that is required of physician assistants' prescribing is appropriately captured in this standard. In order to provide additional clarity and direction, we would be happy to create an "Advice to the Profession" document to support this standard that could include that the supervising physician needs to be clearly identified on the prescription written by a PA. From the perspective of the CPSA, we would consider prescriptions written by a PA to be similar to prescriptions written by resident physicians who are under the supervision of their postgraduate medical education program.

Once we have developed the Advice to the Profession document, we will share it with the Alberta College of Pharmacy and to distribute it to our Physician Assistants. Our conversation has been very helpful in understanding where additional clarity is required. Thank you for the opportunity to collaborate on this issue.

Yours truly,

(signature on file with original letter)

Scott A. McLeod, MD, CCFP, FCFP
Registrar

SU/gcj

cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Levonne Louie, Chair FAC		
Agenda Item Title:	Finance & Audit Committee - Audited Financial Statements		
Action Requested:	☒ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☐ The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	Council approve the audited financial statements: 1) College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2021 2) Summary financial statements for College of Physicians & Surgeons for the year ended December 31, 2021 3) Pension Fund for Employees of College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2021
Background:	FAC engaged PricewaterhouseCoopers LLP (PwC) for the audit of CPSA's financial statements for the year ended December 31, 2021. In addition, CPSA is required to have an audit of the pension fund assets available for benefits for the registered defined benefit pension plan. FAC met with the auditors in November 2021 to review the audit plan for the 2021 audit. The PwC audit team is led by Mr. Brendan Hobal, the new audit partner, and Mr. Joobin Tahouri, Manager. The audit procedures included additional testing over expense claims from management and Council members to ensure compliance with the policies and procedures in place. No issues were identified. The audit was conducted under a virtual environment, allowing PwC secured access to CPSA accounting records and systems. In addition, PwC has a

SharePoint tool called PwC Connect where working papers are uploaded to a secure site. The interim field work was conducted the week of December 13th and the year end field work occurred March 14-25, 2022.

FAC met with the auditors on April 22, 2022 to receive their audit results and had the opportunity to ask questions about the audit.

The role of an auditor is to issue an opinion as to whether the financial statements are free of material error. Materiality is set at a level PwC believes would reasonably influence users of the financial statements. The materially for the audit was $1,000,000 (2.5% of revenues), and for the pension fund audit was $1,380,000 (2.5% of net assets).

PwC designs their audit procedures to account for aggregation risk; thus, they design the nature, timing and extent of their audit procedures at a lower level of materiality.

Results of the audit

PwC did not identify any items that were communicated to management and subsequently corrected in the financial statement for both the CPSA financial statements and the pension fund financial statements.

PwC will be issuing clean audit opinions for the financial statements following Council's approval of the draft audited financial statements.

CPSA's summary audited financial statements are included in CPSA's Annual Report. PwC has reviewed the Annual Report and considered whether the content or manner of presentation is materially consistent with the financial information covered by their auditor's report. PwC has approved their audit report and the summary financial statements in the Annual Report.

FAC has reviewed PwC's summary report and is satisfied with the results of the audit and the clean audit report.

Recommendation

FAC is seeking Council's approval of the audited financial statements:

1) College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2021
2) Summary financial statements for College of Physicians & Surgeons for the year ended December 31, 2021
3) Pension Fund for Employees of College of Physicians & Surgeons of Alberta financial statements for the year ended December 31, 2021

Next Steps:	1) Management will provide signed management representation letters to PwC. 2) PwC to conduct final subsequent event procedures from April 23, 2022 (the date of the FAC meeting) to May 26 (date of the Council meeting). 3) PwC to prepare the final audited financial statements with their audit report.

List of Attachments:

1. College of Physicians of Alberta (Dec 2021) draft audited financial statements
2. College of Physicians of Alberta (Summary) (Dec 2021) draft audited financial statements
3. Pension Fund for Employees of College of Physicians and Surgeons of Alberta (Dec 2021) draft audited financial statements

College of Physicians & Surgeons of Alberta

Financial Statements
December 31, 2021

College of Physicians & Surgeons of Alberta

Statement of Financial Position

As at December 31, 2021

	2021 $	2020 $
Assets		
Current assets		
Cash and cash equivalents	33,441,013	34,261,703
Accounts receivable	2,523,687	1,933,685
Accrued interest receivable	13,351	10,937
Prepaid expenses and other assets	608,602	704,761
	36,586,653	36,911,086
Investments (note 3)	33,990,067	29,918,431
Equipment and leasehold improvements (note 4)	5,278,491	5,950,161
Employee future benefits – registered plan (note 7)	12,249,582	9,023,571
	88,104,793	81,803,249
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	3,485,242	2,838,508
Deferred fee revenue	21,303,136	25,531,212
Deferred contributions (note 5)	338,329	203,558
Deferred leasehold inducements (note 6)	336,716	336,716
	25,463,423	28,909,994
Deferred fee revenue	-	107,768
Deferred rent inducement	292,179	214,777
Deferred leasehold inducements (note 6)	2,076,415	2,413,131
Employee future benefits – supplemental plan (note 7)	8,026,684	7,902,881
Employee future benefits – defined contribution supplemental plan	308,635	-
	36,167,336	39,548,551
Net Assets		
Invested in equipment and leasehold improvements	5,278,491	5,950,161
Internally restricted (note 9)	10,526,875	8,890,808
Unrestricted	36,132,091	27,413,729
	51,937,457	42,254,698
	88,104,793	81,803,249

Commitments (note 8)

Approved by the Council President

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

College of Physicians & Surgeons of Alberta

Statement of Revenues and Expenditures

For the year ended December 31, 2021

	2021 $	2020 $
Revenues		
Physician annual fees	26,319,114	26,185,373
Practice readiness fees	2,444,662	1,696,030
Professional corporation fees	1,876,100	1,858,890
Investment income	799,706	898,641
Grant funding (note 5)	721,929	766,279
Physician registration fees	721,200	734,600
Miscellaneous	577,234	599,325
Recovery of investigation and hearing expenditures	323,435	474,863
Continuing competence	272,946	164,178
Physician health monitoring fees	92,075	104,112
	34,148,401	33,482,291
Expenditures (notes 10 and 12)		
Administration	3,134,791	4,585,557
People and culture	596,200	551,707
Information technology and privacy	3,162,001	2,693,574
Office of the Registrar	1,373,442	1,246,870
Communication and government relations	1,140,120	1,228,896
Governance	1,089,666	1,167,851
Amortization	890,923	890,631
CPSA activities		
Registration	2,505,518	2,357,946
Practice readiness	2,250,233	1,838,512
Professional conduct and hearings director office	5,071,219	4,887,342
Continuing competence	3,868,394	3,371,467
Analytics, innovation and research	3,125,815	3,018,395
Physician health monitoring and practice conditions monitoring	1,894,477	1,883,145
	30,102,799	29,721,893
Excess of revenues over expenditures before other items	4,045,602	3,760,398
Developmental costs	234,039	305,296
Accredit health facilities and equipment		
Revenues	3,454,318	2,674,956
Expenses	(2,944,602)	(2,448,520)
Excess of revenues over expenditures for facilities	509,716	226,436
Excess of revenues over expenditures before other income	4,321,279	3,681,538
Other income		
Fair value changes in investments (note 3)	2,333,268	634,642
Investment income building fund – net of fees	1,126,351	389,823
	3,459,619	1,024,465
Excess of revenues over expenditures for the year	7,780,898	4,706,003

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

College of Physicians & Surgeons of Alberta

Statement of Changes in Net Assets

For the year ended December 31, 2021

	Invested in equipment and leasehold improvements $	Internally restricted $	Unrestricted $	2021 Total $	2020 Total $
Net assets – Beginning of year	5,950,161	8,890,808	27,413,729	42,254,698	33,413,749
Accounting policy remeasurement of employee future benefit obligation (note 2)	-	-	(980,678)	(980,678)	-
Restated opening net assets – December 31, 2020	5,950,161	8,890,808	26,433,051	41,274,020	33,413,749
Excess of revenues over expenditures for the year	(891,391)	-	8,672,289	7,780,898	4,706,003
Remeasurement of employee future benefits	-	-	2,882,539	2,882,539	4,134,946
Net investment in equipment and leasehold improvements	219,721	-	(219,721)	-	-
Net investment in building fund (note 9)	-	1,126,351	(1,126,351)	-	-
Net investment in accreditation program (note 9)	-	509,716	(509,716)	-	-
Net assets – End of year	5,278,491	10,526,875	36,132,091	51,937,457	42,254,698

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

College of Physicians & Surgeons of Alberta

Statement of Cash Flows

For the year ended December 31, 2021

	2021 $	2020 $
Cash provided by (used in)		
Operating activities		
Cash received from fees	30,059,169	36,829,839
Cash paid to suppliers and employees	(31,986,383)	(31,010,392)
Cash received from grant funding	916,100	933,236
Cash received from investments	696,039	928,173
Cash received from other sources	932,756	1,086,574
	617,681	8,767,430
Investing activities		
Purchase of equipment and software and leasehold improvements	(219,721)	(101,457)
Proceeds on sale and maturity of investments	5,427,677	7,011,094
Purchase of investments	(6,646,327)	(7,984,499)
	(1,438,371)	(1,074,862)
(Decrease) increase in cash and cash equivalents during the year	(820,690)	7,692,568
Cash and cash equivalents – Beginning of year	34,261,703	26,569,135
Cash and cash equivalents – End of year	33,441,013	34,261,703
Cash and cash equivalents consist of		
Money market fund	-	23,626,368
Cash on deposit	33,102,684	10,431,777
Restricted cash on deposit	338,329	203,558
	33,441,013	34,261,703

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

College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2021

1 Purpose and authority

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

2 Summary of significant accounting policies

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

Change in accounting policy

Effective January 1, 2021, CPSA elected to early adopt amendments to Part III of the Chartered Professional Accountants of Canada (CPA Canada) Handbook, Section 3463 – Reporting Employee Future Benefits by Not-for-Profit Organizations. Under the amended standard, CPSA switched from using a funding valuation to using an accounting valuation to measure the defined benefit obligation under its supplementary defined benefit pension plan. The change in valuation methods resulted in a $980,678 increase in the carrying value of the defined benefit obligation. Per the transition election provided under the amendment, CPSA has accounted for this increase in the carrying amount as an adjustment to opening net assets. This has been reflected in CPSA's statement of changes in net assets for the year ended December 31, 2021.

Measurement uncertainty

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

Investments

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

Investments are recorded at fair value on the latest closing bid price. This accounting treatment results in unrealized changes in the market value of the investment portfolio being reported as a component of fair value changes reported on the statement of revenues and expenditures.

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

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

Cash and cash equivalents

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

Equipment and leasehold improvements

Equipment and leasehold improvements are recorded at cost less accumulated amortization. CPSA provides amortization on its equipment and leasehold improvements to reflect the life of the asset using the straight-line method at the following rates:

	Rate
Computer equipment	3 – 5 years
Furniture and equipment	3 – 10 years
Software	5 years
Leasehold improvements	lease term

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

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

CPSA internally restricts net assets invested in equipment and leasehold investments. This internal restriction policy does not include the corresponding obligation related to the deferred leasehold inducements.

Leasehold inducements

Tenant allowances and lease inducements are deferred and amortized on a straight-line basis as a reduction of rent expense over the term of the related lease. For lease contracts with escalating lease payments, total rent expense for the lease term is expensed on a straight-line basis over the lease term. The difference between rent expensed and amounts paid is recorded as an increase or deferral in unamortized lease inducements.

Deferred contributions

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

Employee future benefits

CPSA has a pension plan for all full-time permanent and for eligible part-time permanent employees. Effective December 31, 2020, the defined benefit pension plan was closed to new entrants and active members stopped accruing credited service. On September 6, 2019, the CPSA Council (the Council) approved an establishment of a defined contribution registered pension plan and a notional defined contribution supplementary retirement pension plan effective January 1, 2021.

CPSA had recognized its defined benefit obligation as the employees rendered services giving them the right to earn the pension benefit. The defined benefit obligation at the statement of financial position date is determined using the most recent actuarial valuation report prepared for funding purposes for the registered defined benefit plan and for accounting purposes for the supplemental employee retirement pension plan. The measurement date of the plan assets and the defined benefit obligation is CPSA's statement of financial position date. The date of the most recent actuarial valuation prepared for funding purposes is December 31, 2019.

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

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

Under CPSA's defined contribution plan employees contribute 3% of their qualifying earnings and CPSA contributes 15% of qualifying earnings. Employer contributions are recognized on an accrual basis as an expense to the various programs. During the year ended December 31, 2021, CPSA recognized an expense of $1,888,081 related to the defined contribution plan.

Revenue recognition

- Annual physician, professional corporation and facility fees

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

- Registration fees

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

- General and miscellaneous revenue

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

- Investment income

  Investment income includes interest and dividends. Interest is recognized on the accrual basis and dividends on the ex-dividend date.

- Grant funding

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

Disclosure of allocated expenses

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

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

- computer programming costs – proportionately on the basis of time allocated by programming staff for the program;
- operating costs – proportionately on the basis of time allocated by staff in the program;
- rent costs – proportionately on the basis of space occupied and time allocated by staff in the program; and
- salary and benefit costs – proportionately on the basis of time allocated by staff in the program.

Details on the amounts allocated can be found in note 10.

3 Investments

	2021 $	2020 $
Investments		
Cash	470,480	704,085
Corporate bonds, at fair value	-	1,787,914
Provincial government, at fair value, bearing yield rates of 1.50% to 3.50%, due 2022 to 2031	883,432	1,288,169
Government of Canada securities, at fair value, bearing yield rates of 1.50% to 2.35%, due 2026 to 2027	126,277	203,427
	1,480,189	3,983,595
Equities (including trust units) – at fair value		
Foreign	9,031,927	7,065,779
Domestic	23,477,951	18,869,057
	32,509,878	25,934,836
	33,990,067	29,918,431

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

	2021 $	2020 $
Unrealized gain on investments	1,890,582	660,553
Realized gain on investments	453,840	30,314
Foreign exchange loss	(11,154)	(56,225)
	2,333,268	634,642

4 Equipment and leasehold improvements

			2021
	Cost $	Accumulated amortization $	Net $
Leasehold improvements	5,913,850	1,756,761	4,157,089
Furniture and equipment	2,152,912	1,402,495	750,417
Computer equipment	2,292,425	1,984,051	308,374
Software	821,205	758,594	62,611
	11,180,392	5,901,901	5,278,491

			2020
	Cost $	Accumulated amortization $	Net $
Leasehold improvements	5,913,850	1,176,977	4,736,873
Furniture and equipment	2,148,879	1,272,442	876,437
Computer equipment	2,135,027	1,833,413	301,614
Software	768,552	733,315	35,237
	10,966,308	5,016,147	5,950,161

5 Deferred contributions

During the year, CPSA received restricted contributions from the provincial government and other organizations to fund various CPSA initiatives. Deferred contributions as at December 31, 2021 are as follows:

	Deferred contributions 2020 $	Received $	Recognized as revenue $	Deferred contributions 2021 $
Canada-Alberta Job Grant	-	10,000	10,000	-
Analytics, Innovation & Research TPP Alberta Program	203,558	778,700	643,929	338,329
	203,558	788,700	653,929	338,329

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

	2021 $	2020 $
TPP Alberta Program – other sources	68,000	127,400

6 Deferred leasehold inducements

	2021 $	2020 $
Opening balance	2,749,847	3,086,563
Recognized in statement of revenues and expenditures	(336,716)	(336,716)
	2,413,131	2,749,847
Less: Current portion	336,716	336,716
	2,076,415	2,413,131

The deferred leasehold inducements are being amortized over the lease term to February 28, 2029. The amortization is recognized as a reduction of office facilities.

7 Employee future benefits

CPSA has a defined benefit pension plan for certain employees. Effective December 31, 2020, the defined benefit pension plan was closed to new entrants and active members stopped accruing credited service. The benefits are based on years of service up to December 31, 2020 and the employees' final average earnings.

CPSA measures its accrued employee future benefit obligation and the fair value of plan assets using the valuation for funding purposes as at December 31 each year (note 2). The most recent actuarial valuation of the pension plan for funding purposes was as at December 31, 2019, and the next required valuation will be as at December 31, 2022. In accordance with note 2, the supplemental plan for the year ended December 31, 2021 measures its accrued employee future benefit obligation using the valuation for accounting purposes as at December 31 each year. The most recent actuarial valuation of the supplemental pension plan for accounting purposes was as at December 31, 2019.

	2021		2020	
	Registered $	**Supplemental $**	**Registered $**	**Supplemental $**
Fair value of plan assets	52,848,521	-	49,665,240	-
Accrued benefit obligation	(40,598,939)	(8,026,684)	(40,641,669)	(7,902,881)
Plan surplus (deficit)	12,249,582	(8,026,684)	9,023,571	(7,902,881)

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

	2021		2020	
	Registered	**Supplemental**	**Registered**	**Supplemental**
Discount rate	4.70%	2.70%	4.70%	4.70%
Rate of compensation increase	various	various	various	various

Total cash payments for employee future benefits for 2021, consisting of cash contributed by CPSA to the registered pension plan and cash payments directly to beneficiaries for the Supplementary Pension Plan for Employees of CPSA benefit plan, were $953,910 (2020 – $2,907,486).

8 Commitments

CPSA has entered into agreements for office internet connection, a dedicated connection for the offsite backup, an offsite hosting of backup servers and business connection services, including installation and training, until May 2023. Commitments under these contracts are as follows:

	$
2022	244,363
2023	112,231
2024	57,884
	414,478

CPSA is committed to a lease agreement related to its office premises until February 2029. The basic rental due in each of the next five years and thereafter is as follows:

	$
2022	759,120
2023	838,195
2024	854,010
2025	854,010
2026	885,640
Thereafter	2,055,950
	6,246,925

CPSA has committed to a contractual arrangement with an external organization until December 2022 to provide survey administrations. The estimated fees due are $175,500 in 2022.

During 2021, CPSA entered into contracts with two external organizations to conduct research and develop educational materials related to physician health. The contracts extend to June and December 2022. During 2021, a total of $43,100 was expensed under these contracts. The total remaining commitment for both contracts is $98,550.

Effective April 1, 2019 under the *Health Professions Act* of the Province of Alberta, CPSA is required to provide funding for the treatment and counselling for patients who meet the requirements of sexual abuse or sexual misconduct. The funding available for eligible patients is $22,500 over a five-year period. To the end of December 2021, there are a total of 29 eligible cases. The amount paid for treatment or counselling costs in 2021 was $25,998 (2020 – $34,724).

CPSA entered into a hosted services agreement for case management software that extends to March 2023. Commitments under this agreement are as follows:

	$
2022	37,000
2023	6,500
	43,500

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

9 Internally restricted net assets

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

The internally restricted fund also reports the net results of the accreditation program to be used by the accreditation department for future development costs.

	Building Fund $	Accreditation Program $	Total $
Opening balance	8,639,758	251,050	8,890,808
Additions	1,126,351	509,716	1,636,067
	9,766,109	760,766	10,526,875

In May 2021, the Council passed a motion to allocate $5 million from the internally restricted surplus relating to the building fund to be used to fund programs, initiatives or research to benefit all Albertans. The remaining balance as at December 31, 2021 will be used toward operations for the 2022 fiscal year.

10 Allocation of expenses

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

	2021 $	2020 $
Professional conduct and hearings director office	3,580,125	3,795,864
Continuing competence	2,924,479	2,749,739
Information technology and privacy	2,600,569	2,289,103
Accreditation	2,046,441	2,050,064
Analytics, innovation and research	1,959,826	1,868,496
Registration	1,856,750	1,625,184
Administration	1,218,769	2,554,684
Physician health monitoring and practice conditions monitoring	1,153,052	1,135,945
Office of the Registrar	1,070,594	793,707
Communication and government relations	962,644	996,718
Governance	646,269	599,845
People and culture	545,389	517,029
Practice readiness	379,253	472,721
Development costs	25,170	205,664
	20,969,330	21,654,763

11 Financial instruments

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

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

CPSA is exposed to various risks through its financial instruments. The following analysis provides a measure of the risks as at December 31, 2021.

Credit risk

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

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

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

Market and other price risk

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

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

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

Liquidity risk

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

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

12 Nature of expenses

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

	2021 $	2020 $
Salary and benefits	20,674,240	21,338,537
Consulting	5,363,786	4,052,747
Office facilities	1,455,926	1,546,644
Legal	1,237,760	1,010,761
Programs	1,016,910	1,059,240
Amortization	890,923	890,631
Honoraria	626,904	581,311
Bank and interest charges	626,376	663,786
Printing and supplies	515,245	444,583
Other	434,540	342,699
Grants and scholarships	220,142	321,113
Travel, meals and accommodation	218,688	207,457
Total expenditures	33,281,440	32,459,509

Expenses included in the table above are presented in the following categories on the statement of revenues and expenditures:

	2021 $	2020 $
Expenditures	30,102,799	29,721,893
Developmental costs	234,039	305,296
Accredited health facilities and equipment	2,944,602	2,448,520
	33,281,440	32,475,709

13 Comparative figures

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

College of Physicians & Surgeons of Alberta

Unaudited Schedules
December 31, 2021

Schedule A

College of Physicians & Surgeons of Alberta

Schedule of Administration

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries	1,162,716	1,172,711
Pension and supplemental – net of finance costs	(64,573)	1,284,012
Benefits	210,511	190,393
Professional development	15,934	11,549
Membership fees and dues	14,591	12,949
Team building	1,881	867
	1,341,060	2,672,481
General expenditures		
Amortization	686,332	686,870
Audit and accounting	48,311	48,215
Bank fees	131,011	124,778
Conferences	-	833
Consulting fees	213,653	277,895
Furniture and equipment – net of gain/loss on disposal	13,074	27,111
Insurance	99,959	91,613
Legal	6,185	5,904
Lunchroom	3,024	8,354
Office expenses – net of internal recoveries	5,537	(3,590)
Travel, meals and accommodations	810	820
Recovery of costs	(48,042)	(92,506)
	1,159,854	1,176,297
Office facilities		
Office rent	1,430,504	1,521,200
Recovery of rent	(122,292)	(117,797)
Maintenance	11,997	20,246
	1,320,209	1,423,649
Net expense for the year	3,821,123	5,272,427

Schedule B

College of Physicians & Surgeons of Alberta

Schedule of People and Culture

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries	447,232	403,137
Pension and supplemental	40,784	47,943
Benefits	42,169	34,916
Professional development	12,959	29,838
Membership fees and dues	1,108	1,108
Team building	1,138	87
	545,390	517,029
General expenditures		
Conferences	-	17
Consulting fees	7,474	24,608
Legal	10,053	1,693
Office expenses	32,779	8,360
Travel, meals and accommodations	504	-
	50,810	34,678
Net expense for the year	596,200	551,707

College of Physicians & Surgeons of Alberta

Schedule of Information Technology and Privacy

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries and benefits	2,510,364	2,180,342
Professional development	7,239	8,671
	2,517,603	2,189,013
General expenditures		
Amortization	204,591	203,761
Computer – external support	159,620	122,549
Computer supplies	223,916	220,500
Consulting fees	71,658	37,007
Consulting fees – server hosting	81,010	70,258
Furniture and equipment	14,124	6,512
Legal	588	-
Office expenses	2,882	4,415
Telephone	135,972	23,094
Travel, meals and accommodations	-	276
Website maintenance and internet	109,777	111,594
	1,004,138	799,966
Recovery of programming and operating costs	(279,888)	(220,386)
Privacy		
Staffing costs	116,384	127,712
General expenses	8,355	1,030
	124,739	128,742
Net expense for the year	3,366,592	2,897,335

College of Physicians & Surgeons of Alberta

Schedule of Governance

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries and benefits	634,726	586,532
Professional development	11,732	13,313
	646,458	599,845
Council meetings and retreat	235,918	319,533
Strategic planning	83,362	12,507
Committees of Council		
Council appeals committee	21,695	26,982
Ad hoc – for Council	3,664	101,476
Executive committee	11,433	9,886
Finance and audit committee	29,845	43,641
Legislation committee	2,961	3,360
Competence committee	12,337	12,191
Governance committee	19,437	16,075
Presidential business	22,556	22,355
	123,928	235,966
Net expense for the year	1,089,666	1,167,851

College of Physicians & Surgeons of Alberta

Schedule of Office of the Registrar

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries and benefits	1,051,042	777,781
Professional development	11,894	11,622
	1,062,936	789,403
Registrar's office		
Registrar's administration	57,542	98,293
Grants and scholarships	57,600	147,070
	115,142	245,363
Liaison		
AMA	-	821
FMRAC	152,543	154,194
MCC (recovery)	-	(91)
National organizations	9,182	13,587
Provincial organizations	10,500	22,908
	172,225	191,419
Standards	10,284	12,400
Abandoned records	3,596	3,977
Alberta expert review panel	4,489	4,308
Indigenous advisory circle	324	-
Equity, diversity, inclusion advisory committee	4,446	-
	23,139	20,685
Net expense for the year	1,373,442	1,246,870

College of Physicians & Surgeons of Alberta

Schedule of Communication

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries and benefits	913,118	904,931
Dues	577	289
Professional development	22,818	19,266
Team building	740	942
	937,253	925,428
General expenditures		
Community investment strategy	4,000	-
Conferences	1,054	2,706
Office expenses	57,274	20,391
Research and evaluation	35,094	46,836
Travel, meals and accommodations	1,049	2,436
	98,471	72,369
Annual report	8,746	10,131
Communication projects	8,430	75,996
Community relations	3,000	3,948
Media	6,169	7,995
Messenger	2,502	2,429
	28,847	100,499
Net expense for the year	1,064,571	1,098,296

College of Physicians & Surgeons of Alberta

Schedule of Government Relations

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries and benefits	22,920	68,800
Professional development	2,470	2,490
	25,390	71,290
General expenditures		
Consulting fees	33,600	34,125
Office expenses	235	1,125
Political functions	-	250
Research and evaluation	14,700	23,100
Travel, meals and accommodations	-	710
	48,535	59,310
Regional tours		
Per diem	1,518	-
Sundry	106	-
	1,624	-
Net expense for the year	75,549	130,600

College of Physicians & Surgeons of Alberta

Schedule of CPSA Activities

(Unaudited)

For the year ended December 31, 2021

	Schedule	2021 $	2020 $
CPSA activities			
Register physicians			
Registration	I	2,484,974	2,345,146
Practice readiness	J	(194,429)	142,482
		2,290,545	2,487,628
Investigate complaints			
Professional conduct and hearings director office	K	4,747,784	4,412,180
Support continuing competence			
Continuing competence	L	3,595,449	3,207,289
Analytics, innovation and research	M	2,217,709	2,095,391
		5,813,158	5,302,680
Monitor physicians			
Physician health monitoring and practice conditions monitoring	O	1,802,402	1,779,033
Accredit health facilities			
Accreditation programs		(524,989)	(226,436)
Radiation equipment	X	15,273	-
	P	(509,716)	(226,436)
Net expense for the year		14,144,173	13,755,084

College of Physicians & Surgeons of Alberta

Schedule of Registration

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
General program expenditures		
Bank/credit card fees	495,365	539,009
Consulting	25,305	54,299
Legal	70,244	111,949
Office expenses	15,736	13,740
Postage and courier	2,590	10,916
Travel, meals and accommodations	2,664	2,417
	611,904	732,330
Summative assessments		
Program fees	(11,930)	-
Consulting fees	22,982	-
Legal	3,620	-
Travel, meals and accommodation	3,684	-
	18,356	-
Staff costs		
Salaries and benefits	1,826,652	1,609,201
Dues	675	1,132
Professional development	29,323	14,351
Team building	100	500
	1,856,750	1,625,184
Other assessments	(3,000)	(12,000)
Registrar approvals	100	(800)
Physician assistant advisory committee	864	432
	(2,036)	(12,368)
Net expense for the year	2,484,974	2,345,146

Schedule J

College of Physicians & Surgeons of Alberta

Schedule of Practice Readiness

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenues		
Practice readiness fees	(1,664,247)	(1,127,250)
Practice readiness assessment administration fee	(618,180)	(497,900)
Therapeutics exam fees	(162,235)	(70,880)
	(2,444,662)	(1,696,030)
Practice readiness expenditures		
Consulting fees	1,588,863	1,206,665
Computer programing	31,800	7,575
Legal	-	672
Occupancy cost	15,107	14,300
Office expenses	1,608	1,547
Operating cost	18,467	34,200
Professional development	3,222	3,358
Salaries and benefits	310,657	413,288
Administration fee	121,380	88,290
License cost	157,545	67,680
Travel, meals and accommodations	1,584	937
	2,250,233	1,838,512
Net (revenues) expense for the year	(194,429)	142,482

Schedule K

College of Physicians & Surgeons of Alberta

Schedule of Professional Conduct and Hearings Director Office

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Staff costs		
Salaries and benefits	3,487,909	3,742,682
Professional development and dues	31,188	26,455
Team building	1,709	2,971
Casual labour	59,319	23,756
	3,580,125	3,795,864
General program expenditures		
Consulting fees	5,077	-
Office expenses	47,031	39,268
Legal	44,291	6,990
Travel, meals and accommodations	192	2,535
	96,591	48,793
Complaint expenditures		
Consulting fees	12,428	21,500
Legal	1,095	-
Office expenses	125	797
Travel, meals and accommodations	-	6,471
External file review	-	35
	13,648	28,803
Investigation expenditures		
Consulting fees	146,929	94,594
Legal	535,187	332,060
Office expenses	1,364	402
Travel, meals and accommodations	-	3,553
	683,480	430,609
Recovery of investigation costs – net of expenses	(176,952)	(425,141)
Recovery of external file review costs	(178,570)	(99,857)
Net investigation costs (recovery)	327,958	(94,389)
Treatment and counseling	25,998	31,928
Mediation	480	-
Judicial review / court of appeal	38,865	41,119
Complaint review committee	258,972	312,999
Hearing tribunal	405,085	247,062
CRC/HT out-of-province work	62	-
	729,462	633,108
Net expense for the year	4,747,784	4,412,180

College of Physicians & Surgeons of Alberta

Schedule of Continuing Competence

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
General program expenditures		
Conferences	564	2,076
Consulting fees	-	6,628
Dues	12,798	6,460
Legal	10,465	5,262
Office expenses	6,638	4,291
Professional development	2,957	8,651
Salaries and benefits	284,414	111,281
Team building	1,829	2,486
Travel, meals and accommodations	1,786	5,847
	321,451	152,982
Individual Practice Review (IPR)		
Recovery of IPR costs	(245,946)	(27,678)
Practice visits administration fees	(27,000)	(136,500)
Consulting fees	365,744	219,424
Dues	657	655
Office expenses	14,838	45,061
Professional development	4,318	8,408
Salaries and benefits	1,803,538	1,383,254
Travel, meals and accommodations	3,129	5,341
	1,919,278	1,497,965
Group practice review program (GPR)		
Consulting fees	29,472	12,820
Dues	735	-
Office expenses	11,474	1,884
Professional development	2,736	6,180
Salaries and benefits	178,781	329,871
Travel, meals and accommodations	-	1,036
	223,198	351,791
Factors-based IPR		
Consulting fees	83,625	92,598
Office expenses	36	71
Travel, meals and accommodations	35	4,539
	83,696	97,208
Physician Assessment Feedback (PAF)		
Consulting fees	150,465	82,331
Office expenses	66	15
Travel, meals and accommodation	-	48
	150,531	82,394

College of Physicians & Surgeons of Alberta

Schedule of Continuing Competence…*continued*

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
GPR pilot development project		
Professional development	1,824	3,737
Salaries and benefits	148,359	220,951
	150,183	224,688
Total practice review expenses	2,848,337	2,407,028
Competency enhancement		
Consulting fees	16,857	4,550
Office expenses	93	51
Professional development	860	1,373
Salaries and benefits	33,119	35,100
Travel, meals and accommodations	50	-
	50,979	41,074
Multi-source feedback		
Salaries and benefits	78,103	94,390
General program expenditures	1,206	153
MCC 360 survey implementation (recovery)	145,604	(1,058)
MSF survey facilitation	128,701	298,695
	353,614	392,180
Infection Prevention and Control (IPAC)		
General program expenditures		
Consulting fees	11,565	11,565
Office expenses	3,534	2,927
Professional development	860	34,918
Salaries and benefits	270,857	273,994
Travel, meals and accommodations	736	29
	287,552	323,433
IPAC committee expenditures		
Per diem	2,448	5,082
Travel, meals and accommodations	-	843
Sundry	-	1,585
	2,448	7,510
Physician office assessments (internal)		
Travel, meals and accommodations	-	374
Sundry	-	244
	-	618

College of Physicians & Surgeons of Alberta

Schedule of Continuing Competence…*continued*

(Unaudited)

For the year ended December 31, 2021

Physician office assessments (external)		
Consulting fees	35,210	29,498
Travel, meals and accommodations	2,532	5,948
	37,742	35,446
COVID-19 inspections		
Consulting fees	10,159	-
Travel, meals and accommodations	4,618	-
	14,777	-
	342,519	367,007
Net expense for the year	3,595,449	3,207,289

Schedule M

College of Physicians & Surgeons of Alberta

Schedule of Analytics, Innovation and Research

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenues	(18,050)	(16,200)
General program expenditures		
Conferences	446	-
Consulting fees	262,830	268,256
Legal	-	210
Office expenses	10,010	5,616
Professional development	28,641	8,084
Salaries and benefits	821,601	767,564
Travel, meals and accommodations	1,509	2,804
	1,125,037	1,052,534
Harm reduction advisory committee	-	208
Analytics portal	262,500	199,500
Case management application	26,250	-
Digitally enabled care	1,084	-
Total prescribing and analytics operating costs	1,414,871	1,252,242
Methadone exemption costs		
Office expenses	-	197
Professional development	-	47
Salaries and benefits	-	5,074
	-	5,318
Research and evaluation		
Consulting fees	16,580	7,660
Grants and scholarships	-	15,000
Office expenses	8,295	4,820
Travel, meals and accommodations	-	8,674
Salaries and benefits	764,513	756,617
	789,388	792,771
Physician factors		
General expenditures		
Office expenses	-	31
Professional development	-	1
Salaries and benefits	-	11,664
Travel, meals and accommodations	-	(836)
	-	10,860

College of Physicians & Surgeons of Alberta

Schedule of Analytics, Innovation and Research …*continued*

(Unaudited)

For the year ended December 31, 2021

Physician factors stratification project	31,500	50,400
Total physician factors costs	31,500	61,260
Net expense for the year	2,217,709	2,095,391

Schedule N

College of Physicians & Surgeons of Alberta

Schedule of TPP Alberta Program

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Government grant	(579,529)	(603,879)
Investment income	(207)	(357)
Grant – other sources	(132,400)	(127,400)
Designated portion of annual fee	(177,920)	(175,168)
	(890,056)	(906,804)
General program expenditures		
Consulting fees	238,686	171,675
Legal	-	139
Occupancy costs	27,014	24,000
Office expenses	306,439	415,674
Operating costs	52,500	62,900
	624,639	674,388
Staff costs		
Professional development and dues	4,848	770
Salaries and benefits	260,569	231,634
	265,417	232,404
Committee expenditures	-	12
Total expenditures	890,056	906,804
Net expense for the year	-	-

Schedule O

College of Physicians & Surgeons of Alberta

Schedule of Physician Health Monitoring and Practice Conditions Monitoring

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual fees	(91,367)	(100,820)
Staffing costs		
Salaries and benefits	882,929	900,930
Professional development	2,610	3,682
	885,539	904,612
General program expenditures		
Conferences	759	-
Legal	7,098	903
Office expenses	13,429	12,175
Consulting fees	50,119	7,000
Travel, meals and accommodations	217	384
	71,622	20,462
Monitoring expenses		
Addictions	651,768	707,226
Blood borne illness	702	6,379
Boundary	14,092	12,923
Boundary workshop	-	72
	666,562	726,600
Physician health monitoring committee expenditures	5,212	4,351
Education and training		
Chaperone course revenue	(695)	(3,292)
Practice conditions monitoring		
Salaries and benefits	259,627	223,226
Professional development	4,405	3,454
Office expenses	1,497	440
	265,529	227,120
Net expense for the year	1,802,402	1,779,033

College of Physicians & Surgeons of Alberta

Schedule of Accreditation Programs

(Unaudited)

For the year ended December 31, 2021

	Schedule	2021 $	2020 $
Accreditation programs			
Imaging	Q	(498,367)	(320,643)
Laboratory	R	(298,612)	(87,977)
Medical Facility Accreditation Committee (MFAC)	S	13,846	15,852
Neurodiagnostics	T	71,728	85,796
Non-Hospital Surgical Facilities (NHSF)	U	71,589	(69,500)
Pulmonary	V	(94,068)	(60,823)
Sleep Medicine Diagnostics	W	194,243	203,018
		(539,641)	(234,277)
Other			
ECG program		14,652	7,841
Radiation equipment	X	15,273	-
Net revenue for the year		(509,716)	(226,436)

Schedule Q

College of Physicians & Surgeons of Alberta

Schedule of Imaging

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual and registration fees	(858,137)	(814,635)
Allocation of fees to MFAC	53,066	55,003
	805,071	(759,632)
Expenditures		
General program expenditures		
Computer programmer time	550	5,805
Consulting fees	608	185
External accreditation	-	447
Legal	7,041	-
Occupancy costs	16,823	17,251
Office expenses	5,123	6,390
Operating costs	31,467	39,176
Travel, meals and accommodations	3	87
	61,615	69,341
Staff costs		
Salaries and benefits	370,018	387,761
Dues	2,081	983
Professional development	3,283	4,258
Team building	-	32
	375,382	393,034
Committee expenditures		
Consulting fees / per diem	13,898	8,889
Sundry	100	137
	13,998	9,026
Facilities assessments		
Recovery of assessment costs	(471,135)	(131,018)
Consulting fees	239,057	69,190
Travel, meals and accommodations	87,645	29,340
Sundry	142	76
	(144,291)	(32,412)
Total expenditures	306,704	438,989
Net revenue for the year	(498,367)	(320,643)

Schedule R

College of Physicians & Surgeons of Alberta

Schedule of Laboratory

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual, registration and administration fees	(499,391)	(481,562)
Allocation of fees to MFAC	27,173	30,895
	(472,218)	(450,667)
Expenditures		
General program expenditures		
Computer programmer time	275	5,170
Consulting fees	7	985
External accreditation	7,093	5,257
Legal	-	1,025
Occupancy costs	9,847	11,849
Office expenses	9,296	8,147
Operating costs	15,600	23,999
Travel, meals and accommodations	-	1,487
	42,118	57,919
Staff costs		
Salaries and benefits	164,188	282,425
Dues	2,874	1,178
Professional development	1,293	5,237
Team building	1,160	260
	169,515	289,100
Committee expenditures		
Consulting fees / per diem	2,799	15,578
Travel, meals and accommodations	-	3,775
Sundry	-	142
	2,799	19,495
Facilities assessments		
Recovery of assessment costs	(170,151)	(77,402)
Consulting fees / per diem	89,002	47,962
Travel, meals and accommodations	40,108	25,449
Sundry	215	167
	(40,826)	(3,824)
Total expenditures	173,606	362,690
Net revenue for the year	(298,612)	(87,977)

Schedule S

College of Physicians & Surgeons of Alberta

Schedule of Medical Facility Accreditation Committee (MFAC)

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual and registration fees	(36,900)	(36,879)
Allocation of fees to MFAC	(150,542)	(154,804)
	(187,442)	(191,683)
Expenditures		
General program expenditures		
Computer programmer time	138	783
Consulting fees	-	236
Occupancy costs	5,021	6,650
Office expenses	4,555	3,972
Operating costs	8,933	10,200
	18,647	21,841
Staff costs		
Salaries and benefits	156,101	162,161
Dues	76	154
Professional development	3,365	3,589
	159,542	165,904
Committee expenditures		
Consulting fees / per diem	21,998	15,459
Travel, meals and accommodations	-	1,786
Sundry	211	48
	22,209	17,293
Quality assessments expenses	324	1,368
Facilities assessments		
Recovery of assessment costs	(28,662)	(1,938)
Consulting fees	26,924	2,341
Travel, meals and accommodations	2,304	726
	566	1,129
Total expenditures	201,288	207,535
Net expense for the year	13,846	15,852

College of Physicians & Surgeons of Alberta

Schedule of Neurodiagnostics

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual and registration fees	(92,786)	(90,196)
Allocation of fees to MFAC	5,796	6,675
	(86,990)	(83,521)
Expenditures		
General program expenditures		
Computer programmer time	275	1,785
Consulting fees	2,310	956
Occupancy costs	5,354	5,001
Office expenses	901	1,694
Operating costs	11,367	12,800
Travel, meals and accommodations	1,004	40
	21,211	22,276
Staff costs		
Salaries and benefits	144,855	121,675
Dues/conferences	526	154
Professional development	1,278	2,161
	146,659	123,990
Committee expenditures		
Consulting fees / per diem	2,916	2,672
Travel, meals and accommodations	-	24
	2,916	2,696
Facilities assessments		
Recovery of assessment costs	(53,069)	(24,092)
Consulting fees	36,327	43,895
Travel, meals and accommodations	4,524	473
Sundry	150	79
	(12,068)	20,355
Total expenditures	158,718	169,317
Net expense for the year	71,728	85,796

College of Physicians & Surgeons of Alberta

Schedule of Non-Hospital Surgical Facilities (NHSF)

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual and registration fees	(443,125)	(458,376)
Allocation of fees to MFAC	32,171	33,055
	(410,954)	(425,321)
Expenditures		
General program expenditures		
Consulting fees	6,893	5,511
Occupancy costs	20,913	14,075
Office expenses	5,678	9,843
Operating costs	40,000	27,300
Travel, meals and accommodations	1,236	2,002
	74,720	58,731
Staff costs		
Salaries and benefits	368,524	279,140
Dues	1,341	541
Professional development	6,261	4,298
	376,126	283,979
Committee expenditures		
Per diem	34,178	29,954
Travel, meals and accommodations	-	4,708
Sundry	-	53
	34,178	34,715
Reportable incident review committee	6,887	2,933
Facilities assessments		
Recovery of assessment costs	(136,683)	(30,315)
Per diem	110,752	3,502
Travel, meals and accommodations	16,459	2,276
Sundry	104	-
	(9,368)	(24,537)
Total expenditures	482,543	355,821
Net expense (revenue) for the year	71,589	(69,500)

College of Physicians & Surgeons of Alberta

Schedule of Pulmonary

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual and registration fees	(298,625)	(287,295)
Allocation of fees to MFAC	19,119	20,694
	(279,506)	(266,601)
Expenditures		
General program expenditures		
Computer programmer time	413	2,920
Consulting fees	150	447
External accreditation	-	447
Occupancy costs	6,462	6,449
Office expenses	2,259	3,884
Operating costs	14,300	17,300
Travel, meals and accommodations	-	108
	23,584	31,555
Staff costs		
Salaries and benefits	190,438	175,372
Dues	428	491
Professional development	2,861	3,106
	193,727	178,969
Committee expenditures		
Consulting fees / per diem	2,420	3,227
Sundry	-	56
	2,420	3,283
Facilities assessments		
Recovery of assessment costs	(70,865)	(9,839)
Consulting fees	29,678	1,697
Travel, meals and accommodations	6,894	113
	(34,293)	(8,029)
Total expenditures	185,438	205,778
Net revenue for the year	(94,068)	(60,823)

Schedule W

College of Physicians & Surgeons of Alberta

Schedule of Sleep Medicine Diagnostics

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Annual and registration fees	(90,665)	(61,840)
Allocation of fees to MFAC	13,218	8,482
	(77,447)	(53,358)
General program expenditures		
Computer programmer time	550	-
Consulting fees	150	485
External accreditation	-	447
Legal	504	-
Occupancy costs	10,884	9,024
Office expenses	2,376	3,526
Operating costs	23,100	22,400
Travel, meals and accommodations	-	87
	37,564	35,969
Staff costs		
Salaries and benefits	264,641	209,944
Dues	984	428
Professional development	3,048	3,056
	268,673	213,428
Committee expenditures		
Consulting fees / per diem	5,946	7,436
Facility assessments		
Recovery of assessment costs	(89,798)	(5,345)
Consulting fees	36,246	4,106
Travel, meals and accommodations	13,059	782
	(40,493)	(457)
Total expenditures	271,690	256,376
Net expense for the year	194,243	203,018

Schedule X

College of Physicians & Surgeons of Alberta

Schedule of Radiation Equipment

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Revenue		
Registration fees	(207,105)	(202,907)
Surplus revenue recognized	92,778	48,683
	(114,327)	(154,224)
Expenditures		
General program expenditures		
Audit	2,000	2,000
Administration cost	6,168	7,344
Occupancy costs	3,945	8,198
Office expenses	2,078	2,079
Operating costs	10,767	26,423
	24,958	46,044
Staff costs		
Salaries and benefits	104,374	107,755
Professional development	268	425
	104,642	108,180
Total expenditures	129,600	154,224
Net expense for the year	15,273	-

College of Physicians & Surgeons of Alberta

Schedule Y

Schedule of Development Costs

(Unaudited)

For the year ended December 31, 2021

	2021 $	2020 $
Information technology		
DOC development costs		
Salaries and benefits	25,170	205,664
Office expenses	-	9
	25,170	205,673
Continuing competence		
Assessment program advisory committee		
Per diem	8,669	15,692
Travel, meals and accommodation	-	3,507
Sundry	200	424
	8,869	19,623
Competency enhancement		
Consulting fees	200,000	80,000
Net expenses for the year	234,039	305,296

College of Physicians & Surgeons of Alberta

Summary Financial Statements
December 31, 2021

FOR DISCUSSION WITH MANAGEMENT ONLY – SUBJECT TO AMENDMENT
NOT TO BE FURTHER COMMUNICATED

College of Physicians & Surgeons of Alberta

Summary Statement of Financial Position

As at December 31, 2021

	2021 $	2020 $
Assets		
Current assets		
Cash and cash equivalents	33,441,013	34,261,703
Accounts receivable	2,523,687	1,933,685
Accrued interest receivable	13,351	10,937
Prepaid expenses and other assets	608,602	704,761
	36,586,653	36,911,086
Investments	33,990,067	29,918,431
Equipment and leasehold improvements	5,278,491	5,950,161
Employee future benefits - registered plan	12,249,582	9,023,571
	88,104,793	81,803,249
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	3,485,242	2,838,508
Deferred fee revenue	21,303,136	25,531,212
Deferred contributions	338,329	203,558
Deferred leasehold inducements	336,716	336,716
	25,463,423	28,909,994
Deferred fee revenue	-	107,768
Deferred rent inducement	292,179	214,777
Deferred leasehold inducements	2,076,415	2,413,131
Employee future benefits - supplemental plan	8,026,684	7,902,881
Employee future benefits - defined contribution supplemental plan	308,635	-
	36,167,336	39,548,551
Net Assets		
Invested in equipment and leasehold improvements	5,278,491	5,950,161
Internally restricted	10,526,875	8,890,808
Unrestricted	36,132,091	27,413,729
	51,937,457	42,254,698
	88,104,793	81,803,249

Approved by the Council President

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

College of Physicians & Surgeons of Alberta

Summary Statement of Revenues and Expenditures

For the year ended December 31, 2021

	2021 $	2020 $
Revenues		
Physician annual fees	26,319,114	26,185,373
Practice readiness fees	2,444,662	1,696,030
Professional corporation fees	1,876,100	1,858,890
Investment income	799,706	898,641
Grant funding	721,929	766,279
Physician registration fees	721,200	734,600
Miscellaneous	577,234	599,325
Recovery of investigation and hearing expenditures	323,435	474,863
Continuing competence	272,946	164,178
Physician health monitoring fees	92,075	104,112
	34,148,401	33,482,291
Expenditures		
Administration	3,134,791	4,585,557
People and culture	596,200	551,707
Information technology and privacy	3,162,001	2,693,574
Office of the Registrar	1,373,442	1,246,870
Communication and government relations	1,140,120	1,228,896
Governance	1,089,666	1,167,851
Amortization	890,923	890,631
CPSA activities		
Registration	2,505,518	2,357,946
Practice readiness	2,250,233	1,838,512
Professional conduct	5,071,219	4,887,342
Continuing competence	3,868,394	3,371,467
Analytics, innovation and research	3,125,815	3,018,395
Physician health monitoring and practice conditions monitoring	1,894,477	1,883,145
	30,102,799	29,721,893
Excess of revenues over expenditures before other items	4,045,602	3,760,398
Developmental costs	234,039	305,296
Accredit health facilities and equipment		
Revenues	3,454,318	2,674,956
Expenses	(2,944,602)	(2,448,520)
Excess of revenues over expenditures for facilities	509,716	226,436
Excess (deficiency) of revenues over expenditures before other income	4,321,279	3,681,538
Other income		
Fair value changes in investments	2,333,268	634,642
Investment income building fund	1,126,351	389,823
	3,459,619	1,024,465
Excess of revenues over expenditures for the year	7,780,898	4,706,003

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

College of Physicians & Surgeons of Alberta

Notes to Summary Financial Statements

December 31, 2021

1 Basis of presentation

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at December 31, 2021 and for the year then ended.

The preparation of these summary financial statements requires management to determine the information that needs to be reflected in them so that they are consistent in all material respects with, or represent a fair summary of, the audited financial statements.

Management prepared these summary financial statements using the following criteria:

- the summary financial statements include all statements included in the audited financial statements with the exception of the statement of changes in net assets and the statement of cash flows, as these statements are readily available on request;
- information in the summary financial statements agrees with the related information in the audited financial statements;
- major subtotals, totals and comparative information from the audited financial statements are included; and
- the summary financial statements contain the information from the audited financial statements dealing with matters having a pervasive or otherwise significant effect on the summary financial statements, such as described in note 2.

The audited financial statements of College of Physicians & Surgeons of Alberta (CPSA) are available on request by contacting CPSA.

2 Summary of select significant accounting policies

Investments

Investments are recorded at fair value on the latest closing bid price. This accounting treatment results in unrealized changes in the market value of the investment portfolio being reported as a component of fair value changes reported on the summary statement of revenues and expenditures.

Revenue recognition

- Annual physician, professional corporation and facility fees – fees are set annually by Council and are recognized as revenue in the fiscal year to which they relate. Fees are recognized when collectibility is reasonably assured. Fees received in advance are recognized as deferred revenue.
- Grant funding – revenue is recognized in accordance with the terms of the grant agreement and when collectibility is reasonably assured.

- Investment income – includes interest and dividends. Interest is recognized on the accrual basis and dividends on the ex-dividend date.

- General and miscellaneous revenue – other revenue is recognized when the related services are provided or goods are shipped and collectibility is reasonably assured.

Employee future benefits

CPSA has a defined benefit pension plan for certain employees. Effective December 31, 2020, the defined benefit pension plan was closed to new entrants and active members stopped accruing credited service. The benefits are based on years of service up to December 31, 2020 and the employees' final average earnings. In the year-end summary statement of financial position, CPSA recognizes the defined benefit obligation, less the fair value of the plan assets.

	2021		2020	
	Registered $	**Supplemental $**	**Registered $**	**Supplemental $**
Fair value of plan assets	52,848,521	-	49,665,240	-
Accrued benefit obligation	(40,598,939)	(8,026,684)	(40,641,669)	(7,902,881)
Plan surplus (deficit)	12,249,582	(8,026,684)	9,023,571	(7,902,881)

3 Comparative figures

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

Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Financial Statements
December 31, 2021

Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Statement of Net Assets Available for Benefits

As at December 31, 2021

	2021			2020
	Defined contribution component $	**Defined benefit component $**	**Total $**	**Total $**
Assets				
Investments (note 3)	2,338,287	52,848,521	55,186,808	49,665,240
Liabilities				
Accrued liabilities	106,934	915,015	1,021,949	10,411
Net Assets Available for Benefits	2,231,353	51,933,506	54,164,859	49,654,829
	2,338,287	52,848,521	55,186,808	49,665,240

Approved by the Council President

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

Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2021

			2021	2020
	Defined contribution component $	**Defined benefit component $**	**Total $**	**Total $**
Increases in net assets available for benefits				
Contributions				
Employer	1,884,081	-	1,884,081	2,036,473
Employer special	-	166,002	166,002	156,171
Employee	371,960	-	371,960	720,796
	2,256,041	166,002	2,422,043	2,913,440
Investment income				
Interest	71	-	71	83
Net realized gain on disposal and settlement of investments	-	529,787	529,787	5,435,635
Net unrealized gain on investments	154,479	4,660,327	4,814,806	575,046
Net change in the fair values of investments	154,479	5,190,114	5,344,593	6,010,681
	2,410,591	5,356,116	7,766,707	8,924,204
Decreases in net assets available for benefits				
Retirement benefit payments	(42,823)	(1,010,861)	(1,053,684)	(836,693)
Fees and expenses (note 6)	-	(264,785)	(264,785)	(236,174)
Termination payments	(136,415)	(1,801,793)	(1,938,208)	(21,220)
	(179,238)	(3,077,439)	(3,256,677)	(1,094,087)
Increase in net assets available for benefits during the year	2,231,353	2,278,677	4,510,030	7,830,117
Net assets available for benefits – Beginning of year	-	49,654,829	49,654,829	41,824,712
Net assets available for benefits – End of year	2,231,353	51,933,506	54,164,859	49,654,829

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

Pension Fund for Employees of College of Physicians & Surgeons of Alberta

Notes to Financial Statements

December 31, 2021

1 Description of the Fund

Pension Plan for Employees of College of Physicians & Surgeons of Alberta (the Fund) provides for retirement benefits for the employees of the College of Physicians & Surgeons of Alberta (the Employer or Sponsor). The Fund is a contributory, defined contribution plan (DC) and defined benefit plan (DB) registered with the Canada Revenue Agency (registration #546473) and the Alberta Superintendent of Pensions (registration #41726).

The Fund is directed by the Sponsor with actuarial services provided by Mercer (Canada) Ltd. (Mercer), as well as services provided by Manulife Financial Corporation (Manulife), which took over as the trustee, custodian, transfer agent, investment manager and record keeper of the fund on December 1, 2020. Sun Life of Canada (Sun Life) served as the trustee, custodian, transfer agent, investment manager and record keeper of the Fund prior to December 1, 2020 when the funds were transferred to Manulife.

Effective December 31, 2020, the DB component of the Fund closed to new entrants and active members stopped accruing credited service and contributing to the Fund. Effective January 1, 2021, the registered DC component of the Fund commenced.

Actuarial valuation

The most recent DB actuarial valuation was performed by Mercer for the effective date of December 31, 2019, updated from the December 31, 2017 actuarial valuation. The *Employment Pension Plans Act* (EPPA) of the Province of Alberta (the Act) requires that such valuations be performed at no greater than three-year intervals, with the next valuation required by the effective date of December 31, 2022. Significant assumptions used in the existing valuation include the rate of inflation of 2.0% (2017 – 2.0%) and the discount rate of 4.7% (2017 – 4.7%).

Funding policy

- DB component

  The Employer contributes such amounts to the Fund as are required based on the advice of the Fund's actuary. The Employer's contributions may include special payments toward any unfunded liability and/or solvency deficiency. Under this pension financing arrangement, the Employer bears the investment risk. Eligible employees had to become members and contributed 5% of their pensionable earnings to the Fund until they have completed 35 years of service with the Employer, or December 31, 2020, at which point they stop making contributions to the DB component.

- DC component

  Effective January 1, 2021, a DC component commenced in which all existing and eligible new members began to accrue benefits. Eligible employees must become members and contribute 3% of their pensionable earnings to the DC component of the Fund and the Sponsor contributes 15% of the member's pensionable earnings.

Eligibility

For the DC component of the Fund, full-time permanent employees become eligible to participate in the Fund on the first day of the month on or after the completion of three months of continuous service, or attaining age 21, if later. Participation in the Fund is mandatory for full-time permanent employees. Part-time permanent employees have the option to voluntarily elect to join the Fund after two years of continuous service, provided they have earned at least 35% of the yearly maximum pensionable earnings in two consecutive calendar years.

For the DB component, the Fund was closed to new entrants as of December 31, 2020.

Retirement and termination benefits

On the first day of the month after a member's 71st birthday, the member and employer stop contributing to all pension plans as per Canada Revenue Agency rules. The member must start receiving their pension no later than December 1 in the year they reach age 71.

- DB component

  The normal retirement date is the first day of the month immediately following the member's 65th birthday. Members can elect early retirement between the ages of 55 and 65. Early retirement may result in a pension reduction.

  On retirement, members receive a monthly pension payment based on their number of years of credited service with the Employer up to December 31, 2020 and the average of their earnings over the best five calendar years in the last ten years of employment.

  A member who terminates employment with the Employer will be entitled to a deferred DB pension benefit commencing on his or her normal retirement date. Deferred pension benefits are eligible for early commencement.

- DC component

  Upon termination of continuous service, a member has a 90-day period following notification to have all amounts in their DC account transferred to another registered pension plan, a restricted RRSP, or an insurance company for the purchase of an immediate or deferred life annuity commencing no later than December 1 of the year in which the member reaches age 71.

Death benefits

If a member dies before commencing pension, their beneficiary will receive the balance of the commuted value of the DB pension benefits. If the beneficiary is a spouse, they may elect to receive the refund as a transfer to a locked in RRSP or as a life annuity; otherwise, the pension benefits will be paid in a lump sum.

The total value of the member's DC account will be transferred to their beneficiary. If the beneficiary is a spouse, they may elect to transfer the balance to another registered pension plan, a restricted RRSP or an insurance company for the purchase of an immediate or deferred life annuity commencing no later than December 1 of the year in which the spouse reaches age 71.

2 Summary of significant accounting policies

Basis of accounting

The Act, as clarified under EPPA Update 14-04 effective for year-ends on or after September 30, 2014, allows the preparation of financial statements in accordance with Canadian generally accepted accounting principles for pension plans, excluding recognition and disclosures of pension obligations. Accordingly, to comply with the Act, the Fund reports under Canadian accounting standards for pension plans, excluding recognition and disclosures relating to the Fund's pension obligations. These financial statements are prepared on a going concern basis and present the information of the Fund as a separate financial reporting entity independent of the Sponsor and Fund Members. The Fund applies Canadian accounting standards for private enterprises in Part II of the Chartered Professional Accountants of Canada (CPA Canada) Handbook – Accounting for its accounting policies not related to its investment portfolio.

These financial statements differ materially from financial statements prepared in accordance with Canadian accounting standards for pension plans and do not purport to show the adequacy of the Fund's assets to meet its pension obligations. They have been prepared to assist in meeting the requirements of the pension regulator.

Investment assets

Investments are stated at fair value in accordance with International Financial Reporting Standard 13, Fair Value Measurement. Purchases and sales of investments are recorded as of the trade date (the date on which the substantial risks and rewards have been transferred). Transactions that have not been settled are reflected in the statement of net assets available for benefits as amounts receivable or payable for unsettled trades.

The methods used to determine fair value for each category of investment assets are explained in note 5.

Transaction costs

Transaction costs are not part of the fair value of investments and are expensed as incurred in the statement of changes in net assets available for benefits.

Income recognition

Interest is recognized as earned on an accrual basis. Dividend income is recognized based on the ex-dividend date. Net realized gain (loss) on investments sold during the year represents the difference between settlement proceeds and book value. Change in unrealized gain (loss) on investments represents the change in the difference between fair value and book value of investments as at the beginning and end of the year. All

changes in realized and unrealized gains and losses on investments are recorded in the statement of changes in net assets available for benefits in the year in which they occur.

Investment management and administrative fees

Investment managers of the Fund for the DB component charge management fees, which are netted against the net assets of the Fund and are recorded in the statement of changes in net assets available for benefits in the fees and expenses of the Fund. Administrative expenses incurred are paid directly by the Fund.

Expenses related to the DC component including investment management fees, custodial fees, and administration fees are deducted from each member's account as determined by the Funding Agreement, or as determined by the Employer from time to time.

Income taxes

The Fund is a registered pension plan as defined under the Income Tax Act (Canada) and is not subject to income taxes.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates. The most significant estimates relate to the determination of fair value of financial instruments.

3 Investments

DB investments

	2021		2020	
	Market value $	**Book value $**	**Market value $**	**Book value $**
Fixed income	15,744,474	16,101,573	15,004,399	14,728,811
Canadian large cap equity	7,510,601	5,945,517	6,887,034	6,872,841
International equity	4,496,855	4,670,700	4,464,771	4,417,183
Global equity	19,574,491	16,189,140	18,362,544	18,162,908
Canadian pooled real estate fund	5,522,100	4,706,218	4,946,492	4,908,451
	52,848,521	47,613,148	49,665,240	49,090,194

The asset mix for the investments is determined by the Sponsor's Finance and Audit Committee.

DC investments

	2021	
	Market value $	**Book value $**
Manulife GIA	16,149	16,150
Target date funds	1,785,236	1,670,624
Canadian money market	28,764	28,748
Fixed income	94,945	93,597
Canadian large cap equity	145,138	131,994
US large cap equity	161,548	140,937
International equity	106,507	101,758
	2,338,287	2,183,808

The investment options for members is determined by the Sponsor's Finance and Audit Committee. Each member choses their asset mix.

4 Financial risk management

The objective of the Fund is to achieve medium to long-term growth of its DB investment portfolio to provide the DB component of the Fund with assets sufficient to meet members' pension benefit payment obligations. The Fund's investment policy is set out in the Statement of Investment Policies and Procedures.

The Fund invests in funds that are managed by the record keeper. The investment managers of the funds must adhere to the investment policies governing these funds, which are monitored by the Sponsor. The Fund's investing activities expose it to a variety of direct and indirect financial risks: market risk, credit risk and liquidity risk.

The allocation of assets among the various types of investments and the performance of investments held by the Fund are monitored by the Fund's investment managers and are reviewed by the Sponsor as needed.

The Sponsor monitors compliance with the Fund's risk management policies and procedures and reviews the adequacy of the risk management framework in relation to the risks faced by the Fund.

For the DC component, members are responsible for selecting investments to meet their personal objectives and risk tolerance and bear the full risk of investment results from the asset classes and representative options they select.

Market risk

The Fund's investments are susceptible to market risk, which is defined as the risk the market value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Currency risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Sponsor does not enter into foreign exchange contracts to limit the exposure to foreign currency exchange risk. This risk is mitigated by diversification of portfolio holdings among different countries.

Interest rate risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Fund invests in a diverse portfolio of assets with different maturity dates and various issuers.

The Fund invests in the units of funds, which in turn invest in a diversified portfolio of assets. While the underlying investments of the Fund are susceptible to both currency and interest rate risks, the risk to the Fund is indirect in nature.

Other price risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. Should the value of the financial statements decrease significantly, the Sponsor could incur material losses on disposal of the instruments. This risk is mitigated by diversification of portfolio holdings among different asset classes.

Credit risk

Credit risk is the risk one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Fund views the risk in this area to be insignificant.

Liquidity risk

Liquidity risk is the risk the Fund may be unable to meet obligations relating to the DB component in a timely manner. In addition to recurring expenses, the Fund is called on to meet regular pension benefit payments as well as lump sum transfers that may occur on retirement or termination of qualifying members. The risk the Fund would be unable to meet such obligations is managed through the Fund's ongoing monitoring of the individual investment managers and in their ability to sell securities in which the Fund has invested.

5 Fair value measurement

The Fund's investments are held in various pooled index and mutual funds comprised of equities, bonds and money market vehicles. No segregated or individual equities or bonds are held. The investments are recorded at fair value using net asset values as provided by the investment fund manager. The net asset values represent the underlying net assets at fair value, determined using closing market prices, divided by the number of units outstanding. This is the value at which units of the pooled funds can be redeemed or subscribed for by the Fund as at the reporting date. Canadian pooled real estate fund is valued at year-end net asset values as provided by the investment fund manager. There have been no significant changes in the valuation methodology during the current year.

As set forth in the Appendix to CPA Canada Handbook – Accounting Section 4600, instruments that are measured at fair value use a hierarchy. The hierarchy prioritizes the inputs to fair value measurement, placing the highest priority on unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to inputs not based on observable market data (Level 3).

The three levels of the fair value hierarchy are:

- Level 1 – unadjusted quoted prices in active markets for identical assets or liabilities;
- Level 2 – inputs that are observable for the assets or liabilities either directly or indirectly; and
- Level 3 – inputs for assets or liabilities that are not based on observable market data.

The investments are classified as Level 2 in the hierarchy.

6 Fees and expenses

Fees and expenses are charged against the DB component and consist of the following:

	2021 $	2020 $
Investment management fees	263,458	219,897
Administrative and servicing fees	1,327	16,277
	264,785	236,174

7 Management of capital

Management of the Fund defines capital as the net assets available for benefits. These financial statements, however, represent only the net assets available for benefits of the Fund; management of capital is done at the Fund level. As stated in note 2, these financial statements do not purport to provide information about the solvency of the Fund.

8 Related party transactions and balances

The Sponsor provides administration services to the Fund, which include the payment of the 2020 audit fees of $10,000 on behalf of the Fund. The fees for the 2021 audit of $6,000 will be paid by the Sponsor.

cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022`	Levonne Louie, FAC Chair		
Agenda Item Title:	FAC – Differential Fees		
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	☒ The following item(s) are of particular interest to Council Feedback is sought on this matter.	☐ The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	n/a
Background:	Highest quality, compassionate and ethical care towards increasing the provision of excellent regulated member care for all Albertans is a key business pillar or strategic direction for CPSA. CPSA has been focusing on shifting the high risk and at risk physicians to the low risk category. The high risk physicians represent the greatest risk to Albertans. This category represents a small number of physicians who have been irremediable and ungovernable. These small numbers of physicians have also had numerous interactions with CPSA's various departments utilizing a higher proportion of resources than the low risk category physicians. CPSA leadership has been researching other methods or options to encourage the high risk physicians to change their behavior to provide better care to Albertans. One new tool being considered is a financial lever. Council received a presentation at their March 2022 meeting from CPSA's Research & Evaluation Unit (REVU) on possible criteria to be considered for charging a higher annual fee. This concept was called differential fees. 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.

CPSA leadership developed a model that could be applied to identify when a differential fee could be applied.

Overview of model

Time frames to look back	Recommendation from management
Complaints and hearings	3 years
Continuing Competence reviews	5 years

Criteria (at least one of the following)	Recommendation from management
Number of upheld complaints	>2
Number of hearings	At least 1
Number of individual practice reviews	At least 2

Based on the above criteria with data as of January 2022, there would be **31 physicians** (which represents 0.27% of the physician members) charged a differential fee.

It is proposed the differential annual fee would be calculated as 5 times the annual fee. This fee would be charged for a period of 3 years. If physician behaviour changed, and the criteria was no longer met, the differential fee would no longer be charged.

FAC had a robust discussion about the various criteria and options considered by management and the recommended option proposed by management. We also have data about the number of physicians that could be impacted based on the proposed criteria. FAC agreed that management has created a differential fee model that could work but felt that there were additional questions and considerations that needed to be addressed by the entire Council.

	FAC raised the following points for Council to consider: 1. Now that a differential fee model that could work has been developed, does Council philosophically support charging differential fees? 2. Should we obtain feedback about differential fees from physicians through focus groups or other methods? 3. Is there other research or information that Council wants to consider? For example, is additional research required into whether financial levers/tools are effective in changing behaviour? 4. Are there other innovative levers/tools Council wishes management to consider to change the behaviour of high risk physicians? 5. If Council wishes to proceed with differential fees, what is the best time to roll out a new fee structure? What factors affect the timing decision? 6. If Council wishes to proceed with differential fees, a comprehensive communication plan would need to be developed. 7. Since the modelling work has been completed, FAC feels this should move out of the financial realm and the lead be taken on by another committee or Council as a whole.
Next Steps:	Council's feedback will determine next steps.
List of Attachments:	
1.	

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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Levonne Louie		
Agenda Item Title:	Strategic Planning Working Group (SPWG) – Strategic Plan Presented for Approval		
Action Requested:	☒ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☐ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	Approve the Strategic Plan as presented by Levonne Louie as the CPSAs new 2022-2026 Strategic Plan.		
Background:	The Strategic Plan Content Document attached, is a content document for review by Council. A public version, created by a graphic designer, will be presented at the Council meeting with the same content, however it will be much more appealing for public viewing. Council has reviewed the new proposed Strategic Plan previously and has had an opportunity to work with the main elements at the January 2022 retreat. The Strategic Plan reaffirms CPSAs current values, proposes a new Vision and Mission and consists of 5 new Strategic Directions. - The 5 Strategic Directions each have objectives to provide more clarity on the desired goals of the Strategic Directions. Not only does the new Strategic Plan closely align with CPSA's current work, it is believed the new Strategic Plan sets the direction and outlines the goals of CPSA for the future. The Strategic Plan being presented at Council for approval provides a roadmap for CPSA's leaders, guiding the organization to achieve its mandate. The Strategic Plan is aspirational, yet it is also realistic in its objectives as it captures the changing landscape of medical regulation, societal expectations and the needs of Albertans.		

	The Strategic Planning Working Group (SPWG) wanted to ensure the end results of this initiative would be valid and defensible to a broad and diverse group of our stakeholders. The Plan has focused, actionable strategies and is a living document that will guide the organization year over year. Once approved, the Leadership Team will use the Strategic Plan to develop its more detailed Strategic Action Plan and Business Plan for the future years. The Chair of SPWG, Levonne Louie, would like to thank the entire SPWG team for their tireless efforts in bringing this draft 2022-2026 Strategic Plan to fruition. Council Members: Daisy Fung, Linda McFarlane and Richard Buckley. CPSA Staff: Scott McLeod, Susan Ulan, Shawn Knight, Kimberley Murphy and Jessica McPhee. A thank you also goes out to former Past President, John Bradley, who was a large contributor in 2020 and 2021 to the Strategic Plan process. Thank you to the Team at MNP lead by Greg Lamothe for their expertise and guidance.
Next Steps:	1. The 2022-2026 Strategic Plan document is communicated as CPSA new Strategic Plan. 2. CPSA leadership will socialize, educate and work with the CPSA team to connect and engage with the new Strategic Plan. 3. CPSA will communicate the new Strategic Plan to our regulated members and external partners. 4. CPSA leadership will develop CPSA's new 2023-2027 Strategic Action Plan & KPI's. 5. CPSA leadership will develop a 3-year Business Plan 2024-2026. 6. CPSA leadership will develop a Transitional Budget for 2023.
List of Attachments:	
1. CPSA Strategic Plan Content Document	

CPSA Strategic Plan

2022-2026

Land acknowledgement

CPSA acknowledges we are on traditional lands of First Nations and Métis people. Through our work, we strive to respect, honour and celebrate the histories, languages and cultures of First Nations, Métis, Inuit and all First Peoples of Canada.

Message from the President

For over a century, CPSA's mandate has been to protect patients by guiding physicians in the provision of safe, high-quality care. While our mandate has consistently remained focused on protecting Albertans as they seek care from their physicians, the world has evolved entirely within the last century—and even more so within the most recent decades and years. CPSA has a responsibility to adapt with and respond to the changing times and expectations placed on us as a regulator, which is why updating our strategic plan is essential to CPSA's success and viability.

CPSA's previous 10-year strategic plan was created in 2011 following consultation with thousands of physicians, partners and Albertans across the province. The plan was revised in 2016 and our vision, mission and values were updated by CPSA Council in May 2017. A lot has changed since then and, most notably, the COVID-19 pandemic put a spotlight on medical regulation that we haven't seen before. This presented a unique opportunity to take our learnings from this public health crisis, as well as other significant societal changes from the past few years, to shape and influence our modernized strategic plan in a way that's meaningful to CPSA's team, our regulated members and the Albertans we're mandated to protect.

CPSA is a leader within Alberta's healthcare system, and I believe effective, strong leadership is vision-driven and looks toward the future. CPSA's 2022-2026 strategic plan will enhance our organization's already exemplary ability to guide the medical profession and protect patients in Alberta. We have a crucial role in our province, and a revitalized strategic plan will not only support CPSA's objectives within Alberta, but I believe it will go one step further and serve as an example for what modern medical regulation can aspire to be.

CPSA's 2022-2026 strategic plan is a collaborative effort led by Council with direction from our strategic planning advisory committee and guidance from CPSA's Executive and Leadership teams. I'd like to sincerely thank everyone involved for carrying out this important work and making this vision a reality. I'm excited and honoured to share CPSA's 2022-2026 strategic plan, which will serve as 2022 Council's legacy, shaping CPSA for years to come.

Message from the Registrar

I started in my role as CPSA's Registrar and CEO in 2017. During this time, I have undoubtedly witnessed significant changes to Alberta's healthcare system and the overall social landscape of our province.

Over the last several years, CPSA has placed emphasis on engaging and sharing information with our partners, supporting physicians who may be struggling to provide the best quality care to their patients and building the foundation for meaningful anti-racism and anti-discrimination work. I've been humbled by our governing Council's commitment to protecting Alberta's patients by guiding regulated members in the provision of safe, high-quality care, and I firmly believe CPSA's updated strategic plan aligns more closely with the work CPSA has already been carrying out and the overall values of our organization.

As we implement CPSA's 2022-2026 strategic plan, everyone on our team will play an important part in building and further aligning our business plans and key performance indicators to support this modernized direction. From our public-facing departments, such as Continuing Competence and Registration, to internal departments like People & Culture, all teams across CPSA will have the opportunity to shape these plans, ensuring our team members are invested in and have a clear understanding of how their work connects to our strategic plan and, ultimately, our mandate. When every team member feels connected to their work, it puts CPSA in the best position to protect patients, guide Alberta's physicians and physician assistants and ensure we're living out our mission, vision and values.

These kinds of plans take a significant amount of time and effort to develop, and I'd like to thank our Council members for their leadership and dedication to quality patient care, CPSA's strategic planning working group for their forward-thinking ideas and execution in developing our new strategic plan, and my fellow team members who will now bring CPSA's modernized strategic plan to life.

I truly believe in leaving things in a better state than how we found them, and I am confident our new strategic plan is an integral part of achieving this over the next five years.

Message from the Strategic Plan Working Group Chair

Modernizing an organization's strategic vision is no easy feat, especially when our organization is one that guides over 10,000 physicians in providing safe, high-quality care to approximately four million Albertans. CPSA's mandate is to protect Alberta's patients through guiding the medical profession, ensuring patients feel safe, respected and cared for during times where many feel most vulnerable. Suffice to say CPSA's work is of the utmost importance and getting our strategic plan right is crucial to making sure all Albertans receive high-quality and equitable care from our regulated members.

Chairing CPSA's Strategic Planning Working Group to spearhead the 2022-2026 strategic plan has been one of the many great privileges of my tenure on CPSA Council, and it's been an honour to help lead this instrumental work. In our approach to our big-picture thinking as we developed a modernized strategic plan, we kept our focus on envisioning the future environment in which we'll operate. Our process began with an environmental scan of research CPSA had recently conducted as well as seeking input from regulated members, Albertans, our partners and government. We ultimately entrusted a third-party consultant to support us in our work by challenging our thoughts and assumptions and making sure we stayed focused on answering three key questions: "who do we want to be," "what do we do," and "why do we do it?"

Throughout planning and development, it was important for CPSA Council to be invested and involved to ensure Councillors not only embrace the plan, but fully understand and endorse the direction we're headed. Our process was collaborative, drawing upon the knowledge and experience of a diverse group of CPSA Councillors to establish five key strategic directions that inform and guide CPSA's regulatory functions. All strategic directions and objectives are aligned with CPSA's values and, because of that, I believe this strategic plan will serve CPSA well over the next five years.

My hope is this new strategic plan will allow CPSA to focus on improving and supporting the health, wellness and capabilities of regulated members so they can be the best they can be, ultimately leading to better care for all Albertans.

Introduction

The College of Physicians & Surgeons of Alberta (CPSA) is an organization steeped in history. For decades, CPSA has supported the "highest quality medical care for Albertans through regulatory excellence". Nearing the end of a ten-year strategic plan cycle, CPSA embarked on a process to renew and refresh our strategy for the five-year period of 2022 - 2026.

In the operating environment of today's health sector, there are increasingly high expectations on CPSA to meet the diverse needs of those it serves, the community it operates within, its partners, staff members, the healthcare community and the government. A greater emphasis is being placed on doing things differently and better than ever before, with the even greater challenge of meeting these demands while addressing competing priorities.

It is within this context that CPSA undertook a planning process to consider strategic options for our future. We understood the results of this initiative must be valid and defensible, to a broad and diverse group of our stakeholders. ***Focused, actionable strategies would be a critical determinant of success.*** CPSA believes the acknowledgement that this is not simply an "event" that occurs once, but rather a commitment to an ongoing process, to help decision-makers better understand the environment, how it impacts CPSA stakeholders, and how it is influenced or impacted by both internal and external factors, is critical to this planning effort. We believe thinking of the planning process in this way allows for the collection and analysis of data and information required for meaningful decision-making.

Trends and Innovations in Canadian Healthcare

From health reform and escalating costs, to consumer expectations and technology advances, health care in Canada is undergoing rapid transformation. The entire health continuum—providers, governments, public health organizations, agencies, patients, and regulators—are learning to adapt to this evolving environment and looking for new solutions. CPSA's plan must be guided by and responsive to these evolutions, which are occurring faster than ever before.

Evolutions in the health sector of relevance to CPSA and its five-year strategy include:

1. **The prevalence of inter-professional service delivery models**. Gone are the days when services were provided by healthcare providers in isolation of one another. Collaborative and integrated professional and para-professional care models are the new norm.
2. **Increased information-sharing amongst providers**. With the movement toward inter-professional care comes a need for increased information-sharing across these providers.
3. **Health analytics and artificial intelligence.** To reach the next level of quality and innovation in care delivery, practitioners require a comprehensive set of facts around healthcare delivery, including compliance with treatment

protocols and measurement of system performance and health outcomes. Canada's growing network of electronic health records lays the groundwork for this next-level approach with advanced analytics. Point-of-care diagnostics and artificial intelligence applications are being increasingly introduced, resulting in shifts in everything from standards of practice to consumer expectation to funding.

4. **Consumerism and person-centred care.** Consumerism is pushing the need for care that is increasingly personal and innovative, allowing for consumer choice. Patients are using the Internet and social networking tools to connect with one another and share information about their health and healthcare experiences. Moving beyond initial trends of connecting and information sharing, the next wave of opportunity will be around patients managing and "curating" healthcare information.

5. **Quality of care and patient safety.** In Canada, patient safety incidents have become the third leading cause of death after cancer and heart disease. This continued rate and scale of harm is considered unacceptable by most and increasingly, Canadians expect the safest care in the world.

6. **Cost containment.** Mounting pressure on governments and providers to contain costs and increase alternative sources of revenue while maintaining access to services is expected to continue influencing health services delivery. Realities such as aging populations, continued advances in expensive diagnostic tools and skyrocketing drug costs (to name a few) will challenge health policy makers and service providers.

7. **Funding model changes.** Many jurisdictions across Canada are experimenting with changes to funding models to drive integration and better alignment with population needs and service use, impacting clinicians' practise and the way facilities and programs are funded.

8. **Transitions in care.** The movement of patients through care settings (which most recently includes virtual environments) and the need to ensure patients receive care in the most appropriate settings is influencing everything from facility design and location, to health care provider education. There is a push to deliver more services within the home and virtually for patients whose diagnoses or care needs meet certain eligibility requirements, to control healthcare costs and provide quality, effective care.

9. **Anti-Racism Anti-Discrimination**. Racial justice and equity affect individuals, communities, workplaces and institutions. The health system must acknowledge the continued existence of racist and discriminatory practices and policies in health care that lead to diminished quality of care and poor outcomes for patients. Health professionals have a leadership and frontline responsibility to protect the public by adopting anti-racist and anti-discriminatory practices, and integrating anti-racism and anti-discrimination into the culture of the profession.

10. **Truth and Reconciliation**. In 2015, the Truth and Reconciliation Commission delivered on its mandate, which included sharing the truth about what happened in residential schools[1] with all Canadians. The TRC delivered a multi-volume report which made 94 Calls to Action to further reconciliation, of which seven are directed to the health field, and many more that require cross-disciplinary attention and

[1] Truth and Reconciliation Commission of Canada - NCTR

action. Health organizations have a responsibility to acknowledge the harms caused by the residential school system, to take action to stop systemic racism and harm, and to do this by building authentic relationships with Indigenous peoples and communities.

CPSA's Strategy: the Process

CPSA believes our organizational effectiveness depends on having a solid management tool (or strategy) to provide a roadmap for leaders. This management tool would be the result of an integrated planning process based on visionary and directional thinking, and the development of strategic actions that, once implemented by the organization, would lead to the achievement of consistent and planned results. We worked diligently to ensure that:

- Key stakeholders provided input to the process,
- People's ideas and wisdom were heard and considered important,
- The planning process was thorough, ensuring well-thought-out results and buy-in from our stakeholders,
- The results are measurable, realistic and can be easily implemented,
- The final strategy is useful to the organization as a 'blueprint' for decision-making, and
- The strategy is linked to short-term planning and guides the day-to-day operations and initiatives of CPSA.

Developing an aspirational, yet realistic plan was the balance we strived to attain, and CPSA's five-year strategic plan is intended to achieve both objectives noted above.

Focusing on shifting high-risk and at-risk regulated professionals (Figures 1 and 2) to the low-risk category guided our discussions and ultimately, informed development of our five-year strategic plan.

Figure 1: Risk: Regulated Professionals

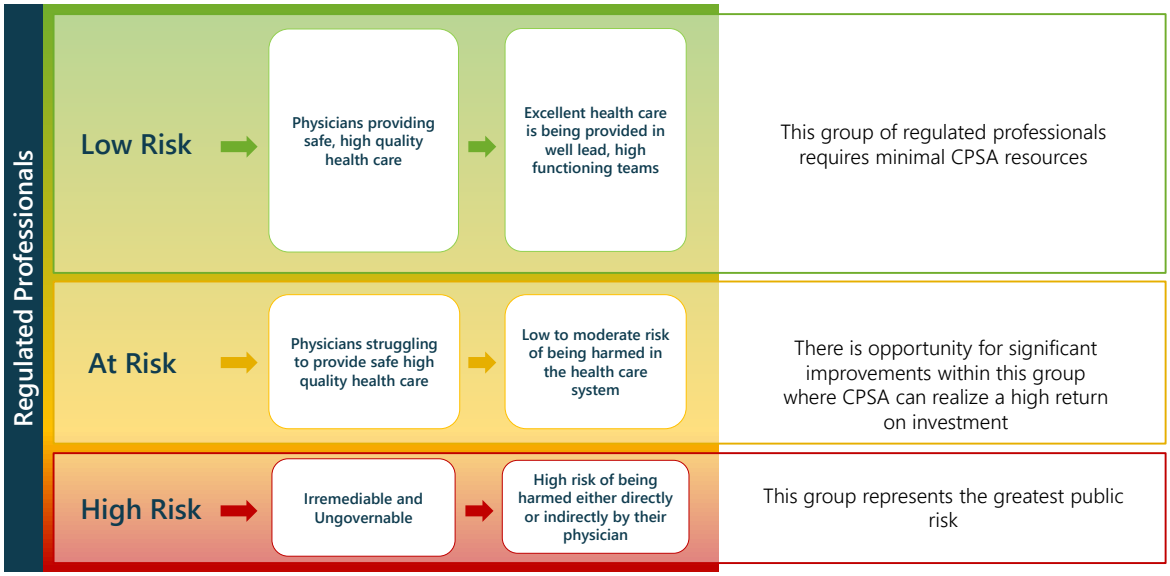
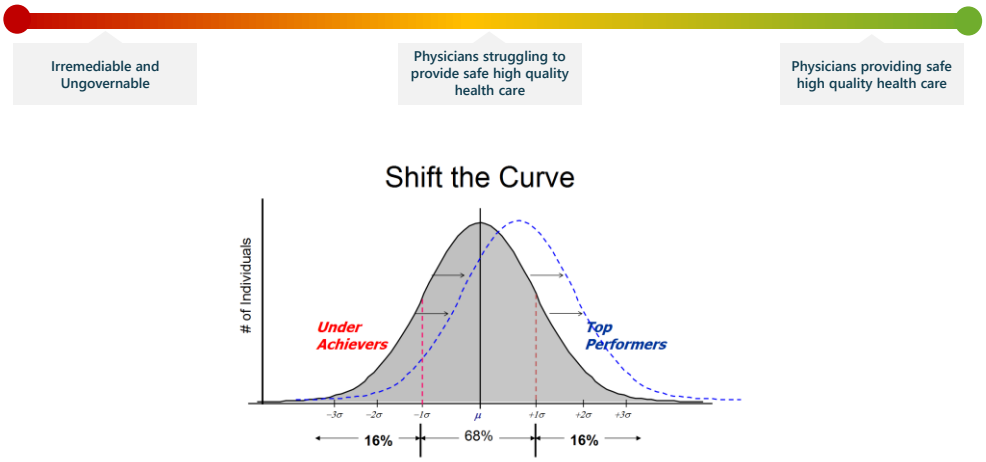


Figure 2: Shifting the Curve



Led by the Strategic Planning Working Group (SPWG), we used an integrated planning process to develop our strategy. The SPWG was guided by our Strategic Plan Cycle (Figure 3) and employed a Strategic Planning Framework (Figure 4).

Figure 3: Strategic Plan Cycle

Figure 4: Strategic Plan Framework

The SPWG's work focused on developing the elements of the strategic plan identified as levels 1, 2 and 3, with a plan for levels 4 and 5 to be developed by CPSA management, using a structured planning process.

CPSA's Strategy

The SPWG took on the work of building on elements of our existing plan: updating some, changing others and developing completely new strategies in some instances. We believe the result is a vibrant plan, relevant to CPSA's current and anticipated future operating environment, and will continue to serve and protect all Albertans, contributing to their health and wellness by supporting and guiding regulated members (together with healthcare partners and patients) to proudly provide safe, high-quality care.

OUR VISION

A Vision statement presents an image in words of what success will look like.

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

OUR MISSION

A Mission statement summarizes the what, how and why of CPSA's work and in essence, captures how CPSA will move towards our Vision.

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.

Our Values

Values are guiding principles that never change. They are deeply held convictions, priorities and underlying assumptions that influence an organization's attitudes and behaviors. Our organization's core values and mission statement are part of our strategic foundation: the beliefs and purpose we are truly committed to.

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

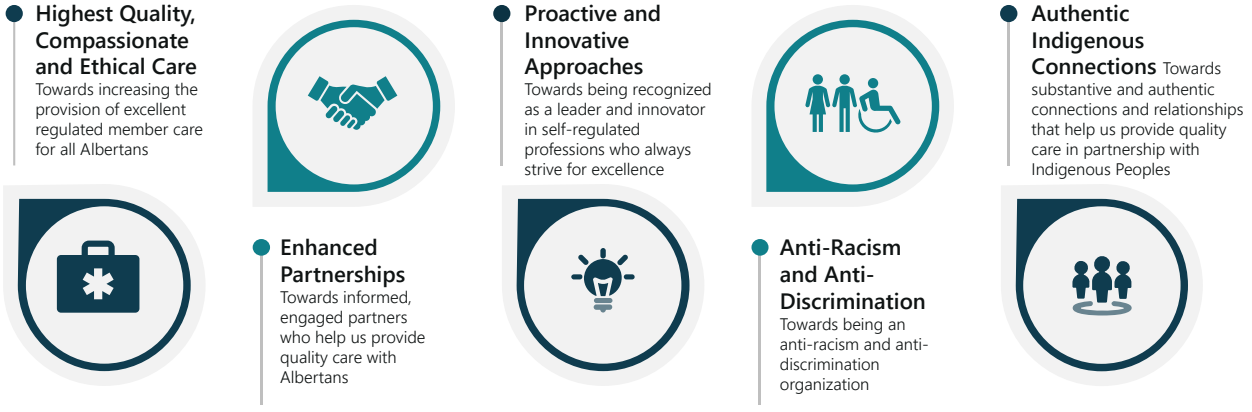
We care about what we do and give our best. While our work is serious, we enjoy camaraderie with our coworkers and take time to celebrate each other's milestones and achievements.

Our Strategic Directions

Strategic Directions are outcome or end statements that guide our services/programs, governance, operations and functions. They define what we are trying to accomplish.

CPSA identified five strategic directions (Figure 3) we believe will help us respond to Canada's and Alberta's evolving health and professional regulatory systems. Whether it's ensuring our members provide the highest quality, compassionate and ethical care, working more diligently with our numerous partners, creating opportunities through the application of innovative practice, authentically engaging with our Indigenous connections, or working towards becoming an anti-racist and anti-discrimination organization, we will unwaveringly move towards these critical outcomes over the next five years.

Figure 3: Strategic Directions



OUR OBJECTIVES

Highest Quality, Compassionate and Ethical Care – Towards increasing the provisions of excellent regulated member care for all Albertans

Continuing Competence

- Increase the quality and safety of care provided by Alberta regulated members during the continuum of their career.
- Promote quality improvement, with all Alberta regulated members involved in lifelong learning and evidence-based medicine that positively impacts patient outcomes.
- Increase efforts to proactively identify high-risk regulated members, to help their development.
- 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.
- Enhance competencies for regulated members in their non-medical expert roles.

Professional Conduct

- Enhance the accessibility, efficiency, effectiveness, timeliness, transparency and fairness of the complaints process.
- Support regulated members and their professions to learn from the complaints process and as a result, improve the care provided in the future.
- Enhance learning from complaints data, to improve CPSA's complaints process.

Registration

- Improve the responsiveness of the registration and assessment process, to meet the changing health care needs of Albertans.

Physician Health Monitoring

- Enhance our ability to identify regulated member health factors and their impact on patient care.
- Decrease the impact on quality of care that stems from the health and wellness issues experienced by regulated members.

Accreditation

- Leverage the accreditation regulatory authorities to improve patient outcomes.

Enhance Patient/Family Partnered Care and Shared Accountability

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

Enhanced Partnerships – Towards informed, engaged partners who help us provide quality care to Albertans

- Strengthen partnerships with provincial, national and international regulatory organizations, to improve the 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 and 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 to authentically engage with regulated members, government, healthcare partners and Albertans on such things as standards of practice, policy development and advice documents (to the profession and Albertans).
- Achieve and maintain a non-partisan, professional relationship with government, to influence health policy and improve health outcomes.
- Strengthen partnerships to proactively recognize and support the health and wellness of regulated members as a core component of providing safe, high-quality healthcare.

Proactive and Innovative Approaches – Towards being recognized as a leader and innovator in self-regulated professions, who always strive for excellence

- Build on 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 new approaches to medicine and health system improvement, including embracing learning opportunities that come from unsuccessful initiatives.

Anti-Racism and Anti-Discrimination – Towards becoming an anti-racism and anti-discrimination organization

- 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 into all we do, and develop specific initiatives and actions that address our equity, diversity and inclusion opportunities.

Authentic Indigenous Connections – Towards substantive and authentic connections and relationships that help us provide quality care in partnership with Indigenous Peoples

- Authentically engage with and listen to Indigenous Peoples, incorporating their wisdom into our work and processes.
- Acknowledge the historical health inequities that have and are experienced by Indigenous Peoples and use our legislated mandate to reduce these inequities, improving the quality of care provided by our regulated members.
- Commit to actively addressing the recommendations from the TRC that relate to healthcare and CPSA's role.

Our Strategic Plan – Putting the Pieces Together

[One-pager showing how all pieces fit together]

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Submission to:	**Council**

Meeting Date:	Submitted by:		
May 27, 2022	Tyler White		
Agenda Item Title:	Indigenous Health Advisory Circle Update		
Action Requested:	☐ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	N/A		
Background	**<u>Second Meeting</u>** • The second meeting of the Circle was held on May 9, 2022. • Professional Conduct came to the Circle with the primary focus to: - Share three ideas to improve how CPSA manages the experience of Indigenous complainants and receive initial feedback on these ideas. - Learn more about the experiences that Circle members and their communities have had with the CPSA complaints processes. • Themes emerging from the meeting include the following: - The importance of listening and creating a safe space. - The need to simplify access, integrate processes with other bodies and healthcare organizations, and improve cultural safety by working with Nations and communities across Alberta. - Many Communities have developed/are developing supports for their members to navigate the health system. ▪ Organizations like CPSA should consider mechanisms to go to where the patients are and to include community supports to facilitate the complaints process. - Understanding the cultural differences between Nations and Indigenous, Métis and Inuit communities, particularly when it comes to engagement.		

	▪ Circle members offered to share training programs developed by their communities to support CPSA's understanding. • CPSA will return to the Circle at a subsequent meeting to continue the discussion on improving how CPSA manages the experience of Indigenous complainants. - The Circle will continue to have communication and the option to provide feedback/information between meetings. • CPSA provided an update on actions that have occurred since the last meeting. **<u>Next Meeting</u>** The next meeting of the Circle will focus on • CPSA Position Statement on Racism and Discrimination. The TOR will be added to the SharePoint for Circle members to comment on; CPSA will update.
Next Steps:	The next Circle meeting is tentatively scheduled for June 2022.
List of Attachments:	

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Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Shawn Knight		
Agenda Item Title:	Siksika Gathering (May 3, 2022)		
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	N/A		
Background:	On May 3, 2022, Siksika Nation hosted a Gathering at the "Piik'sappi" Gordon Yellow Fly Memorial Arbor on Siksika Nation. Gathering attendees included: • Siksika Nation Chief and Council, • Siksika Health Services Board and Staff, • Siksika Elders and Society Leaders, • CPSA Council and Staff, The Gathering was an opportunity to experience Siksika culture, ceremony and community, and to learn about: • Siksika Nation's action to combat anti-Indigenous racism and discrimination in the health care system, • Siksika Health Services Covid response and broad range of services in the community. Feedback about the Gathering has been extremely positive, with participants indicating immense appreciation for the sharing of culture, projects, actions, food and friendship. There is clear commitment to taking further action together to address anti-Indigenous racism and discrimination in health care.		

	CPSA Council had the opportunity to visit Blackfoot Crossing Historical Park at the end of the day, where a Blackfoot museum guide shared history and traditions of Siksika Nation. CPSA's position regarding reconciliation is that it should not be at the financial cost of the First Nation offering to share Indigenous knowledge and culture. Thus, CPSA shared in the costs of the Gathering, and welcomes the opportunity to continue supporting financial costs.
Next Steps:	CPSA and Siksika Health Services will develop a Joint Action Plan on Racism in Health Care, and the Action Plan will be presented at a future CPSA Council meeting.
List of Attachments:	
N/A	

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Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Laurie Steinbach		
Agenda Item Title:	Governance Review Final Report and Next Steps		
Action Requested:	☒ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Governance Committee Feedback is sought on this matter.	☐ The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation:	That Council: 1) receive the Consultant's *Governance Framework* and *Governance Review Final Report* as information; and 2) approve the Governance Review Next Steps (outlined below) which includes the Governance Review Committee bringing forward an *Analysis of Governance Review Recommendations* and *Governance Review Implementation Plan* to the September 2022 Council meeting.
Background:	CPSA's RFP issued in November 2021 describes the purpose of the Governance Review as follows: "The purpose of the Governance Review is to identify best practice governance principles, structures and processes necessary to update and strengthen the CPSA's governance framework." The Governance Review was to include investigation of the following themes: • Council/Board composition • Scope and decision making process for Council committees • Delegation of authority from Council to CEO • Governance structure of Council, Committees and CEO • Evaluation of measurable performance outcomes for Council • Best practice governance process for regulatory bodies John Dinner was engaged in February 2022 to carry out a Governance Review for CPSA. His method of review included a

review of external organizations, a survey and interviews with Council members and Executive staff, presentations to the Governance Review Committee and executive staff, and delivery of a Governance Framework and Governance Review Final Report with recommendations. These deliverables were presented and discussed at the May 4, 2022 Governance Review Committee meeting.

John Dinner highlighted the following points from his deliverables:

- To continue to work on Council culture, develop a Council covenant.
- Strengthening and clarifying the role of Council President, and Council members, to ensure the best candidates come forward to make up Council. A nomination process is proposed that is explicit about requirements, and would proactively identify candidates for Council.
- Focus on Governance Outcomes:
    - Achievement of CPSA's mission to protect the public and ensure trust by guiding the medical profession.
    - Stewarding CPSA's resources to ensure its viability and sustainability.
    - Fostering Albertans' trust and confidence in the Province's medical profession,

  such that all the work of Council has a direct link to the Outcomes. Council should be relentless and laser-focused on the vision of protecting the public.
- Council members should try to avoid opinions, and should establish objective, mission driven criteria for decision-making.
- Changes to Committee roles and responsibilities with proposals that some Committees are discontinued and others amalgamated
    - Discontinuation of Executive Committee
    - Amalgamation of Governance Committee and Legislation and Bylaws Committee
    - Creation of Leadership Resources Committee

The Committee discussion included the following points:

- Evaluation of Council performance should be separate from the CPSA KPIs. For example, performance measures could be created to assess whether Council is high or low-

	functioning, and whether or not Council meets its fiduciary responsibilities. • Suggestion of a 3-year renewable term for Physician members, to a maximum of 2 terms. The upside of this would be greater stability on Council. A downside discussed was that less frequent elections may lessen voter turnout. • Role of the President, and ensuring a governance focus (as opposed to an operational focus). Further, the recommendation to change the title of President to "Council Chair" received some support. • GRC discussed pros and cons of the Consultant's suggested changes to Committees. • Further clarity was provided on the proposed new Leadership Resources Committee. This committee would have responsibility for CEO/Registrar succession planning, corporate culture, compensation philosophy, workplace standards, specified risk areas. • The Committee discussed where responsibility for determining and analysing risk should lie, and a few options were discussed.
Next Steps:	As next steps, the Committee proposes the following Work Plan: • **May 2022 Council Meeting:** GRC overview of the Consultant's *Governance Framework* and *Governance Review Final Report*. Initial feedback and discussion. • **June 2022:** Council members have an opportunity to learn more and provide feedback at a Governance Review online session. • **July 2022:** The CPSA team will develop an analysis of the Governance Review, and will draft an implementation plan. • **Mid-August 2022:** GRC Meeting to review a Governance Review analysis and DRAFT Implementation Plan • **September 2022 Council Meeting:** Council considers the Governance Review Committee's *Governance Review Analysis and Implementation Plan*. • **September 2022-September 2023:** Implementation. The Governance Review Committee noted that the *Implementation Plan* may include phases that span several years, and may involve several different Council Committees.
List of Attachments:	
1) Governance Framework 2) Governance Review Final Report	

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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Governance Framework

May 2022

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CPSA Mission

Council is mission driven:

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

Protecting the public means:

- Preventing the risk of harm and holding the medical profession accountable for the health and well-being of Albertans.

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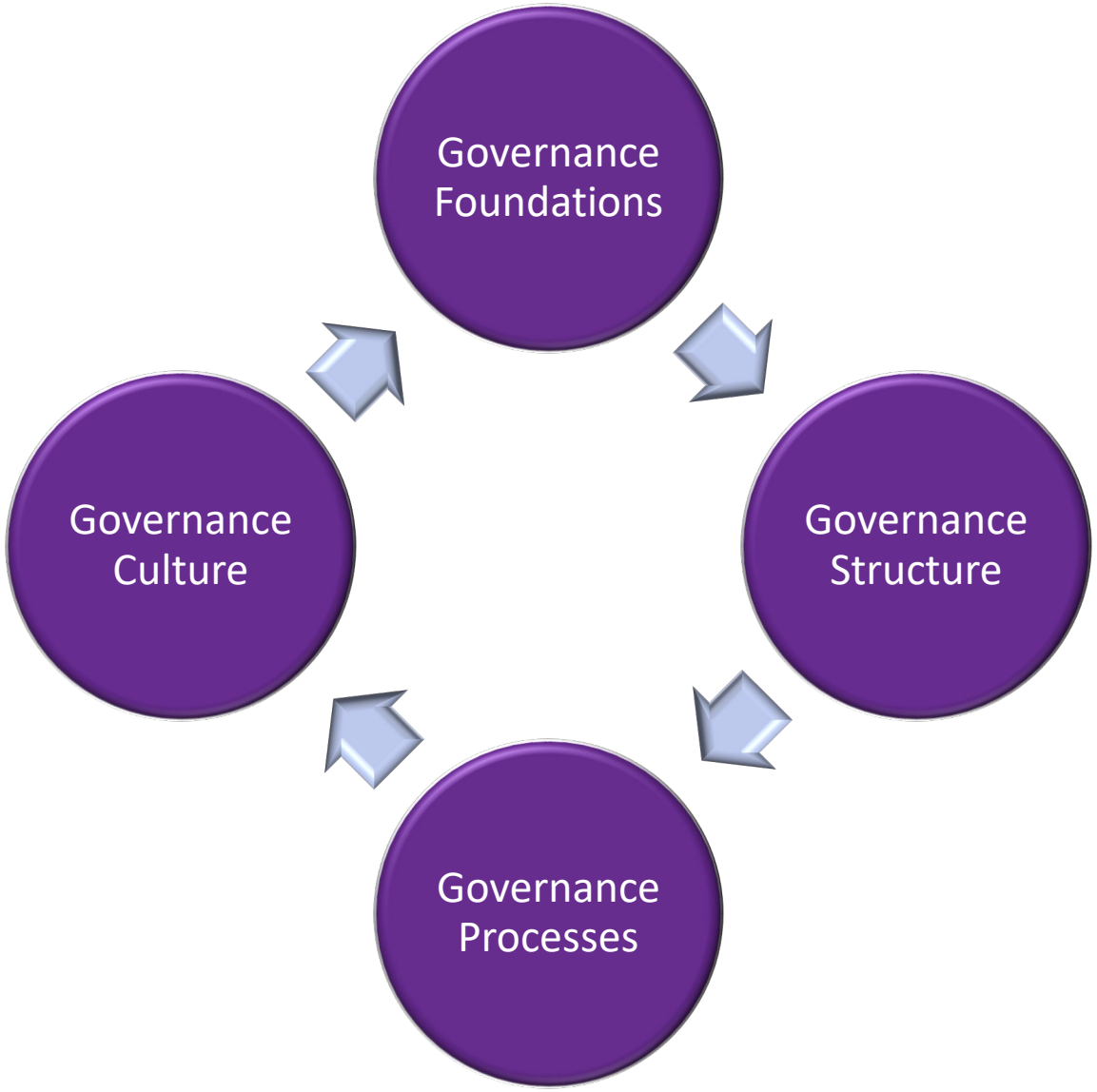
CPSA Framework Overview



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CPSA Framework Overview

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CPSA Governance Foundations

Governance Defined

- The making of oversight decisions that instill Albertans' trust in the Province's medical profession.

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CPSA Governance Foundations

Governance Outcomes

Council's decision-making focuses on:

- Achievement of CPSA's mission to protect the public and ensure trust by guiding the medical profession.
- Stewarding CPSA's resources to ensure its viability and sustainability.
- Fostering Albertans' trust and confidence in the Province's medical profession.

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CPSA Governance Foundations

Governance Principles

- Accountability
  - To all Albertans for CPSA's mission achievement.

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CPSA Governance Foundations

Governance Principles

- Independence
  - To objectively protect Albertans, guarding against self-interest or outside influence.

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CPSA Governance Foundations

Governance Principles

- Transparency
  - To proactively disclose the information Albertans deserve to have trust and confidence in the medical profession.

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CPSA Governance Foundations

Governance Principles

- Leadership
  - To proactively and objectively deliver on the mandate to protect the public and ensure trust by guiding the medical profession.

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CPSA Governance Foundations

Governance Vision

- Centering every Council decision on protecting the public.

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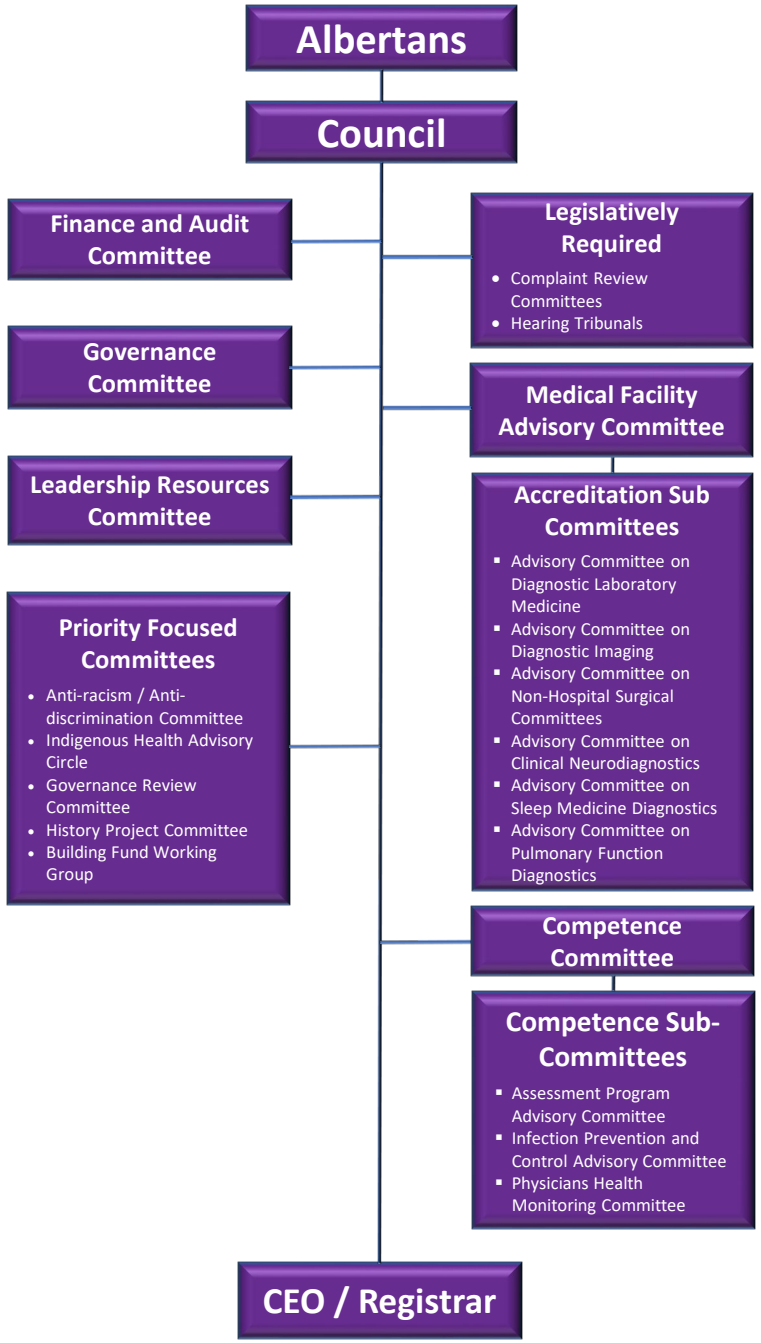
Governance Structure



Highlights

- Governance Committee to assume Legislation and Bylaws Committee's duties
- Addition of Leadership Resources Committee
- Elimination of the Executive Committee
  - Duties go to Council Chair, Leadership Resources Committee, Governance Committee

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Governance Roles

Council Contribution

Council's contribution to the achievement of CPSA's mandate will be by leveraging the governance function to positively impact the following areas in tangible, value-added ways:

- Mission / mandate achievement
- Organizational viability and sustainability
- Fostering the trust and confidence of Albertans

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Council Role

Council's contribution will be achieved through active oversight of:

- Strategy development and active monitoring of its implementation.
- CEO/Registrar succession to ensure the strongest possible leadership of CPSA.
- Stewardship of CPSA's financial and other resources using a risk lens.
- CPSA's operational effectiveness in regulating physicians.
- CPSA's effective leadership from a governance perspective.

Governance Roles

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Governance Roles

CPSA Council Oversight Focus

- **Council President / Chair:** To facilitate the good functioning of Council in the achievement of its governance vision.
- **Committees:** To support Council in considering options and making recommendations to enable Council to deliver on its oversight responsibilities.

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Governance Roles

CPSA Council Oversight Focus

- **Committee Chairs:** To facilitate the good functioning of Committees in support of Council's oversight responsibilities. Committee Chairs are members of Council.
- **Individual Council Members:** To contribute to Council's oversight decision-making, lending their skills and other attributes to protect the public interest.

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Council

OVERSIGHT

Governance Committees

Accreditation Committees

CPSA Committees

CEO/Registrar

DELEGATION

ACCOUNTABILITY

Council / Staff Partnership

CEO / Registrar

OPERATIONS

CPSA Staff

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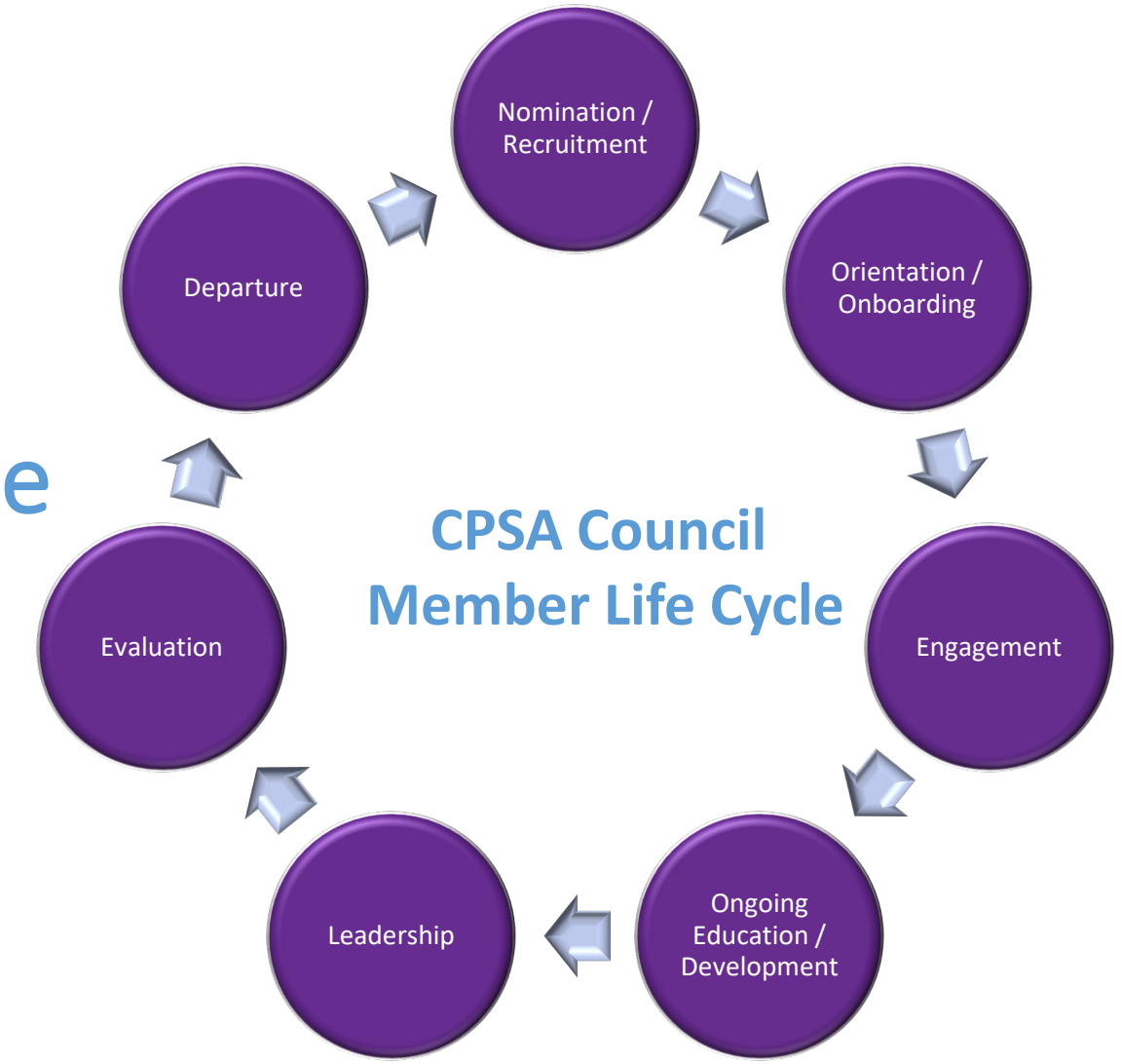
CPSA Governance Processes



Highlights

- Some process are one-time events for Council members (e.g., orientation).
- Other governance processes are repeated over the course of a Council member's tenure (e.g., ongoing education).

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Governance Processes

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Decision-making Process

With the support and input of CPSA Staff, Council uses the following steps for optimal, mission-driven decision-making:

- **Step 1:** Identify the problem/situation.
- **Step 2:** Identify the criterion to be met by the decision made to foster objectivity, mitigate associated risks and ensure CPSA mission alignment.
- **Step 3:** Assign appropriate weighting to criteria to reflect CPSA's mandate and values.
- **Step 4:** Identify and list alternative choices or options available to solve the problem/situation.
- **Step 5:** Choose the option that, objectively, is mission oriented and best addresses the issue / problem in support of CPSA's mandate and the public interest.

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Governance Processes

Decision-making Support

- **Council President / Chair:** Facilitates the Council's decision-making process, ensuring its integrity, its mission focus and reflecting the will of the Council collective.
- **Council Member Life Cycle:** Equips Council for optimal decision-making.
- **Supporting Information, Processes and Tools:** Provided by management/staff, and tailored to equip Council with the facts

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Governance
Culture

Values-driven

- Doing the right thing.
- Making informed decisions.
- Empowering people.
- Collaboration.
- Innovation.
- Enjoying & finding meaning in CPSA work.

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Relational Dynamics

Council / Staff: Working collaboratively in response to a shared commitment to CPSA's mission.

President / CEO: Facilitation of CEO/Registrar's accountability to Council.

President / Council: Facilitates good governance and optimal mission-focused decision-making.

Public / Physician Members: Leveraging collective skills/perspectives and valuing individual contribution to protect the public.

Governance
Culture

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Meeting Dynamics

CPSA Council Culture

- **Communication:** Listening to understand and find value in another's perspective.
- **Respect:** Everyone has a relevant and needed contribution to Council's effectiveness.
- **Fiduciary:** Focused on the best interests of Albertans and CPSA's mandate to protect them.
- **Objectivity:** Criteria-driven decision-making.
- **Inclusivity:** Tangible evidence of CPSA's commitment to anti-racism & anti-discrimination

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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Governance Review Final Report

May 2022

JOHN T. DINNER
BOARD GOVERNANCE SERVICES

Table of Contents

A. Introduction

This report marks the completion of the College of Physicians and Surgeons of Alberta's (CPSA) Governance Review. The purpose of this final report is to provide the Governance Review Committee and Council with the opportunity to consider the conclusions arrived at thus far and the recommendations intended to act on the conclusions.

This final report elaborates on the issues, conclusions and recommendations contained in the Preliminary Report. This report incorporates input from the Governance Review Committee and the Executive Management Team when the Preliminary Report was considered in early April 2022. This final report also makes more direct links with the findings of the External Review and includes additional conclusions and recommendations that are not as material to the broader Governance Review as are those included in the Preliminary Report.

The Governance Review took place following a significant structural change whereby Council now has an equal number of public and physician members. This change may reflect a much broader trend towards leadership change at regulatory agencies given concerns about the lack of their independence from the profession in a self-regulating model.

The Governance Review did not take place in isolation of other factors. The Health Professions Act, for example, provides guidance on the governance structure for regulators, but it provides only high level direction and is open to interpretation as to how good governance is achieved. There have been multiple other such reviews at other regulatory agencies in various jurisdictions that point to the need for governance change. As such, the CPSA Governance Review is timely in that it equips CPSA to proactively identify and act on opportunities to refine its governance approach with a view to enhancing the trust and confidence of key stakeholders at a time when traditional institutions are not held with the same high regard as in the past.

At a time when there is a trend towards consolidation of regulatory colleges in certain jurisdictions, demonstrating governance leadership that inspires trust and confidence could be an important step in helping to preserve CPSA's self-regulatory role and its lead role in healthcare. Against this backdrop, CPSA determined to take an in-depth look at key governance inputs, specifically:

- Council/Board composition
- Scope and decision making process for Council committees
- Delegation of authority from Council to CEO
- Governance structure of Council, Committees and CEO
- Evaluation of measurable performance outcomes for Council
- Best practice governance process for regulatory bodies

The process used to facilitate this review includes the following steps:

- An external benchmarking review of governance practices and trends at other regulatory bodies across sectors;

- A comprehensive survey which all Councillors, Past Presidents, Observers and Executive Staff completed;
- The identification of key themes and issues resulting from the collective survey input;
- A total of 28 interviews with survey participants to explore the survey results in greater detail and solicit additional insights on topics related and relevant to the Governance Review; and,
- The preparation of a Preliminary Report that was reviewed and into which input was provided by the Governance Review Subcommittee and members of the Executive Management team.

Coming out of the survey phase, the following key issues and themes were identified and provided a starting point for conversations that took place during the interview phase of the Review. These were not intended to limit the scope of those discussions, but to provide some initial focus:

1. Governance Foundations
    1. Understanding and acting on the duty of Council members to act in the public interest of Albertans.
    2. Understanding and application of conflict of interest requirements.
    3. The model of governance the Council employs.
    4. Appropriateness of the terms for Council member elections.
    5. Council's role and accountabilities are well understood.
2. Governance Structural Considerations
    1. The availability among Council members of the skills, expertise and experience necessary to effectively oversee CPSA' regulatory functions and Management.
    2. The lack of clarity with respect to the role and duties of individual Council members.
        i. could be more clarity provided regarding the observers on Council
        ii. a practical challenge of translating the theory of Council members' lack of a representative role and its practical application
3. Governance Oversight and Processes

    a. Lack of active Council engagement and interest in setting clear and effective performance metrics

    b. A lack performance measures for Council and individual Councillors

    c. Lack of rigour / clarity selecting the President, Committee Chairs and Committee members

    d. Equity, diversity and inclusion: commitment is clear, but application is not.
4. Other Issues
    - Council / Committee effectiveness in addressing issues effectively and in a timely manner
    - Appropriate / consistent use of in-camera sessions
    - Boardroom culture matters (relational / power dynamics and navigating conflicts)
    - Meeting and decision-making effectiveness

B. Key Findings and Recommendations

As part of the review of the Governance Preliminary Report by the Governance Review Committee, an informal poll was taken for the purpose of identifying the Report's findings deemed most significant to Council and CPSA. The most important recommendations pertained to the following issues in order of importance:

- Council's culture and relational dynamics.
- Defining the public interest.
- The role and responsibilities of the President (with recognized links to Council culture).
- The proposed nominations process for identifying Council members.

These and other key findings form the basis of this report for Council's consideration and to act on the recommendations it deems relevant.

COUNCIL CULTURE

Council culture is deemed to be the most important issue with which Council members must contend. It is notable the tenor and tone of Council and the relational dynamic between Council members and with Management was not identified as a particularly relevant issue during the first phase of the Governance Review. It was only after taking cues from informal conversations that this issue's importance and relevance to the good functioning of Council became clear. This perhaps gives important insight into the relational dynamic among Council members.

Broadly speaking, little attention has typically been given to the "boardroom culture" in any context. Good governance has been overly focused on structural and process considerations. While these elements are essential to the effectiveness of any oversight group, group dynamics and the culture that results are equally important.

Management has been aware for some time of the need to foster "psychological safety" when Council meets. A significant investment of time and energy has been dedicated to addressing this need. It is now time for Council to take ownership for its own good functioning, building on what has been achieved through Management's efforts by candidly, respectfully and constructively addressing the opportunity for creating an environment where Council can function more as a collaborative and mission-focused decision-making group.

The tenor and tone of meetings appears to be very cordial, but may be masking underlying tension that has gone unaddressed. Some Councillors use the lens of the quality of people around the table, but overlook the dismissiveness that colours some interactions. This tension exists among Council members along a continuum of mere frustration to outright fear as a result of the subtle but real intimidation experienced. The fact there is this stark difference in perspectives speaks to a need to continue to address how Councillors view each other, the role they play and the value they can make to the work of Council. As much as some physicians hold Public member colleagues in high regard, they nevertheless view the contribution they are there to make with indifference. As a

result, some Public Members are inclined to simply defer to physician colleagues rather than engage fully.

Public members need to take accountability for their relative passiveness. While this is a challenge in any group setting, the alternative is untenable. All Council members must believe everyone has a needed, relevant and valuable contribution to the oversight of CPSA's work to protect the public. Despite references that "a Council member is a Council member is a Council member", this is not embraced by all members in practical terms.

The challenge of instilling a more constructive and respectful Council culture is not easy. It is made even more challenging by the regular turnover of Council membership and the need to orient new Councillors to the mandate of CPSA when many onboard with an erroneous understanding of CPSA's purpose.

⇒ **Recommendation #1:** The issues negatively impacting boardroom culture and the interaction between Councillors need to be brought into the open by a skilled facilitator who can expose what is not apparent to some and is debilitating to others. Council might want to consider leveraging the knowledge within its membership of indigenous practices that could inform a more collaborative culture. The goal of this work is not to find fault, but to create awareness and to foster a culture that is always respectful, open to conflicting perspectives, intently focused on the public interest, welcoming of everyone's contribution, and single-minded relative to CPSA's mandate.

a. As much as culture tends to evolve on its own to reflect the collective dynamic that naturally comes into play, there is both the need and opportunity to systematize Council's culture at CPSA by embracing, developing, adopting and committing to:

- A covenant that describes choices Council makes with respect to the culture it chooses for itself;
- Injecting a meaningful way to foster accountability to live up to the promises made in the covenant by routinely assessing the degree to which the Council collective lives up to its explicit intentions and the spirit intended by the covenant;
- Giving priority to the covenant relative to personal opinion and preferences, instead showing deference to the covenant for the benefit of Council effectiveness and Council colleagues;
- Assessing in constructive ways the degree to which each Council member lives up to, contributes to and defers to the covenant and their Council colleagues;
- The President should be given direction and permission to foster the environment and accountability for Council to uphold the covenant which is the responsibility of every individual Council member.

The following attributes might form the cornerstone values for more conducive meeting dynamics:

- **Communication:** Listening to understand and find value in another's perspective.
- **Respect:** Everyone has a relevant and needed contribution to Council's effectiveness.
- **Fiduciary:** Focused on the best interests of Albertans and CPSA's mandate to protect them.
- **Objectivity:** Criteria-driven decision-making.
- **Inclusivity:** Tangible evidence of CPSA's commitment to anti-racism & anti-discrimination

b. There is a need to focus and limit communication between Councilors in between meetings where that communication only serves to foster the creation of factions and the politicization of Council. Discussion on Council business should be limited to Council meetings.

c. The role and responsibilities of Council members should be clarified, along with the implications of the Physician / Public perspective relative to these roles. The goal is to lessen the current differentiation and divide between the two groups, given that each Council member is equally obligated to deliver on the fiduciary duty to act in the best interests of CPSA (as defined by its current mission: To protect the public and ensure trust by guiding the medical profession).

d. The number of Staff routinely attending Council meetings may be negatively impacting the group dynamic and preventing issues from being presented and considered in as forthright and candid a manner as is the ideal. The CEO/Registrar should attend all Council meetings. Other Staff should attend Council meetings only for those agenda items which align with their responsibilities and in support of Council working through those agenda items.

   It is recognized the public nature of meetings means Council is always being scrutinized to varying degrees. This also means staff are entitled to attend Council meetings, but as members of the public and not in their staff capacity. Attendance should explicitly reflect the role in which attendance occurs.

e. Finally, the use of in-camera sessions (without the CEO/Registrar) at the beginning and end of meetings can be leveraged as forums where Council culture can be reinforced and assessed in constructive and meaningful ways. It is in this forum where candid conversation regarding the degree to which Council has lived up to and delivered on its covenant can be addressed explicitly and constructively with a view to inculcating it into everything Council does and as a model for what is expected throughout CPSA.

ACTING IN THE PUBLIC INTEREST

Council culture is influenced, in part, by a conflicted understanding of CPSA's mandate and the challenge posed by framing Council's work in terms of what it means to act in the public interest.

The Health Professions Act requires "regulatory colleges carry out governance responsibilities in a way that protects and serves the public interest. Regulatory colleges do this by developing, maintaining and enforcing professional regulations, standards of practice and codes of ethics".

There is governance risk when Council knowingly or unwittingly extends the boundaries of its mandates to include issues which, while being complementary, are outside CPSA's mission.

References were made to the desire for CPSA to take steps to address homelessness. Such an expansive view of the CPSA's role could set a precedent that would mean any social challenge might be considered to be within CPSA's mandate. Similarly, the well-being of physicians has been identified as being directly linked to the quality of patient care. While this may be true, starting to address the need to protect the public interest by first addressing physician needs serves to confuse physician accountability for the treatment of patients (despite there being a cause and affect dynamic at play). Presumably, such advocacy for physicians belongs squarely within the purview of the Alberta Medical Association (whose mandate is distinct from that of the CPSA in that it exists to "advance patient-centered, quality care by advocating for and supporting physician leadership and wellness"), as opposed to CPSA.

These well-intended perspectives can prove problematic as the focus of Council's work shifts from CPSA's mission to special interests, creating rifts between both Physician and Public members, as well as Staff efforts to mitigate the risk of mission drift.

A cornerstone precept of the work of the CPSA and the focus of Council is to make decisions in the public interest as situations warrant. As such, a key aspect of CPSA's focus is on public safety, in addition to the member registration and continuing competency functions. In terms of public safety, CPSA's work focuses on the small number of physicians whose practice does not conform to the public interest. It may be a helpful reminder the work of CPSA focuses on a small percentage of all registrants (which presently stands at about 12,000). Based on 2020 data obtained from CPSA's website, 680 complaints were made against physicians (less than six percent of registrants). That year, a total of 428 complaints (3.5 percent of all registrants) received follow-up attention either through informal resolution or formal investigation.

There continues to be a need for all Council members to adopt a laser focus on the public interest given how easy it is for Council deliberations to assume the perspective of the physician or issues in the public domain outside the mandate and scope of what CPSA is able to address.

As much as it is easy to use the term "laser focus", it is also easy to overlook that fact that Alberta's diverse public means focus is all the more important given the diversity of CPSA's constituent group. As much as standards are intended to be applied consistently for all Albertans, CPSA's commitment to anti-discrimination and anti-racism is a recognition there is work to be done to attain the level of equality and inclusivity all users of the Province's healthcare system deserve.

⇒ **Recommendation #2:** The concept of the public interest is left open to interpretation, despite what might be thought of as a rather straightforward tenet to guide the work of CPSA and, in turn, Council. As such, it is recommended:

a. Council adopt a governance vision which it aspires to achieve that reflects the collective commitment of Council members to "centre every Council decision on protecting the public".

b. Council, to the best of its ability recognizing there are situations that require some flexibility, define more precisely what is meant when the term "public interest" is used in the context of CPSA's mandate.

c. In preparation for meetings of Council, all pre-read material should include explicit guidance on public interest implications of the matter being addressed. Further, information provided to Council should be clearly aligned with Council's responsibilities (see page 18).

d. The President should assume responsibility for holding Council members accountable for applying the definition determined for public interest and the Council should expect and welcome the President's interventions when the focus of Council's deliberations shifts from this essential focus.

ROLE AND SELECTION OF THE PRESIDENT

Council's culture is also significantly influenced by the style of leadership exercised by CPSA's President. Again, there are diverse views among Council members as to the effectiveness of those who have recently held this position. This is the result of accommodation, a lack of critical thinking and an ill-defined role. The governance risk has been felt more acutely by Staff than it has by Council members.

The role of President also has a significant influence on overall Council effectiveness. As the "board leader goes, so goes the board". This is also true of Council. Ensuring strong Council leadership in the role of the President is an area of significant risk if the role is not occupied by the most capable of individuals, particularly given the inherent challenge the role poses.

In looking at the recent history of CPSA Presidents, there are starkly different views among Council members. There have been Presidents who have been strong leaders and performed the role well. There are others who, while being viewed admirably by some, have posed significant risk to the organization given their leadership style that created significant conflict and a resource and time consuming distraction for others. This disparity of perspectives itself is a risk, particularly if it were to persist (please reference "boardroom culture" in the previous section).

Given the lack of role clarity and the discretion that can be exercised by the incumbent as to the role's responsibilities and authority, a double standard exists. There would be no tolerance for such discretion being exercised by Staff with respect to their own roles. Everyone has a duty to perform

and responsibilities to fulfill that are to align with CPSA and the achievement of its mission as opposed to personal interpretation or preference.

There is also a tendency to view the turnover of Presidential incumbent as providing the opportunity for other Council members to serve in this role should they aspire to do so. Again, there is a double standard here that would not likely be tolerated if staff were to adopt a similar posture. While it is important for leadership opportunities to be available, the best person equipped for and skilled in the role should be performing that role, particularly that of President given the significant impact it has on the functioning of Council and the relationship between Council and Staff.

⇒ **Recommendation #3:** There are six aspects to this recommendation:

a. **How the role is defined:** There is presently too much discretion as to what the role of President requires and how it can be interpreted by the incumbent. The lack of definition can pose significant risk, particularly when the roles of President and CEO/Registrar become confused. As such, the role should assume the traditional role of "board chair" with a focus on the effectiveness of Council, meetings of Council and the accountability relationship between Council and CEO/Registrar.

b. **Role Selection:** The outcome of the President selection process should ensure the Councillor best suited and equipped for the role of President (aka Board Chair) is appointed by and has the support of Council. Whether the individual is a Public Member or a Physician Member should not be a consideration. There may be benefit in the process of identifying the best candidate by requiring all prospective candidates first serve as a Committee Chair.

   The selection process could take on the following steps:

   1. Solicit all Council members who have an interest in serving in the role of President, along with the case to be made for their candidacy.
   2. Form a Selection Committee comprised of those Council members who have not expressed interest in the role of President.
   3. Identify anyone from the Selection Committee membership who the Committee would have hoped an expression would have been made. Invite the individual to do so.
   4. Identify selection criteria reflecting the role description and any other attributes the Selection Committee deems to be relevant and important.
   5. Based on the final group of prospective Presidents, create a short list of prospective candidates (ideally 1 – 3 individuals).
   6. The Selection Committee will meet with each shortlisted candidate to further explore their candidacy.

7. The Selection Committee will objectively assess each candidate based on the criteria identified, scoring each candidate on the degree to which the criteria are met.
8. Identify the finalist and reconfirm their willingness to take on the role.
9. Present the candidate to the full Council for final approval based on the Committee's recommendation.

c. **Term of Service:** The regular turnover of the President poses a risk given the need for consistent and competent Council leadership and the Council's connection to the CEO/Registrar. The length of term should be reviewed and extended to three one-year terms. There should be an assessment process that confirms Council's support for the incumbent to serve each additional year.

d. **Role Independence:** Given the real or perceived divide between Public and Physician Members, the current lack of clarity around the "public interest", and the unique skill requirements of the role, longer term consideration should be given to recruiting someone outside Council who brings these abilities and objectivity.

e. **Role Title:** While the function of President and how it is defined is of critical importance, the title connotes a senior management function and, as such, risks role confusion. Consideration should be given to creating greater alignment with Council's governance and oversight function by renaming the title to Council Chair. This will also create more consistency with Committee leadership where the title of Chair is used.

f. **Related Roles:** With respect to the role of Past President, it is recommended that it be understood that the successor President/Chair be given access to their predecessor as needed and that the predecessor President/Chair make themselves available as need to support their successor. As such, the role of Past President would be formally eliminated in favour of this support on an as needed basis.

COUNCIL COMPOSITION

The current Council complement is a reasonable size (i.e., 15 members) in terms of being a relatively effective decision-making body made up of:

- Physician members, elected by their medical colleagues
- Public members, appointed by Alberta's Lieutenant-Governor in Council
- Medical school Deans from the University of Alberta and the University of Calgary
- Medical students and residents (non-voting observers)

This structure of governance is commonly referred to as a stakeholder model. It reflects a philosophy that those groups with a vested interest in the mission of an organization should have leadership representation on the governing body, in this case, Council. Philosophically, this model seems to be founded on a sound principle. By starting with a defined stakeholder structure however, the current model does not have the flexibility to adapt to the changing environment in which it functions to the same degree as another model might allow. Also, the vested interests of those represented on Council do not necessarily mesh or align with CPSA's mission.

Indeed, there is an inherent subjectivity hardwired into the basic structure of Council that needs to be constantly tempered and to which Council members always need to be mindful of and vigilant about. If independence is core governance principle, this model does not enshrine impartiality in ways that best serve CPSA. Council members need to be discouraged of any supposition their role is to represent the stakeholder group with which they are associated and, instead, be refocused on fulfilling their fiduciary duty to act in the best interests of CPSA (as defined by its mission).

Research suggests optimal engagement in a group setting is achieved when there are five individuals present. This is not workable given current legislation, the need to populate Council committees and other factors that need to influence Council make-up. But where there are opportunities to reduce the size of Council in the future, there will be benefit to doing so. It is not a priority given other issues presently at play.

The challenge is relying on the current election (Physician Members) and appointment processes (Public Members) to deliver on an increasingly complex mix of attributes and needed transparency. Some of the skills and competencies Council needs may not be present or as developed in some candidates when recruited through traditional means.

CPSA does not have the mandate to serve the majority of Albertans, but all Albertans. As such, the case for diversity is not merely a response to societal pressure and practice. CPSA serves an inherently diverse population. To give strategic direction to CPSA and fulfill the mandate defined by the *Health Professions Act*, Council-level decisions need to reflect this diversity. A diverse Council will be equipped to deliver on this challenging mandate.

On the surface, there is significant diversity on Council. However, achieving the goal of diversity is often reliant on the appointment of Public Members (though this is not exclusively the case at the present time). Relying on the current means for populating Council likely means diversity will be simply regarded as a target as opposed to the means of strengthening and refining Council's decision-making capability. There is general agreement among Council members with this perspective.

How diversity is being defined in today's context means the challenge of Council achieving satisfactory diversity will be increasingly difficult to maintain. The current selection processes mean diversity will likely remain a target from a quantitative perspective as opposed to a qualitative imperative that serves to add the capability Council needs to fulfill its mandate.

Current terms for Council members are adequate given most members are able to serve approximately six years. It may be important to keep in mind that independence is deemed to be lost after about ten years of service (On the Board's Agenda, Deloitte, 2016) .

⇒ **Recommendation #4:** The following recommendations address the make-up of Council:

a. A tool, similar but more expansive than what is typically referred to as a "skills matrix", needs to be constructed to reflect the optimal Council construct, including all needed and desired attributes the Council collective will ideally bring to the fulfillment of its oversight responsibilities. These will include specific skills needs, but rather than focusing on representation, will also seek to include and balance such qualities as gender, urban/rural representation, cultural and other social traits, and the like. See sample matrix in Appendix A (see page 23).

   The expansive set of attributes might be regarded as the "bull's eye" reflecting the ideal Council construct and to which Council is committed to achieving. Given the ongoing and regular turnover of Council members, this ideal may only be achieved intermittently. However, a broader, mandatory "target" should accommodate the reality the "bull's eye" will not likely be able to maintained at all times. While this target is not the final goal, it means the achievement of the ideal does not need to be enforced at all times, thereby reducing the potential risk of there being an ongoing and continuous nominations process.

b. In assessing the skills needs of Council (apart from other attributes), candidates should undergo rigorous assessment to ensure Council needs are met. The assessment could focus on the level of competency a candidate brings as defined by three levels of expertise:

   - **Knowledgeable:** Has a basic theoretical understanding attributable to an area of formal study or related work
   - **Expert:** Possesses a professional designation or senior level executive experience.
   - **Thought Leader:** Recognized as an authority in a specialized field and whose expertise is sought.

c. Seeking after a target runs the risk of diversity becoming mere tokenism. With the "target" make-up of Council reflecting a "quantitative" goal for CPSA, an equal commitment should be made to a "qualitative" goal that might reflect the desire to ensure that, beyond a target being met, success is also measured by the diversity of Council leadership and, possibly, other qualitative markers.

d. Council should explore a single methodology for identifying and selecting individuals who, together, will form the dynamic collective of Councillors that are expected, required and deserved for the Council to reflect those it serves and to optimize its

decision-making capability. This process will reflect a nominations model that will utilize outside resources to instill objectivity and guided by a vision for what constitutes the ideal Council make-up (that will include the requisite skills, knowledge and experience; urban and rural perspectives; gender, cultural and social diversity, and other attributes to be identified and confirmed).

The challenge will be to define a nominations process and structure that inspires the confidence and trust of key stakeholders linked directly to the outcome that is achieved. It will also be important that the achievement of the outcome will likely be fluid given how Council membership changes with some regularity, thereby requiring Council to remain aware of the need to sustain an ongoing nominations process that is, as a matter of course, more active at certain times than others.

e. Given the role of Council to oversee the fulfilment of CPSA's mission, there is no real need for Council membership to reflect the range of physician practices and specialties among this core group of members. As such, discussions about representation of physician practices and specialties amongst physician Council members is unnecessary.

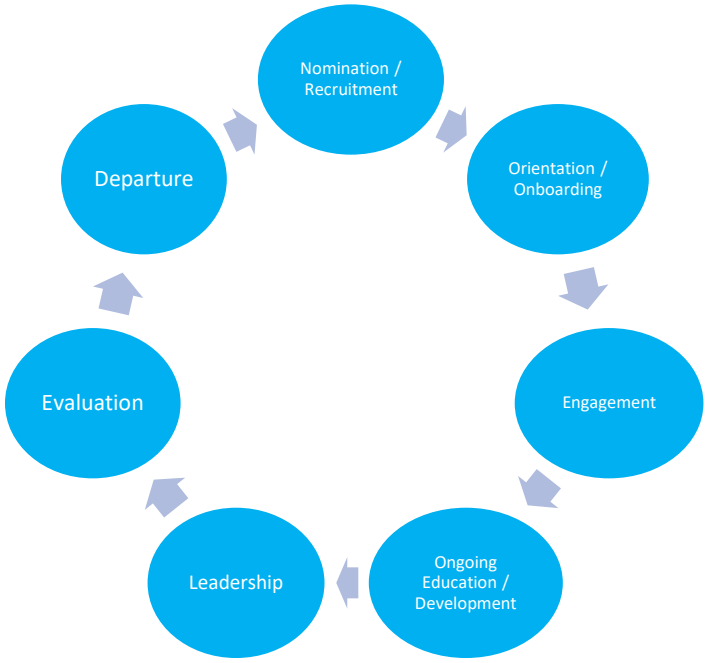
f. Council should consider if there is there a more significant contribution all Council members could make if their role and responsibilities were all equal and the same given the contribution they have and are able to make to mandate achievement and the relative objectivity they can bring to the cause of the public interest (i.e., meaning, the "observer" role would be discarded in favour of having these representatives assume the full fiduciary responsibility of a Council member, along with the right to vote on matters coming to Council).

g. Given the benefit CPSA stands to derive from Council member continuity, consideration should be given to encouraging a target of six years of total service for high performing Council members (both Public and Physician members).

COUNCIL MEMBER LIFE CYCLE

The processes to populate Council, equip Council members, engage them in Council's oversight processes and evaluate their performance are viewed as discreet and somewhat detached processes. These and related processes should form a cycle of process activity knowing there is a well-defined beginning and an eventual conclusion to Councillor's affiliation with CPSA. The diagram below illustrates the various components of the cycle.

These processes should not be done in isolation, but need to be connected to and or aligned with CPSA's reason for existence (its mission) and what it aspires to become in the future (its vision). The goal is for the Council collective (i.e., the group of Councillors) to work collaboratively to give informed oversight today and be positioned to guide CPSA in the future.



Brief descriptions of each of the cyclical components and supporting processes are noted below:

A. **Nomination / Recruitment:** If governance is about the making of board-level decisions to ensure mission achievement, organizational viability and sustainability and fostering stakeholder trust and confidence, then CPSA's needs in this regard should point to a particular set of senior-level skills, knowledge and experience that align with key functional areas and CPSA's strategic priorities. This process has already been addressed in the previous section.

B. **Orientation / Onboarding:** The goal of an effective process of orienting and onboarding of new members to the CPSA Council is to equip newcomers to be able to begin contributing in an as effective and timely manner as possible. A common problem is the lack of board ownership of this process and the lack of Board Chair engagement (with, as noted, Staff assuming the bulk of the responsibility for conducting the orientation).

    ⇒ **Recommendation #5:** Consideration should be given to the rigour and relevance of the Orientation/Onboarding process by splitting the process into two distinct phases:

    1. **Introduction to CPSA:** A focus on mission, operational overview, strategic priorities, Executive Team, the role of Council and individual Council members and related administrative matters; and,
    2. **Follow-up Orientation:** After attending a number of meetings, newer Council members are given the opportunity for a follow-up session at which time they can bring their issues and questions reflecting their experience thus far.

C. **Board Member Engagement:** The overriding goal of Council member recruitment and orientation is to foster a highly engaged Council that contributes in relevant ways in its oversight of how CPSA fulfills its mandate. The key related issues which also need to be considered are:

- The specific roles Council members are to fulfill reflect optimal engagement, the contribution they are to make and the obligation they are to fulfill;
- The kind of boardroom culture Council members are expected to contribute to and engage in to ensure the Council collective fulfills its mandate in a manner deemed aligned with CPSA's core values of:
    - Doing the right thing.
    - Making informed decisions.
    - Empowering people.
    - Collaboration.
    - Innovation.
    - Enjoying & finding meaning in CPSA work.

⇒ **Recommendation #6:** Enhanced Council engagement can be achieved by:

1. Being more explicit and pointed in terms of the expectations of individual Council members and the contribution they are to make, beyond the threshold obligation to prepare for, attend and participate at meetings.
2. The need for a greater contribution that aligns with the chosen mode of governance by intentionally structuring both Council and committee meetings to mine the skills, knowledge and experience every Council member brings to the table. This could take the form of posing explicit questions or requests of Council members in the pre-read materials for every meeting, the use of breakout groups during meetings to tackle specific questions, challenges or opportunities, or simply seeking guidance on those issues for which Staff have yet to land on explicit answers and a clear direction forward.
3. Based on experience during the pandemic and the recent shift back to in-person meetings, CPSA will want to make an explicit and thoughtful choice about the degree to which Directors have a choice as to their attendance mode given technical challenges and implications for Council engagement and contribution.
4. Finally, ensure there is understanding of the explicit relationship between CPSA's core values and how they are to show up in the way CPSA is governed.

D. **Ongoing Education / Development:** As with every other organization, CPSA's mission and vision are playing out in a highly dynamic environment characterized by challenges defined by incessant change. To remain equipped over time to give effective oversight and informed leadership, Council needs to build on the initial orientation by investing in their ongoing development.

⇒ **Recommendation #7:** Council should act on an appetite and need for:

- A greater level of Board-ownership of and input into the Board education process;
- A broader focus that includes emerging issues within CPSA and the broader environment in which CPSA functions, along with matters pertaining to good governance.

E. **Leadership:** While all Council members are leaders in their own right, some will be called on to assume enhanced leadership roles as either Council or Committee Chairs. The process for appointing Chairs of Council and Committees needs to be outcomes focused, transparent and rigorous in order to ensure credibility and support for the decisions made.

Presently, selecting the Council Chair and committee assignments is an opaque process. The lack of terms is another area that should be addressed. There is often a propensity to try to match roles with the interests of individual Council members. While this should be considered part of the process, deferring to preferences does not always end up in equipping the roles with the needed skills, knowledge and experience.

⇒ **Recommendation #8:** A process based on competency and capability should be developed and implemented that identifies the Council members best equipped to serve as Council Chair and Committee Chairs and confirms them in these roles (see page 10).

F. **Evaluation:** In light of the potential change likely to occur coming out of this first governance review, best practice suggests regular assessments of the Board's performance (i.e., annually or biannually), as well as individual Councilor performance.

⇒ **Recommendation #9:** Some Councils in the public sector are obligated to undertake and report on regular Council member assessments. As a hallmark of leadership, Council members should model what is expected of Staff. Further, regular and explicit check-ins at the end of each meeting during the in-camera portion of the agenda can help ensure steps taken to act on recommendations in this report have the desired impact. This can be done effectively and efficiently by committing a relatively small amount of time to asking the following questions:

1. What went well during the meeting just concluded that should be preserved?
2. If the meeting could be repeated, what would the Board or Management ideally do differently and what is needed to facilitate that change?

G. Departure: While the process for recruitment and onboarding new Council members is often well defined and understood, the process for leaving Council often lacks clarity beyond the completion of terms or the process of reappointments by the Lieutenant Governor in Council. Arbitrary terms of service can result in the best Council members being forced to leave their roles and less effective contributors remaining longer than they should.

⇒ **Recommendation #10:** Council should consider adopting a posture whereby individual Council members are given the opportunity to assess their contribution as compared with Council's needs and voluntarily resign their role when they do not or cannot meet these objective requirements. These requirements would relate to the obligations Council members are required to assume:

- Meeting preparation
- Meeting engagement
- Decision contributor
- Decision supporter
- Positive contributor to Council culture
- Modelling CPSA values

COUNCIL'S RESPONSIBILITIES AND DECISION-MAKING PROCESS

Council is intended to adopt a governing, oversight posture. Presently, there is a lack of consistent understanding as to the mode of governance to which Councillors are required to adhere. In turn, this likely influences how Council views its "job description".

A governing board typically focuses on the following areas:

1. Ensuring a sufficiently relevant and rigorous process for setting strategy
2. Ensuring appropriate leadership needs at CPSA are met (i.e., CEO/Registrar)
3. Identifying and monitoring key risks
4. Performance oversight relative to mission / mandate achievement
    a. Achieving results relative to strategic priorities
    b. Operational effectiveness and relevance
    c. Leadership
5. Financial and other resource stewardship oversight
6. Ensuring relevant and effective stakeholder engagement
7. Good governance and board effectiveness

The new strategic plan should play an integral role in focusing the work of Council on CPSA's strategic priorities (with a future focused posture) and results achieved (a less intensive look back on operational effectiveness with key performance metrics aligned with each).

A question was posed during the consideration of the Preliminary Report as to where CPSA's commitment to "innovation" fits with Council's responsibilities. It seemed to be generally agreed that innovation is the way in which responsibilities are fulfilled, as opposed to being a distinct responsibility unto itself.

Finally, the objective way to identify the appropriate governance mode or model for Council is to begin with key principles of governance oversight. These and the process supporting their identification and application are addressed in the following recommendation.

⇒ **Recommendation #11:** In order to clarify the governance mode of Council oversight, it is recommended a principles based approach be applied to address issues relative to CPSA's governance structure and processes:

a. Confirm the governance principles relevant and applicable to CPSA:

   i. **Leadership:** To proactively and objectively deliver on the mandate to protect the public and ensure trust by guiding the medical profession.

   ii. **Transparency:** To proactively disclose the information Albertans deserve to have trust and confidence in the medical profession.

   iii. **Independence:** To objectively protect Albertans, guarding against self-interest or outside influence.

   iv. **Accountability:** To all Albertans for CPSA's mission achievement.

b. Define the approved principles in the CPSA context;

c. Identify to whom there is an obligation to deliver on these principles (i.e., which stakeholder group);

d. Determine how the CPSA governance principles will be met (i.e., what structures, processes, etc. are required to deliver on the governance commitments as defined by the relevant principles);

e. Adopt the result of the principles-based review as the governance mode of oversight customized for CPSA and its Council.

f. Confirm the current Council role and responsibilities align with the duties outlined on page 13, support conclusions derived from the principles-based assessment and make any needed adjustments; and,

g. Ensure that, over the course of a calendar year, each of Council's responsibilities are addressed fully by being the focus of a Council meeting agenda(s) as deemed necessary or appropriate.

In terms of Council's decision-making process, the following outline can be used to both focus Council on a disciplined approach to making decisions aligned with CPSA's mission, as well as to provide a framework for organizing the information that is prepared for Council prior to its meetings:

- **Step 1:** Identify the problem/situation.
- **Step 2:** Identify the criterion to be met by the decision made to mitigate associated risks and ensure CPSA mission alignment.
- **Step 3:** Assign appropriate weighting to criteria to reflect CPSA's mandate and values.
- **Step 4:** Identify and list alternative choices or options available to solve the problem/situation.
- **Step 5:** Choose the option that is mission oriented and best addresses the issue / problem in support of CPSA's mandate and the public interest.

COUNCIL COMMITTEE STRUCTURE

In an ideal world, a committee structure would not be needed at CPSA or any other organization for that matter. Councils and boards would have the time and be equipped to deliver on all of their accountabilities without a need for or reliance on committees.

The complexity of CPSA and the implications on the work of Council necessitates a committee structure in order for Council's oversight obligations to be fulfilled. In doing so, it is important that some key committee principles are incorporated in the way committees function at CPSA:

- Committees exist because Council does not have the time to give direct oversight.
- Committees serve to spread out the work of Council.
- Committees do Council work, reflecting Council's oversight/governance role.
- Committees are accountable to Council for reporting on activities.
- Committees make recommendations for Council consideration and approval.
- Committee structure is typically reflective of or aligned with Council responsibilities.
- Committees do not tread into responsibilities within Staff's purview.
- Committees are supported by Staff; Staff are not accountable to Committees they support.
- Committee membership is limited to Council members.
- Committee membership is driven by skills and other attributes aligned with the Committee's mandate.
- The optimal Committee membership compliment is 3 – 5 individuals.
- The Committee Chair role should be consistent with that of the President's (Chair's).

The oversight mode of Council begs the question about the role and responsibilities of Council relative to the current committee structure. Presently, there are four "governance" focused committees (Executive, Finance & Audit, Governance, Legislation and Bylaws). The remaining 12 committees are largely advisory (versus governance) in nature, with a subset assuming mandates with an operational focus (i.e., frontline work delivering on CPSA's mandate and aligning with the functional areas within CPSA that are led by members of the CPSA Executive Team). Please refer to Appendix #2 on page 25.

⇒ **Recommendation #12:** The following recommendations relate to the current committee structure at CPSA. Council should:

a. Consider the elimination of the Executive Committee, to be replaced by processes that better fulfill this Committee's mandate;

b. Combine the Governance and Legislation and Bylaws committees given the overlap and the opportunity for streamlining some of Council's oversight function;

c. In light of Council's responsibilities for people and culture oversight at CPSA, a new standing committee called the Leadership Resources Committee should be struck with a mandate to give oversight to human resource matters, particularly CEO & Registrar oversight and succession.

d. To ensure consistent functioning of committees, it is recommended all Chairs be provided with orientation and needed training, the roles be clarified and there be consistent reporting to Council by each committee of Council.

DELEGATION OF AUTHORITY FROM COUNCIL TO CEO

It was notable the historic role of regulators across sectors and jurisdictions were described as that of "oligarch" (i.e., the rule of the few). The leadership style by the CEO/Registrar is markedly different than this legacy model. There is strong, two-way respect for the role of the Registrar and Council. The current relationship provides a strong foundation on which to clarify roles and responsibilities as needed.

A key area of conflict in the recent past has been between the roles of President and CEO/Registrar. For example, who was the public face of CPSA was a point of contention.

⇒ **Recommendation #13:** The following are high level recommendations to help clarify delegation of authority from Council to the CEO/Registrar:

a. The delegation of authority should be explicit reflecting a formal resolution approved by Council and reflecting the current role description of the CEO/Registrar;

b. The President is the public face of CPSA only on governance-related matters (often with the active support of Staff). The CEO/Registrar is accountable for representing CPSA on all other matters;

c. Based on the outline of Council responsibilities (see page 5), the CEO/Registrar is accountable for the implementation/execution of Council directives (e.g., strategy, policy, etc.) and is evaluated on the results achieved. Council only engages on oversight issues for which it assumes full accountability. Council monitors results achieved by the CEO/Registrar, provides guidance when invited to do so, but does not interject itself into the work of the CEO/Registrar (which poses the risk of unclear accountability).

d. The CEO/Registrar takes direction from Council only (not committees or the President).

e. The working relationship between Council and Staff deserves attention. For some, it appears Council is still guided too much by Staff. Others recognize the interdependence and measured reliance that must exist.

COUNCIL OUTCOMES PERFORMANCE EVALUATION

CPSA has had challenges determining how to measure its success in terms of the positive impact on patient safety and other relevant metrics. Ideally, CPSA's new strategy will provide a breakthrough in this regard. Measuring governance outcomes (i.e., the contribution the Council makes to the success of CPSA in delivering on its mandate and the value Council brings and adds to the organization) can be equally elusive. This is largely the result of focusing on governance inputs (e.g., best practices, guidelines, legislation).

⇒ **Recommendation #14:** Going forward, Council should measure its performance and contribution largely through the lens of governance outcomes and the unique contribution it makes to these:

- Achievement of CPSA's mission to protect the public and ensure trust by guiding the medical profession.
- Stewarding CPSA's resources to ensure its viability and sustainability.
- Fostering Albertan's trust and confidence in the Province's medical profession.

The performance of individual Councillors, as defined by their contribution to the work of Council as governors, should be considered given there is an inherent lack of meaningful accountability in this area across most boards and councils. The primary goal of Councillor performance assessments is to help Councillors develop their capabilities as overseers by identifying areas for improvement/refinement. Over time, if performance does not meet the requisite standards, the results would feed into the Council nomination process.

C. Concluding Thought

This report includes many recommendations that, together, will enhance the way CPSA is governed. By focusing on Council's culture, roles and processes ,CPSA will create a starting point for working through the other recommendations that follow. These governance outcomes can provide an important platform for addressing the board structures, processes and relationships required to deliver on the objectives of this Governance Review.

D. Appendix

APPENDIX A: SAMPLE BOARD MATRIX

Sourced from U.S.-based www.successfulnonprofits.com

BOARD MEMBER	BOARD MEMBER NAME	BOARD MEMBER NAME	BOARD MEMBER NAME	COUNT
Expertise				
Finance and accounting				0
Governance				0
Human resources				0
Information technology				0
Law				0
Marketing				0
Media relations				0
Meeting procedures				0
Program evaluation				0
Program expertise				0
Strategic planning				0
Connections				
Area corporations				0
Communities of faith				0
Cultural organizations				0
Local government				0
Media outlets				0
Organized labor				0
Trans/GNB/GNC Communities				0
African American communities				0
Asian communities				0
Latino communities				0
Older adults				0
Young adults				0
Rural/Urban				0
Total:	**0**	**0**	**0**	**0**

BOARD MEMBER	BOARD MEMBER NAME	BOARD MEMBER NAME	BOARD MEMBER NAME	COUNT
Race / Ethnicity				
African American				
Asian				
Caucasian				
Latino/a				
Other:				
Gender Identity				
Cis Female				
Cis Male				
Trans Female				
Trans Male				
Gender Non-Binary/GNC				
Other:				
Age				
Under 40				
40 - 54				
55 - 65				
65+				
Sexual Orientation				
Bisexual				
Gay				
Lesbian				
Straight				
Other:				

APPENDIX B: COUNCIL COMMITTEE STRUCTURE

1. Legislatively Required

- Complaint Review Committees
- Hearing Tribunals

2. "Council Standing Committees" or "Legislatively Enabled"

- Medical Facility Advisory Committee
    - Accreditation Sub Committees:
        - Advisory Committee on Diagnostic Laboratory Medicine
        - Advisory Committee on Diagnostic Imaging
        - Advisory Committee on Non-Hospital Surgical Committees
        - Advisory Committee on Clinical Neurodiagnostics
        - Advisory Committee on Sleep Medicine Diagnostics
        - Advisory Committee on Pulmonary Function Diagnostics
- Competence Committee
    - Subcommittees:
        - Assessment Program Advisory Committee
        - Infection Prevention and Control Advisory Committee
        - Physicians Health Monitoring Committee
- Finance and Audit Committee
- Governance Committee
- Leadership Resources Committee

3. Council Committees with Priority Focus

- Anti-racism / Anti-discrimination Committee
- Indigenous Health Advisory Circle
- Governance Review Committee
- History Project Committee
- Building Fund Working Group

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COLLEGE OF PHYSICIANS
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Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26 & 27, 2022	Andrea Garland / Shawn Knight		
Agenda Item Title:	Live tweeting CPSA Council meetings		
Action Requested:	☒ The following items require approval by Council See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☐ The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	That Council approves a trial by the Communication Department to live tweet Council meetings in 2022 with an evaluation and review at the end of 2022.		
Background:	In late 2019, a decision was made to trial live tweeting Council meetings. However, as the pandemic started, a decision was made to pause the initiative due to meetings moving to a virtual platform for an unknown amount of time. Live tweeting CPSA Council meetings presents the opportunity to share CPSA Council discussions/updates (public session only) in a succinct and timely manner with those who may not have the opportunity to join in person. While promoting transparency, live tweeting provides Albertans with access to and knowledge around what CPSA Council is responsible for, and the role CPSA plays in Alberta's healthcare system. While minor, there are a few risks for consideration. This could bring more media attention as media often use Twitter as a source for news or story leads. It could also bring more attention to those on Council with a strong social media presence, and create an artificial pressure on Councillors to engage with and respond to a potential influx of questions or comments while the Council meeting is in session. Communications will engage the College of Physicians and Surgeons of Ontario, who have been live tweeting their Council meetings, to understand their process and understand the benefits and challenges with live tweeting Council meetings.		

Next Steps:	A CPSA communications member would review the agenda in advance and make a plan to tweet out significant motions, presentations and the start/end of the meetings. They will then craft additional content throughout the day depending on discussions or changes made to the agenda. The tweets would be approved by the Communications Director who would work with the Council Executive and CPSA CEO/Registrar if an online question needed to be answered beyond Communications scope of understanding/authority. We would recommend that Councillors who wish to engage with the content hold off until breaks or times outside of the active meeting sessions.
List of Attachments:	
N/A	

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26, 2022	Dr. Ehi Iyayi, Committee Chair and Dr. Daisy Fung, Committee Vice Chair		
Agenda Item Title:	Anti Racism Anti Discrimination Action Advisory Committee Meeting Summary Report		
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	☐ The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	☒ The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	
Background:	The Anti Racism Anti Discrimination Action Advisory Committee met on May 4, 2022. The following matters were discussed: 1. Flowing from the territorial land acknowledgement, the Committee was encouraged to take away a personal action item of viewing the National Film Board film: "We Can't Make the Same Mistake Twice". 2. The CPSA Team provided broad feedback that was received after CPSA issued the Position Statement on Racism and Discrimination. The Committee will receive more detailed feedback at its next meeting. 3. There was an update from Dr. McLeod, CPSA CEO and Registrar; in consultation with an expert, CPSA is conducting and internal review with respect to the complaint of unprofessional conduct against Dr. W. Wessels and the subsequent hearing and sanction. The review is nearing completion. 4. The Committee heard a presentation from the University of Calgary co-authors of the report: Alberta Physician Diversity Census, which was posted on CPSA's website in March 2022. There was discussion about the value of data in combatting racism and discrimination. Dr. McLeod asked the CPSA team to explore the possibility of adding physician characteristics/demographics related to gender and race

	identification to the "Renewal Information Form" (RIF) to enhance CPSA's dataset and assist in addressing racism and discrimination in health care. 5. The Committee heard a presentation from the AHS Wellness, Diversity & Development unit, and supported moving forward with the development of an education project to increase literacy of Alberta physician leaders on racism and discrimination, and help prepare physician leaders to manage complaints and concerns. This will be a collaborative project of CPSA, AHS and AMA. 6. The Committee supported that the Governance Committee recommend the appointment of 2 rotating members from the U of C Black Medical Students' Association to fill one of the Committee's vacant Member-at-Large positions. 7. The Committee noted that, as per the TOR, there is also a vacancy for a member from the Indigenous Health Advisory Circle to be a Member-at-Large with the ARADAAC. 8. The Committee had an orientation to the process of developing Standards of Practice, and reviewed CPSBC's *Practice Standard: Indigenous Cultural Safety, Cultural Humility and Anti-racism*. The Committee agreed to a harmonized Standard that addresses racism and discrimination broadly, and also proposed working in collaboration with the CPSA Indigenous Health Advisory Circle. The CPSA Team will explore the development of a standard, including outlining the goals to be achieved with a standard. The Team will come back to the Committee with an assessment of best practices and tools for achieving the goals.
Next Steps:	
List of Attachments:	

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Submission to:	**Council**

Meeting Date:	Submitted by:		
May 26 – 27 2022	Dr. Michael Caffaro, Assistant Registrar (Registration)		
Agenda Item Title:	Registration Team – update new registration category		
Action Requested:	☐ The following items require approval by Choose an item. See below for details of the recommendation.	X The following item(s) are of particular interest to Council Feedback is sought on this matter.	☐ The attached is for information only. No action is required.

AGENDA ITEM DETAILS	
Recommendation (if applicable) :	CPSA staff are presenting draft policy criteria to allow that a "Non-Clinical" Registration be available to certain regulated members.
Background:	Council is being presented with draft policy options to guide the creation and maintenance of General Register (Non-Clinical) and Provisional Register (Non-Clinical) registration categories. At the March 2022 meeting, Council was provided examples of regulated member practice/situations that may warrant consideration of a non-clinical registration. It may be more transparent to identify within policy those situations where an individual regulated members may not be allowed to transfer to such a register rather than try identify all situations where an individual might qualify for such a register.
Next Steps:	CPSA Council to provide input to draft policy to allow for presentation of final drafts at September 2022 Meeting and Council approval

List of Attachments:

1. General Register (Non-Clinical) Policy (draft)
2. Provisional Register (Non-Clinical) Policy (draft)

GENERAL REGISTER (NON-CLINICAL) POLICY

Purpose - to ensure all physicians, surgeons, osteopaths and physician assistants participating solely in nonclinical practice maintain an active practice permit which clearly delineates the nature of their practice.

Scope - This policy applies to physicians, surgeons, osteopaths and physician assistants who:

(1) Have been registered on the appropriate General Register to practice independently (in the case of physician assistants, under the direction of a physician, surgeon or osteopath).
(2) Are seeking to limit practice to the performance of duties that do not involve any clinical care of patients.
(3) Are not subject to an order of suspension as a result of a Hearing Decision, withdrawal from practice undertaken under Part 4 of the *Health Professions Act* (HPA) or subject to suspension under s. 118 of the HPA.

Notes - The 'practice' of medicine will be limited to non-clinical practice.

Policy Statement

This register is restricted to those physicians, surgeons, osteopaths and physician assistants who are currently on or have retired from the General Register of CPSA, are in good standing with CPSA (at the time of most recent registration), fulfill all other requirements of registration inclusive of (but not limited to) medical liability insurance, annual renewal of practice permit and compliance with Continuous Professional Development Rules for Member Participation. These members may not write prescriptions, order diagnostic tests, or provide medical services or advice directly or indirectly to patients, and are not the most responsible physician in the care of patients.

Members on this register shall not bill the Schedule of Medical Benefits for insured services nor shall they bill a patient or any other third-party for direct patient care.

Regulated members who wish to transfer back to the General Register must first make written application to the Assistant Register (Registration) for a determination of the assessment required prior to a return to clinical/patient care practice.

SUPPORTING DOCUMENTS

General Register Policy

Provisional Register Policy

Physician Assistant General Register Policy

Physician Assistant Provisional Register Policy

RESPONSIBILITIES

The Registrar is given the authority to determine application for registration under sections 28 to 30 of the HPA. Section 20 of the HPA allows the registrar to delegate functions and duties to another person. Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar

responsible for registration. Section 33 (1)(a) allows CPSA Council to establish categories for the registration of regulated members of the profession.

APPROVAL

Council governing the College of Physicians & Surgeons of Alberta.

AUTHORITY DOCUMENTS

Health Professions Act

Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation

CPSA Bylaws

PROVISIONAL REGISTER (NON-CLINICAL) POLICY

Purpose - to ensure all physicians, surgeons, osteopaths and physician assistants participating solely in nonclinical practice maintain an active practice permit which clearly delineates the nature of their practice.

Scope - This policy applies to physicians, surgeons, osteopaths and physician assistants who:

(1) Have been registered on the appropriate Provisional Register to practice independently (in the case of physician assistants, under the direction of a physician, surgeon or osteopath).
(2) Are seeking to limit practice to the performance of duties that do not involve any clinical care of patients.
(3) Are not subject to an order of suspension as a result of a Hearing Decision, withdrawal from practice undertaken under Part 4 of the *Health Professions Act* (HPA) or subject to suspension under s. 118 of the HPA.

Notes - The 'practice' of medicine will be limited to non-clinical practice.

Policy Statement

This register is restricted to those physicians, surgeons, osteopaths and physician assistants who are currently on the Provisional Register of CPSA, are in good standing with CPSA (at the time of most recent registration), fulfill all other requirements of registration inclusive of (but not limited to) medical liability insurance, annual renewal of practice permit and compliance with Continuous Professional Development Rules for Member Participation. These members may not write prescriptions, order diagnostic tests, or provide medical services or advice directly or indirectly to patients, and are not the most responsible physician in the care of patients.

Members on this register shall not bill the Schedule of Medical Benefits for insured services nor shall they bill a patient or any other third-party for direct patient care.

Approval from the sponsor of record is required to transfer to and from this register.

Regulated members who wish to transfer back to the Provisional Register must first make written application to the Assistant Register (Registration) for a determination of the assessment required prior to a return to clinical/patient care practice.

SUPPORTING DOCUMENTS

General Register Policy

Provisional Register Policy

Physician Assistant General Register Policy

Physician Assistant Provisional Register Policy

RESPONSIBILITIES

The Registrar is given the authority to determine application for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the registrar to delegate functions and

duties to another person. Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Assistant Registrar responsible for registration. Section 33 (1)(a) allows CPSA Council to establish categories for the registration of regulated members of the profession.

APPROVAL

Council governing the College of Physicians & Surgeons of Alberta.

AUTHORITY DOCUMENTS

Health Professions Act

Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation

CPSA Bylaws