

### Attendees:

#### Council Members - Voting:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley
- Nicole Cardinal
- Patrick Etokudo

#### Council Members – Non-Voting:

- Todd Anderson
- Brenda Hemmelgarn

- Christopher Fung
- Levonne Louie
- Linda McFarlane
- John O'Connor (attended virtually)
- Laurie Steinbach
- Ian Walker
- Tyler White (attended virtually)

- Chaim Katz (attended virtually)
- Michael Taylor

#### 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
- Charl Els, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Dawn Hartfield, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Tracy Simons, Chief Financial Officer
- Pam Gill, Hearings Director and In-house Legal Counsel

#### Guests (Internal):

- Ms. Keely McBride, Program Manager, Policy
- Mr. Jason MacDonald, Program Manager, Infection Protection and Control
- Dr. Monica Wickland-Weller, Senior Medical Advisor, Analytics, Innovation & Research (attended virtually)

#### Guests (External):

- Dr. Ehi Iyayi, Chair, Anti-Racism Anti-Discrimination Action Advisory Committee (attended virtually)
- Mr. Steven Bellemare, Director, Strategic Engagement and Advocacy, CMPA (attended virtually)

### Regrets:

#### Resources for Council Members:

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

**Thursday, September 8, 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, May 26 and 27, 2022

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

- Feedback from May 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.***

***To open the September 8, 2022 Council meeting, Richard Buckley, elected member of Council, provided the land acknowledgement and shared the story of his settler heritage. He spoke of his hopes for the future and his personal commitment to Truth and Reconciliation.***

### **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.*

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- [Minutes, May 26 and 27, 2022](#) and [decision items from May 26 and 27, 2022 in-camera session](#), and minutes from [Special Meeting on July 19, 2022](#) (**for approval**).
  - [Council Meeting Schedule 2024](#) (**for approval**)
  - [Competence Committee Meeting Summary Report](#) (**for information**)
  - [Finance and Audit Committee Meeting Summary Report](#) (**for information**)
  - [Governance Committee Report](#) (**for information**)
  - [Medical Facility Accreditation Committee Meeting Summary Report](#) (**for information**)
  - [Registration Policy updates](#) (**for approval**)
    - Provisional Register Policy – Conditional Practice – General Practice/Family Medicine
    - Provisional Register Policy – Conditional Practice – Specialty Discipline Practice
  - [CPSA Strategic Plan](#) – print version (**for information**)

***Following clarification around the Competence Committee report, Council approved or received as information the items noted above.***

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### 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.***

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##### 3.1.1 [Council Retreat for 2023](#)

***Council discussed and approved the proposed themes and goals for its annual retreat which will be held at the River Cree Casino in January.***

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##### 3.1.2 [Registrar's Performance Evaluation – Process for 2022](#)

***Council approved the 2022 Registrar and CEO's Performance Management process which will be led by Council president with the support of Council's Executive Committee.***

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3.2 [Registrar's Report](#)

***Council received the Registrar's Report as information and had a fulsome discussion regarding the work of Project Bluebird to transform and streamline the Complaints process. Additional discussions revolved around concerns related to physician burnout, physician/care shortages and the ongoing work of medical regulation at both the national and international level.***

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4.0 **Registration**

4.1 [New Registration Category](#)

***Council approved the final policy criteria that creates the registration category of "Non-Clinical" for certain regulated members. The fee structure for this category was also approved as part of the budget approvals. (see item 11.1). The new registration category is expected to be available to members as part of the renewal process for 2023.***

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5.0 [Physician Resource Concerns in Alberta](#)

***As requested by Council, Dr. McLeod led a discussion addressing concerns regarding physician resource planning. He presented some possible process changes for Council to consider that could potentially shorten CPSA's registration processes, ensuring qualified and competent international medical graduates are able to deliver care that Albertans deserve in their AHS-sponsored community.***

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6.0 **Committee Reports**

6.1 [Anti-Racism Anti-Discrimination Action Advisory Committee \(ARADAAAC\) Report](#)

***Dr. Ehi Iyayi, Chair of the Committee, reported to Council regarding the work of the Anti-Racism Anti-Discrimination Action Advisory Committee to date and shared the Committee's Action Plan.***

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6.2 [Indigenous Health Advisory Circle \(The Circle\) Report](#)

***Tyler White, Co-Chair of the Indigenous Health Advisory Circle provided an update on behalf of the members of the Circle.***

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6.3 [Building Fund Initiatives Working Group Report](#)

***Linda McFarlane, Chair of the Building Fund Initiatives Working Group, presented the Working Group's recommendation to establish a grant program with the \$5 million building fund. Based on the information shared by Ms. McFarlane and included in the dossier materials, Council approved the following matters:***

- 1. The principles that were developed to guide this grant program.***
- 2. The evaluation criteria and the weighting of those criteria relative to evaluating grant program submissions.***
- 3. The name of the grant as the CPSA Healthier Albertan Grant***
- 4. Amendments to the Terms of Reference for the Building Fund Initiatives Working Group***

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**7.0 Standards**

7.1 Consultation 022 – approval of a standard and rescission of a standard

***Council approved the updated version of the Infection Protection and Control Standard (formerly Reprocessing of Medical Equipment) for implementation on November 1, 2022***

***Council approved the rescission of the Medical Services Requiring Accreditation Standard effective October 1, 2022.***

***The above changes will be reflected on the [Standards of Practice section](#) of the CPSA Website as per the timelines noted above.***

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7.2 Consultation 023 – approval of the standard

***Council approved the updated version of the newly developed Continuing Competence Standard which incorporates the feedback from the consultation process. This standard will be implemented once the corresponding provisions within Bill 46, The Health Statutes Amendment Act, 2020, come into force and will be posted on the [Standards of Practice section](#) of the CPSA Website at that time.***

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7.3 Consultation 024 –approval for Consultation

***Council approved the draft Standard of Practice for Restricted Activities for [consultation](#). The consultation will be open from September 19, 2022 to October 19, 2022.***

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7.4 Accreditation Standard Approval

***Council approved the Accreditation Standards for Non-Hospital Surgical Facility Accreditation: Off-label Use of Sedatives & Anesthetics.***

***Accreditation standards are provided to regulated members with accredited facilities. Questions can be directed to the [Accreditation team](#).***

**8.0 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.*

**Friday, September 9, 2022**

**9.0 Call to Order for In-Camera Session (Council and Executive Team 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.*

**9.1 Government Relations**

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

**10.1 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.***

***Christopher Fung, elected member of Council, provided the territorial land acknowledgement for the second day of the Council meeting. He reflected on his hopes that territorial land acknowledgements will serve to encourage everyone to weave respect and understanding of Indigenous people into the fabric of society.***

**11.0 Committee Reports (Continued)**

**11.1 [Finance and Audit Committee](#)**

***Council approved:***

***1) The proposed 2023 Business Plan.***

***2) 2023 CPSA budget with a physician annual fee of \$2,200.***

***3) Program fee changes contained in Appendix D, Fee Changes for 2023***

- Therapeutic Decision Making (TDM) exam admin and recheck fee***
- Practice readiness fees***
- Non-Clinical Register annual fees***
- Physician health monitoring fees***
- Radiation equipment annual and registration fees***

***4) Honorarium rates for 2023.***

### 11.2 [Governance Review Committee](#)

- Presentation of Final Report

***Council approved:***

- 1) the Governance Review Implementation Plan with the exception of the nominations model/skills matrix which will be brought back to a future meeting;**
- 2) the development of a Communications Strategy to inform and educate regulated members and the public about the governance changes resulting from the Governance Review; and**
- 3) the assignment of overall responsibility for the Governance Review Implementation Plan to CPSA's Executive Committee.**

### 12.0 Council Education

- Discussion questions: Dr. Death Podcast

***Prior to the Council meeting, all Council members listened to [Season One of the Podcast called Dr. Death](#). Through facilitated discussions, Council members reflected on the following questions:***

- 1. Could something similar to what was described in the Dr. Death podcast occur in Alberta?***
- 2. What are systemic barriers in Alberta that could contribute to a similar occurrence in Alberta?***
- 3. What tools are available to help prevent something like this from happening in Alberta?***

### 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.*

With respect to the Executive Elections, the process takes place during the in-camera session, but the results are shared publicly at the conclusion of the process.

#### 13.1 Executive Elections

- **President**
- **Vice-President**
- **Member-at-large**

***Council accepted the results of the Executive Election nomination and voting process and confirmed:***

***Stacey Strilchuk as Council President for 2023***

***Jaelene Mannerfeldt as Council Vice President for 2023***

***Nicole Cardinal as the Executive Committee's Member-at-large for 2023***

### 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:

- Dean Blue, Director, Accreditation
- Nicole Bertram
- Sondra Mackenzie-Plovie
- Andrea Garland

#### Regrets:

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

### Thursday, May 26, 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 0836.

As updates regarding Council membership, Ms. Strilchuk announced that, upon his appointment as chief for the Alberta Human Rights Commission and Tribunals, Collin May resigned as a public member on CPSA Council effective May 20. While his time with CPSA was limited, his sage advice benefited everyone on Council and Ms. Strilchuk extended her thanks to him for his service.

Ms. Strilchuk recognized that the May Council meeting is the last meeting that Dr. Laura Morrison, the CPSA Council observer from the Professional Association of Resident Physicians of Alberta, will be attending as her one-year term is coming to an end. Dr. Daisy Fung offered appreciation on behalf of all Council for Dr. Morrison's commitment to Council, noting in particular the need to hear the voice of future physicians, particularly as related to the challenges created by the COVID pandemic.

Dr. Scott McLeod was called upon to honour Dr. Jon Meddings, Dean, Cumming School of Medicine by presenting him with the Karen A. Mazurek Award for Professionalism. Dr. Meddings, who will be retiring at the end of June, was nominated by his colleagues for this recognition. In addition to this formal recognition, Dr. Meddings was also thanked by Dr. Jaelene Mannerfeldt for his service to CPSA Council over the past ten years while wishing him well in retirement.

The final announcement from Ms. Strilchuk related to Council membership was to note that Ms. Laurie Steinbach and Ms. Levonne Louie have both been reappointed to CPSA for a second term.

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### 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, 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.

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

Ms. Linda McFarlane noted that she has a potential conflict regarding matters related the Rural Health Professions Action Plan (RhPAP) as her home has been added to the inventory of accommodations available for use by students and residents while they train in rural family medicine.

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### 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**)
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- 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**) – will be pulled for discussion
- Medical Facility Accreditation Committee Meeting Summary Report (**for information**)
- MD Snapshot – update (**for information**)

**MOTION C23-22:** Moved by Linda McFarlane and seconded by Christopher Fung to approve the Minutes from March 17 and 18, 2022, the decision items from March 17 and 18 in-camera session and the E-mail confirming approval of annual report. Carried.

Before approving the other items on the consent agenda, a concern about the potential lack of continuity on the Anti-Racism Anti-Discrimination Action Advisory Committee if the students on the committee attend on a rotational basis was addressed. Reassurances were given that the students have developed a communication plan and consideration may be given to developing a formalized meeting report to keep all members aware of actions taken at meetings.

**MOTION C24-22:** Moved by Levonne Louie and seconded by Daisy Fung 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 (ARADAAAC). Ms. Lawal and Ms. Osman would fill this position on a rotating basis. Carried.

**MOTION C25-22:** Moved by Patrick Etokudo and seconded by Laurie Steinbach to approve the agenda for the public session and approve/receive as information the following items on the Consent Agenda:

- 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**)
- Medical Facility Accreditation Committee Meeting Summary Report (**for information**)
- MD Snapshot – update (**for information**)

Carried.

Although Dr. John O'Connor was not able to attend the Council meeting, his contributions as the CPSA representative on the Rural health Professions Action Plan Board were recognized.

### 3.0 Reports

#### 3.1 President's Report

Ms. Strilchuk provided Council with a written report detailing her activities since the last Council meeting. She acknowledged the work of CPSA staff which she regularly observes

as she attends meetings with the various committees and individuals. She appreciates the engagement of staff in valuable and respectful conversations. Other activities of note were her attendance at the "Every Child Matters Hockey Game" and involvement in 3 days' of meetings with the Federation of State Medical Boards.

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### 3.2 Registrar's Report

The Registrar's written report was received as information. The following items were highlighted:

- Ms. Liz McBride was recognized as she will be retiring at the end of June after 24 years of service to CPSA.
- Mr. Dean Blue was introduced as the incoming Director of Accreditation, taking over from Ms. McBride.
- Mr. Shawn Knight's re-election as vice-chair of the Alberta Federation of Regulated Healthcare professionals was shared.
- Concerns of burnout in the profession are uppermost across the country. While there are no easy solutions, some are recognizing that responsibility for the issues should not rest solely on the system but that they may be the result of the culture of the profession, particularly as it relates to the lack of value placed on family physicians.
- At the national level, the Pan Canadian Health Data Strategy will be an essential part of the future of medicine. Dr. Ewan Affleck, CPSA team member is part of the Expert Advisory Group offering his perspective and advice to shape this work.
- A number of team members will be attending the upcoming Federation of Medical Regulatory Authorities of Canada conference.
- As noted by Ms. Strilchuk, CPSA was well represented at the Federation of State Medical Boards Conference.
- The International Association of Medical Regulatory Authorities has cancelled their conference previously scheduled to take place in November.

In response to a question raised by Council, a discussion ensued regarding the crises of primary care. While not a regulatory issue, the following was noted:

- Medical school intake ability is governed by the province
- Need to better understand physician capacity to better understand the issue
- Better data may reveal the issue is not a shortage of physicians, but a maldistribution of physicians
- Availability and ability to hire faculty impacts the medical school's ability to train additional physicians
- A decision by the College of Family Physicians to institute a 3-year residency program may impact decisions to become a Family physician.
- CPSA could play a role by making a public statement in support of primary care.

Responding to a question about staff satisfaction and stress indicators, Dr. McLeod advised Council that all staff have been asked to respond to a staff engagement survey which will provide the Leadership team with a better idea of how the team is fairing. While there were challenges previously regarding recruiting new staff, CPSA has hired a number of people lately and things appear to be headed in the right direction. Ensuring people feel valued and know that their work is contributing to the mission will be ongoing, particularly as work begins on the development of the Strategic Action Plan and Business Plans.



Responding to a question about an increase in the number of complaints due to wait times for surgery, Dr. Hartfield indicated that her area would not see complaints specifically about wait times. The only correlation her area would see would be if a physician did not follow up with a patient about a pending surgery which could result in a complaint being submitted against that physician. Dr. McLeod added that he has been in contact with the Minister's office on the matter of surgical wait times. With the CPSA role to accredit chartered facilities, Dr. Giddings and his team are ensuring CPSA is not a contributing factor to the delays. Dr. McLeod added other issues around surgical wait times are related to the availability of anaesthesiologists and nurses.

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#### **4.0 Standards of Practice**

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

Dr. Ulan provided the background on the development of a Continuing Competence Standard. Currently the requirements for Continuing Competence are governed by the regulation. However, Bill 46, the Health Statutes Amendment Act, 2020 requires that this item be removed from the regulation and regulators have been given responsibility to develop and maintain a standard of practice for continuing competence. If Council approves consultation on this Standard, the consultation period will be from June 6 to July 6, after which a revised standard incorporating the feedback received will come to Council for approval in September or December.

Discussion points included the following:

- Create a one-page summary to explain the purpose of the standard and make it clear that regulated members are not being asked to do anything new with regards to continuing competence.
- Monitoring of continuing professional development (CPD) is done through self-attestations on the Renewal Information Form as a first step, but CPSA also receives reports from the Royal College and the College of Family Physicians of Canada which lists any physicians who are not in compliance with CPD requirements.
- Resources with ideas for CPD will be made available to regulated members
- Consideration will be given to creating information for Albertans to let them know how physicians maintain their competence
- A continuing competence program manual will be made available to all regulated members once the standard is in place.

**MOTION C26-22:** Moved by Christopher Fung and seconded by Linda McFarlane that Council approves the draft version of the Continuing Competence Standard of Practice for formal consultation. Carried.

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#### **5.0 Committee Reports**

- 5.1 Finance and Audit Committee
- Audited Financial Statements – Final draft
  - Audited Financial Statements - Summary
  - Pension Fund Financial Statements

Ms. Levonne Louie, Chair of the Finance and Audit Committee, provided some general remarks to Council ahead of the request for the financial statements to be approved. She noted that the fair market value of the pension assets and income on the funds previously

set aside for a building fund are reported as at the end of December and due to market conditions, those values have changed. Once the statements are approved, they will be included in the annual report and the auditors will provide their management statements. In the past, Council has been asked to approve the auditors for the coming year, but that decision is being deferred until September once more information is known with respect to audit fees for 2023.

**MOTION C27 -22:** Moved by Levonne Louie and seconded by Raj Sherman that Council approves the audited Financial Statements for year ended Dec. 31, 2021 and the Pension Fund Statements. Carried.

Ms. Tracy Simons, Chief Financial Officer was recognized by Ms. Strilchuk for the impeccable work she and her team do in providing timely and accurate financial information. She was commended by all members of the Finance and Audit Committee for her ability to make complex information simpler and easy to understand.

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5.2 Finance and Audit Committee

- Differential Fees

Ms. Louie introduced this discussion, but noted that while Council directed the Finance and Audit Committee to take a first look at the development of a differential fee as a means to modify behavior, it may be more appropriate for another Committee to take on responsibility for this work going forward as it does not fit within the Finance and Audit Committee's responsibilities.

Responding to a question about what processes have already been implemented to change the behavior of the physicians, Dr. McLeod indicated that, in general, these physicians have been required to take additional training, have had conditions placed on their practice and may have been suspended but they continue to repeat behaviors and take actions that are contrary to the Standards of Practice/Code of Ethics. At this time, it is not believed there are any tools available to CPSA through the Health Professions Act that have not already been tried to affect a change in the behaviors of these physicians of concern. While it is difficult to measure the risks to patients, it could be assumed these physicians are seeing between 2,000 and 3,000 patients a year. If Council agrees to develop a differential fee, communication with the membership will be critical, including a clear understanding of the purpose of the differential fee. Additionally, Council noted that the process to identify the physicians who will be required to pay the differential fee needs to be clear and well thought out.

Concerns brought forward by Council noted the following:

- Is there a way to ensure patients are aware of the concerning behaviors of these physicians?
- Is there enough evidence that a differential fee will change behavior?
- Will the image of the regulator be impacted by taking this action, particularly if this is seen as a "money grab"?
- Does the punishment fit the crime? What else could be tried, including a change to legislative authority?
- Implementing now seems to be changing the rules mid-stream, so perhaps consider implementing in 2 or 3 years.

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**ACTIONS:**

- CPSA team members will explore other options that could be used to affect the behaviors of this small group of physicians who are unwilling or unable to change their behavior and comply with directives from the regulator.
- CPSA will see if there is any other evidence to support the idea that a financial impact can lead to a change in behavior
- Additional discussion/information on this matter will either be brought to the Competence Committee or directly to Council. The Finance and Audit Committee will no longer be tasked with responsibility for this matter.
- Consideration will be given to gathering written feedback from Council on some questions that would include some data as well as options that could be used to govern these concerning physicians.

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**5.3 Strategic Planning Working Group**

Ms. Levonne Louie, chair of the Strategic Planning Working Group introduced the agenda topic. As Council has been kept updated as work progressed, the final version of the Strategic Plan was well received. Council suggested the chart showing the distribution of physicians be revised to more accurately portray that only a small percentage of physicians are struggling (see Figure 2, page 9 of the Draft Strategic Plan).

**MOTION C28-22:** Moved by Levonne Louie and seconded by Daisy Fung that Council approves the Strategic Plan as presented by Levonne Louie as the CPSA's new 2022-2026 Strategic Plan. Carried.

With this approval of the Strategic Plan, Dr. McLeod advised Council that his team will begin developing the action plan and business plans. Additionally, the Strategic Plan Working Group is now dissolved. To note, the budget for 2023 is already under development and will not be reflective of the newly approved plan.

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**5.4 Indigenous Health Advisory Circle**

Mr. Tyler White, Co-chair of the Indigenous Health Advisory Circle shared some details about the work of the Circle during their recent meeting. Members of the Circle are getting to know each other and are listening and learning while sharing experiences, guidance and wisdom. Dr. Hartfield was a guest at the Circle to receive advice on how to remove some of the barriers around the CPSA Complaint process. At the next meeting of the Circle, the members will be looking at the recently approved Position Statement and consider recommending possible actions to move the work forward.

Dr. Hartfield added that based on her attendance at the Circle, they are looking at three areas for improvement: intake, investigation process and resolution.

Responding to a question about moving this work forward on a national level, Mr. White indicated that members of the Circle have a good network of colleagues that they will reach out within Alberta and across the country.

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Council was reminded that June 21 is National Indigenous Peoples Day, a time for healing through mind, body and spirit. Everyone is encouraged to share their stories and take time for healing and self care.

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#### 5.5 Siksika Gathering- debrief

All Council members who attended the gathering at Siksika were given an opportunity to reflect on the day and share their learnings. The following were noted as some of the gifts received on this historic day:

- Witnessing/being involved in the ceremonies
- Learning more about racism through the powerful presentation from Councillor Sam Crowfoot
- Hearing how Siksika Health Services managed and is continuing to manage the pandemic
- Viewing a dance demonstration
- Participating in a Round dance
- Developing a better understanding of the depth of anti-Indigenous racism
- Seeing firsthand the ability of Indigenous people to be so forgiving and willing to build bridges given all that they have been through

Going forward, Council noted:

- They need to be accountable to take further action
- This should be seen as an opening of the doors to further conversations
- CPSA will need to work with other groups across the province as well
- Council is looking forward to developing some next steps and an action plan

Given Council's experience at Siksika, Mr. White encouraged them to consider visiting other communities. There are a lot of groups looking to do good work and together solutions can be developed.

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#### 5.6 Governance Review Committee

- Presentation of Final Report

Ms. Laurie Steinbach, chair of the Governance Review Committee presented the draft Governance Framework and final report prepared by John Dinner, the consultant hired to review CPSA Council governance processes. He fulfilled the contract on time and on budget. Council is the final decision-maker with respect to the recommendations brought forward in the report. Within the report, Mr. Dinner provided 14 actionable recommendations. As a next step, CPSA staff will host virtual feedback sessions in June to better understand Council's perspective with regard to the recommendations. With this information, staff will analyse the recommendations and create a draft implementation plan to share with the Governance Review Committee in August. Council will have the opportunity to approve the implementation plan in September. It is expected to take a few years to fully implement any approved recommendations.

Responding to a question about non-voting Council members' term lengths and a potential role for them on Council Committees, it was noted that the review did not address these questions, however, they can be looked at once the items from the review are considered.

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**MOTION C29-22:** Moved by Levonne Louie and seconded by Jaelene Mannerfeldt that Council approves the Governance Review Next Steps as outlined in the dossier materials 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. Carried.

The Committee and staff were thanked for their work on this project.

## **6.0 Communications Team**

### **6.1 Annual report – Final view**

Ms. Nicole Bertram and Ms. Sondra Mackenzie-Plovie, Communications Advisors provided Council with a final view of the 2021 Annual Report which will now be printed and tabled in the legislature in June. While Council had previously suggested the report include information about the development and achievement of goals, a decision was made to defer this idea until the 2022 Annual Report, the first year of the new Strategic Plan, and better timing for the creation of goals that are reflective of the work related to the Strategic Plan.

### **6.2 Live Tweeting of Council Meetings**

Ms. Andrea Garland, Acting Director, Communications reminded Council that in 2019, a decision was made to have CPSA Communications team members live tweet Council meetings. When Council transitioned to virtual meetings in May of 2019, this idea was put on hold. As Council has returned to in person meetings, Communications would like Council's support to revisit this idea. In advance of the Council meeting, her team would develop a plan of topics to highlight through twitter based on the meeting agenda. She noted that only one member of her team would attend the meeting and be responsible for developing the message to be tweeted. In developing this plan, CPSA's Communications Team has been in contact with the Communications team at the College of Physicians and Surgeons of Ontario as they have already been live tweeting from their Council meetings. The goal of this trial will be to engage members of the public. Individual Council members will not be identified or tagged in the tweets.

**MOTION C30-22:** Moved by Jaelene Mannerfeldt and seconded by Raj Sherman 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. Carried.

### **7.0 In -Camera **In Camera (Council and others by invitation )****

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

Council met in-camera to discuss these matters in confidence.

### 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

Ms. Strilchuk called the public session to order at 1239.

##### 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 to which we are committed.

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 for the Anti-Racism Anti-Discrimination Action Advisory Committee presented the Committee's report as the Chair, Dr. Ehi Iyayi was unavailable. She highlighted the following matters that were discussed at the recent meeting of the Committee:

- The Committee reviewed the feedback received subsequent to the publication of CPSA's position statement on racism and discrimination and recognizes the need for ongoing education for regulated members.
- A review of CPSA's internal processes as related to the disciplinary case involving Dr. Wessels is ongoing.
- The Committee supported moving forward on the development of an education project to increase literacy of Alberta physician leaders on racism and discrimination in collaboration with Alberta Health Service and the Alberta Medical Association.

- Council members were provided with a link to the recently released Alberta Physician Diversity Census and advised that the Renewal Information Form may include a question on demographics related to gender and race to enhance CPSA's dataset as well as to assist in addressing racism and discrimination in healthcare.
- Council members were encouraged to watch a film from the National Film Board of Canada called "We Can't Make the Same Mistake Twice".

With respect to the possibility of developing a standard of practice on racism in collaboration with the Indigenous Health Advisory Circle, it was noted that CPSA team members will be reviewing a variety of tools that may assist in the work to combat racism and discrimination in healthcare. All regulators are looking to create tools to address racism and discrimination. It is also a matter being looked at nationally by Canadian universities.

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### 11.0 Registration Team

- Update – new registration category

Dr. Michael Caffaro, Assistant Registrar, Registration, presented the draft policies that were developed as the next step in implementing a register for regulated members who have a non-clinical role but who need or want to maintain CPSA registration. To note, if an individual is on the provisional register, their sponsor would need to grant permission for that person to move to the non-clinical register. The next step in this process is to finalize the draft policies and work with information technologies (IT) to create the necessary adjustments to CPSA's IT infrastructure in order to have the register available for 2023 registrations. The cost for this permit will be developed in the coming months with input and review by the Finance and Audit Committee. Formal approval of the new registration category and associated fee will be brought to Council in September. In addition to the potential uses of this category as discussed previously, Dr. Caffaro noted this category may also be used by physicians in the Northwest Territories who cannot currently access Connect Care to view the files of their patients who need to come to Alberta for treatment from time to time. Dr. McLeod added that by having this category, our data will more accurately reflect which physicians are practicing in Alberta versus those who are only maintaining registration in Alberta. Responding to a question about currency of practice should anyone wish to move between registration categories, Dr. Caffaro indicated those wishing to move to the general register from this register will need to meet the same requirements as anyone else wishing to be on the general register.

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### 12.0 Council Education

**MOTION C33-22:** Moved by Jaelene Mannerfeldt and seconded by Christopher Fung that the Finance 101 Education Session be deferred until September, time permitting. Carried.

At every meeting, Council participates in an educational session to enhance their skills, promote good governance and keep abreast of current topics related to regulation. Dr. Susan Ulan introduced the topic of discussion for the September Council meeting based on the Podcast, Dr. Death. All Council members were asked to listen to the Podcast from Wondery in advance of the Council meeting. Further details will be shared with all Council members in June.

The public session was adjourned at 0139.

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**13.0 In Camera**

*Council met in-camera prior to the final adjournment.*

**Adjournment**

Gail Jones  
Recording Secretary



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

**In-Camera Sessions: May 26 and 27, 2022**

Council met in-camera at various times during the May 26 and 27, 2022 Council meeting to discuss sensitive issues. The following motions were made:

**MOTION C22-22:** Moved by Christopher Fung and seconded by Levonne Louie to approve the in-camera agenda and items on the in-camera consent agenda as circulated. Carried.

**MOTION C31-22** Moved by Christopher Fung and seconded by Levonne Louie that Council directs CPSA staff to assess the potential risks and benefits in broadening of sponsorship beyond Alberta Health Services. Carried.

**MOTION 32-22** Moved by Levonne Louie and seconded by Ian Walker that Council directs staff to identify parameters by which CPSA could, on a trial basis, expedite registration for physicians from foreign jurisdictions where licensing standards are deemed substantively equivalent to those of CPSA Carried.

### Attendees:

#### Council Members - Voting:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Patrick Etokudo
- Christopher Fung
- Levonne Louie
- Linda McFarlane
- John O'Connor
- Laurie Steinbach

#### Council Members – Non-Voting:

- Brenda Hemmelgarn
- Chaim Katz
- Todd Anderson
- Michael Taylor

#### Additional Attendees:

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

#### Regrets:

- Richard Buckley
- Nicole Cardinal
- Ian Walker
- Tyler White

#### 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**

**Tuesday, July 19, 2022**

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### 1.0 Call to Order and Introductions

Ms. Strilchuk called the public session to order at 1836. She thanked all Council members for making themselves available for this special meeting and welcomed the two newest Council members: Dr. Todd Anderson, Dean for the Cumming School of Medicine and Dr. Michael Taylor, Observer from the Professional Association of Resident Physicians of Alberta.

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### 1.1 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 July 19, Mr. Patrick Etokudo, public member of Council, was honored to provide the acknowledgement while sharing his understandings and ongoing learning about the history of Canada's Indigenous peoples. He added that he is grateful to be part of CPSA to continue his learning and work to ensure better health outcomes for Indigenous people.

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

It was noted that, given their option to run for re-election in the upcoming regulated member election, Dr. Richard Buckley, Dr. Daisy Fung and Dr. Christopher Fung, had a perceived conflict of interest relative to the discussions around Council vacancies as the decisions made around Council size could have an impact on the number of vacancies available in the 2022 regulated member elections. Accordingly, Council passed the following motion:

**MOTION C34-22** Moved by Linda McFarlane and seconded by Levonne Louie that having reviewed the "Council and Committee Conflict of Interest Policy", and having heard the Conflict of Interest regarding "Agenda item 2.1: Council Vacancies", the Council agrees that the Conflict of Interest is minimal, and there is a benefit to having the 3 Council members (though only 2 were in attendance) present and voting on this matter. Carried. (Christopher Fung and Daisy Fung abstained from voting on this motion).

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### 1.3 Approval of agenda

**MOTION C35-22:** Moved by Jaelene Mannerfeldt and seconded by Daisy Fung that the agenda be approved. Carried.

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## 2.0 Reports

### 2.1 Governance Committee: Council Vacancies

Levonne Louie, Chair of the Governance Committee presented a report from the Governance Committee with a recommendation to address the vacancies on Council resulting from the recent resignations of one public member and one regulated member. Decisions were required at this time given the upcoming regulated member elections.

Council noted the following:

- Should additional reductions be considered at this time in order to implement the recommendations from the Governance Review?
- Should consideration be given to providing the observers with a voting position?
- Does limiting the number of voting members on Council inhibit diversity?
- Will there be enough Council members to fill positions on Committees and Appeal panels.
- If, at a later date, additional Council members are required, can this decision be reversed?
- Will enough front-line regulated members have capacity to commit to a smaller Council and potentially additional requirements for Committee work?

As a number of the aforementioned comments are more suited to the discussions around the Governance Review, responses and discussion of these questions was deferred for consideration in September.

Responding to a question regarding potential public member appointments, Mr. Knight indicated CPSA has only been made aware of one candidate who is being considered for appointment to CPSA. However, as this process is managed by the provincial government, Mr. Knight is unable to respond to the question with any certainty.

**MOTION C36-22:** Moved by Levonne Louie and seconded by Laurie Steinbach that Council approves reducing the size of Council effective August 2022 to have 14 voting members:

- 7 Regulated members, elected as per Council Bylaws
- 7 Public members, appointed by Alberta's Lieutenant-Governor in Council

And 4 non-voting members:

- The Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or their designates)
- A representative from the Professional Association of Resident Physicians of Alberta
- A representative of either the University of Alberta's Medical Students' Association or the University of Calgary's Medical Students' Association.

and further THAT Council approves the following Bylaw amendment:

### **1 Composition of the Council**

1. Effective August 1, 2022 the Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or designates) may in the discretion of Council, serve as nonvoting members of the Council, and the voting members shall consist of:
  - a) Seven (7) regulated members elected by regulated members of the College, and
  - b) Seven (7) public members appointed by the Lieutenant Governor in Council.

Carried. (Christopher Fung, Daisy Fung and John O'Connor abstained).

The vote was called and resulted in 5 votes in favour of the motion and 3 abstentions. While 9 Council members were present, the Chair of the meeting will only vote if there is a

tie. At this point in the meeting, and recognizing that a Bylaw change requires 2/3 majority vote, additional clarification was sought around the effect of abstentions on the outcome of the vote. Based on a review of Council Bylaws, it was felt the Bylaws are moot on the subject of abstentions. Ms. Welke, Mr. Knight and Dr. McLeod provided an opinion to Council based on a review of Robert's Rules of Order around abstentions which indicated that if a member abstains from a vote, they have chosen not to participate and, therefore, the members who have abstained should not be counted as part of the determination as to whether or not a vote has passed. Thus, the motion was determined to have passed with 5 votes in favour and 3 abstentions by Christopher Fung, Daisy Fung and John O'Connor. To ensure Council's agreement with the decision, Ms. Strilchuk polled each Council member in attendance (voting and non-voting) to confirm their acceptance of this decision.

### **ACTIONS:**

- The Bylaws will be updated to reflect the revision approved above with an effective date of August 1, 2022
- Ms. Welke and Mr. Knight will work with legal counsel and the Legislation & Bylaw Committee to refine processes and bylaws and create clarity around abstaining from a vote.
- The regulated member elections will move forward to fill four positions that are deemed vacant based on the conclusion of a first three-year term by Dr. Richard Buckley, Dr. Christopher Fung and Dr. Daisy Fung as well as the conclusion of Dr. John O'Connor's second term.

### 2.2 Governance Committee: Committee Vacancies/Appointments

As per the Bylaws, a vacancy on a Council Committee needs to be filled at the next Council meeting. As such, Governance Committee reviewed the Committee vacancies that resulted from the resignations of Raj Sherman and Collin May. While four vacancies exist, it was determined that the vacancy on the Legislation and Bylaw Committee could be filled by the public member who is expected to be appointed prior to the Committee's next meeting in November. Those being appointed have been contacted and have agreed to take on this new responsibility.

**MOTION C37-22:** Moved by Linda McFarlane and seconded by Patrick Etokudo that Council approves the following interim committee appointments to fill the positions left vacant by the recent resignations of Collin May and Raj Sherman. The appointments will be effective until December 31, 2022:

Finance and Audit Committee – Daisy Fung  
Governance Committee – Christopher Fung  
Building Fund Initiatives Working Group – Nicole Cardinal

Carried.

### **3.0 Adjournment of Public Session**

Prior to adjourning the meeting, Ms. Strilchuk advised Council that the September Council meeting would take place in person and travel plans should be made at the earliest convenience.

The meeting adjourned at 2000.

#### **4.0 In Camera (Council)**

##### **Council briefly met in camera**

Gail Jones  
Recording Secretary

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>		
September 8, 2022	Sue Welke		
<b>Agenda Item Title:</b>	Council Meeting Schedule - 2024		
<b>Action Requested:</b>	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

<b>Recommendation (if applicable) :</b>	<p>That Council approves the proposed meeting schedule for Council meetings in 2024 as follows:</p> <ul style="list-style-type: none"> <li>• March 7 and 8, 2024</li> <li>• May 30 and 31, 2024</li> <li>• September 12 and 13, 2024</li> <li>• December 5 and 6, 2024</li> </ul> <p>Orientation for new councilors: January 25, 2024 Annual Planning Retreat: January 26, 2024 (full day) and January 27, 2024 (half day)</p>
<b>Background:</b>	<p>In determining the dates for Council meetings, consideration is given to avoiding conflict with the following external meetings:</p> <ul style="list-style-type: none"> <li>• Alberta Medical Association Representative Spring Forum – usually in mid-March</li> <li>• Federal State Medical Board AGM –usually end of April/early May</li> <li>• Federation of Medical Regulatory Authorities of Canada – usually in early June</li> <li>• Canadian Medical Association –typically planned for August.</li> <li>• Medical Council of Canada – AGM –September or early October</li> <li>• Alberta Medical Association Representative Fall Forum – late September</li> </ul> <p>Note, the following are the dates approved for meetings in 2023:</p> <ul style="list-style-type: none"> <li>• Feb. 23 and 24, 2023</li> <li>• May 25 and 26, 2023</li> </ul>

	<ul style="list-style-type: none"> <li>September 7 and 8, 2023</li> <li>December 7 and 8, 2023</li> </ul> <p>Orientation for new councillors: January 26 Annual Planning Retreat: January 27 (full day), January 28 (half day)</p>
Next Steps:	Upon approval of the meeting dates, the schedule of meetings maintained in SharePoint will be updated and the dates will be added to the public website.
List of Attachments:	



Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
September 8/9, 2022	Dr. Richard Buckley		
Agenda Item Title:	Competence Committee Report from October 20, 2021		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
Recommendation:	N/A		
Background:	<p>The Competence Committee met on Wednesday, August 24, 2022, to receive updates and discuss the following items:</p> <ul style="list-style-type: none"> <li>• <b>Deputy Registrar's report</b> - Dr. Ulan's report included key staffing updates within the Continuing Competence program. Dr. Charl Els was introduced as the new Assistant Registrar for Continuing Competence. Dr. Els will transition to this new role starting September 1, 2022, which will allow for several weeks of handover from Dr. Ulan before her retirement on September 30, 2022. In addition, Dr. Sam Lou and Dr. Danielle Michaels were announced as the program's two new Senior Medical Advisors who are already assuming their positions in advance of Dr. Nigel Flook and Dr. Terri Staniland's retirement at the end of the year.</li> <li>• <b>Strategic Planning</b> - Council approval of the 2022-2026 Strategic Plan was noted for the Committee with assurances that action planning is well underway within the Continuing Competence program areas.</li> <li>• <b>Continuing Competence SOP</b> - the Committee was given an opportunity to review the draft CC standard of practice and program manual in advance of this work being brought forward to Council for approval in September. The draft was well received, no further edits were suggested.</li> <li>• <b>Advisory Committee Memberships and Terms of Reference</b> - As an annual requirement, each advisory committee membership and Terms of Reference were reviewed, including APAC, IPAC and PHMP. Only IPAC presented a minor edit to their ToRs.</li> <li>• <b>Competence Committee membership</b> - As an annual requirement, the Competence Committee membership was reviewed to determine the fall recruiting needs for 2023. The Committee will require one new public member and two new physician members in 2023.</li> <li>• <b>Competence Committee Chair</b> - The Committee discussed the Competence Committee Chair for 2023 and the importance of continuity given a new Assistant Registrar and two new Senior Medical Advisors.</li> </ul>		

	<ul style="list-style-type: none"> <li>• <b>Mid-year program updates</b> – The Competence Committee received a mid-year program update from each advisory/program area within Continuing Competence including the Physician Practice Improvement Program, Individual Practice Review, Group Practice Review, Infection Prevention &amp; Control, Physician Health Monitoring and Analytics, Innovation &amp; Research. All program areas reported greater stability in the first half of 2022 as compared to the previous two years.</li> </ul>
Next Steps:	The Competence Committee will meet next in October 2022.
List of Attachments:	
1. n/a	

Submission to: **Council**

<b>Meeting Date:</b>	<b>Submitted by:</b>		
September 8, 2022	Levonne Louie, Chair FAC		
<b>Agenda Item Title:</b>	Finance & Audit Committee Report		
<b>Action Requested:</b>	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation (if applicable):</b>	n/a		
<b>Background:</b>	<p>The Finance &amp; Audit Committee (FAC) met on June 29 and August 3 and addressed the following issues:</p> <p><b>1) 2023 Business Plan and Budget</b> FAC reviewed in detail the draft 2023 Business Plan and Operating Budget for CPSA. Refer to separate memos and recommendations for 2023.</p> <p><b>2) Review of unrestricted net assets</b> FAC reviews CPSA's unrestricted surplus levels every few years to determine the appropriate level of planned surplus for the organization.</p> <p>CPSA's current policy on net assets states: <i>CPSA will continue to plan for an accumulated general surplus with a target of 60% of one year's operating expenses.</i></p> <p>FAC reviewed the current net assets policy and the underlying assumptions and scenarios about the required level of an unrestricted surplus should a significant event occur, and based on the analysis, the Committee felt that the target of 60% was still appropriate. FAC will continue to monitor the unrestricted surplus.</p>		

FAC also reviewed options for a rate of surplus de-accumulation for future years. The committee made the following observations in support of maintaining a surplus:

- The current surplus is partially due to prior investment returns. It would be beneficial to maintain the surplus if the market does not rebound to 2021 market values.
- The new strategic plan may outline new expenditures that could be required in the future. The surplus could be used for those new expenses.
- Inflation may continue to rise resulting in costs higher than planned in the upcoming budget.
- If the number of physicians in Alberta are lower than budgeted, CPSA could see a reduction in revenues which would drawn down the surplus.

The proposed 2023 budget incorporates a gradual draw down of the unrestricted surplus.

### **3) Activity update – Q2 June 2022**

#### **a) 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 that are in the current Strategic Action Plan.

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

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

FAC received a report from management on the CPSA Risk Register.

Quarterly the leadership team identifies new risks and reviews existing risks to CPSA. Risks are classified as under the following categories:

- Financial
- Legal
- Operational/Strategic
- Reputational

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

#### **c) People & Culture Statistics**

FAC received a report for information outlining key human resource statistics for Q2 2022 compared to prior years.

#### d) Financial Results

As of June 30, 2022, there is a year-to-date operating income of **\$600,000** compared to the budgeted loss of \$2,462,000 resulting in more income, or positive variance, of \$3,062,000.

	June 30, 2022	Budget	Variance	
Revenues	(17,487,000)	(14,868,000)	2,619,000	18%
Expenses	16,887,000	17,330,000	443,000	3%
<b>Operating Income</b>	<b>(600,000)</b>	<b>2,462,000</b>	<b>3,062,000</b>	
Development Costs	3,000	124,000	121,000	98%
Sub-total after Development Costs	(597,000)	2,586,000	3,183,000	
Amortization & rental inducements	269,000	277,000	8,000	3%
Accreditation, net	160,000	(51,000)	(211,000)	
Sub-total	(168,000)	2,812,000	2,980,000	
Other income	4,140,000	(150,000)	(4,290,000)	
<b>Net Loss</b>	<b>3,972,000</b>	<b>2,662,000</b>	<b>(1,310,000)</b>	

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

The total net loss to the end of June is \$3,972,000, of which a major portion is due to Other income described above.

#### 4) Appointment of auditors

FAC reviewed a proposal from the incumbent auditors for the audit fees for 2022. Due to the current labour market the auditor's staffing costs have increased resulting in fee increases for clients. The last request for proposal for audit services was prepared in 2021.

FAC along with the finance team reviewed options to reduce the proposed audit fees for 2022. The timing of the audit work will be moved outside the auditor's peak times and CPSA has been assured the audit report and financial statements will be ready for the May 2023 Council meeting.

FAC appointed PwC as auditors for the 2022 year. Performance will be assessed following the 2022 audit.

### **5) Security & privacy presentation**

FAC received a presentation from CPSA's Chief Information Officer, Jim Kiddoo. The presentation highlighted information security and privacy at CPSA.

FAC recommended that the presentation be provided to Council at a future meeting.

### **6) Investment performance review – pension assets**

FAC invited Mr. Luis Ramierz from Mercer to present his report on the review of the pension investment managers for the defined contribution (DC) pension plan up to June 30, 2022.

The DC pension plan commenced on January 1, 2021. CPSA and employees contribute to the plan each month. The total DC assets at June 30, 2022 was \$3,448,000. The employee chooses the investment option for their registered DC pension assets.

The asset allocation is

Target date funds	73.2%
Canadian equity	7.0%
US equity	8.0%
International equity	5.3%
Fixed income	4.7%
Money market	1.2%
GIC	0.6%

The default option for employees is the target date fund which will vary for each employee depending upon various factors.

Three investment options did not meet performance objectives. Mercer provide an overview for all asset classes and funds of the returns over the the 2022 Q2, 6 months, 1 year and 4 years compared to the applicable benchmark.

There were no changes recommended for the investment line-up offered for CPSA staff.

FAC also reviewed the Statement of Investment Policies & Procedures (SIPP) for the DC plan. No changes were required.

### **7) Pension valuation – defined benefit pension plan**

FAC received a report from Mercer, on the defined benefit (DB) pension plan valuation for December 31, 2021. The total DB pension assets at December 31, 2021 was \$52.8 million.

A pension valuation for a DB registered pension plan must be prepared at least every three years but the pension sponsor has the option to do a pension valuation sooner than three years.

A pension valuation prepares considers two positions:

- 1) Going concern (a long-term view of the plan)
- 2) Solvency (a wind-up scenario)

#### **Pension valuation results**

	<b>Dec 2021</b>	<b>Dec 2019</b> (last valuation)
<b>Going concern position</b>		
Funded ratio	134%	113%
<b>Solvency position</b>		
Funded ratio	114%	96%

If CPSA elects to do a pension valuation as at December 2021, then it no longer has to make special employer payments since the funded ratio for both the going concern and solvency position are > 100%.

FAC approved to file the December 2021 pension valuation.

### **8) Investment advisor search (non-pension assets)**

FAC provided feedback on the draft request for proposal (RFP) for investment manager(s) for CPSA's non-pension surplus funds. The RFP will be issued in August with a list of proposed manager(s) and the rationale coming back to FAC for their fall meeting.

Any new investment manager(s) will commence their services in 2023.

	<p><b>9) Investment policy (non-pension assets)</b> FAC provided feedback and approved in principle the draft investment policy. The policy will be finalized after feedback is received following the search for investment managers described in item 8 above.</p> <p><b>10) FAC Terms of Reference &amp; committee chair</b> FAC reviewed its Terms of Reference and the terms of its members expiring in 2022. The Committee also reviewed its succession plan in recommending a chair for 2023. The details were forwarded to the Governance Committee.</p>
Next Steps:	n/a
List of Attachments:	
none	



Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
September 8, 2022	Levonne Louie		
Agenda Item Title:	Governance Committee Reminder to all Committees		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
Recommendation:	N/A		
Background:	The Governance Committee will meet on November 9 to review recommended Committee Chair appointments, and put together a package of recommendations to Council. Committees have an opportunity to recommend their Committee Chair to the Governance Committee.		
Next Steps:	<ul style="list-style-type: none"> <li>• CPSA staff who support Committees will include "Committee Chairs and Committee Membership" as an item on the next Committee meeting Agenda.</li> <li>• Committees can review the "Role of a Committee Chair" (attached), and the following principles from the Governance Committee Terms of Reference:               <ul style="list-style-type: none"> <li>◦ Each committee has had an open and transparent succession plan</li> <li>◦ All councillors have been given an opportunity to express their interest in becoming Chair</li> <li>◦ Committee chairs are a Council member unless extenuating circumstances exist to justify the appointment of a Chair who is not a sitting Council member.</li> <li>◦ Chairs are appointed for 1 year only.</li> </ul> </li> <li>• At the Committee meeting, come to consensus on who the Committee chooses to recommend as Chair, and the recommended Chair will be included as part of the package of recommendations to the November 9, 2022 Governance Committee meeting.</li> <li>• The Governance Committee would also appreciate advice of any known or anticipated changes in the Committee membership.</li> </ul>		
List of Attachments:			
1. <a href="#">Role of a Committee Chair - DRAFT</a>			



Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
April 28, 2022	Dr. Gordon Giddings, Assistant Registrar, Accreditation		
Agenda Item Title:	Medical Facility Accreditation Committee Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable):	Not applicable
Background:	<p><b>The Medical Facility Accreditation Committee (MFAC) met on April 28, 2022 and addressed the following:</b></p> <ol style="list-style-type: none"> <li><b>1. Introductions of New Committee Members</b> <ul style="list-style-type: none"> <li>• Dr. Ian Walker, Council Physician Member</li> </ul> </li> <li><b>2. Facility Accreditation/Physician Approvals</b> <ul style="list-style-type: none"> <li>• Completed a 4 Year review of the following accredited facilities:               <ul style="list-style-type: none"> <li>○ Pulmonary Function - 14</li> <li>○ Diagnostic Imaging - 8</li> <li>○ NHSF - 1</li> <li>○ Laboratory Medicine - 9</li> <li>○ Neurodiagnostics - 3</li> <li>○ CST - 2</li> </ul> </li> <li>• Completed the accreditation of the following new facilities/new modalities:               <ul style="list-style-type: none"> <li>○ Pulmonary Function - 1</li> <li>○ Sleep Medicine - 1</li> <li>○ Diagnostic Imaging - 6</li> <li>○ Laboratory Medicine - 1</li> </ul> </li> <li>• Approved/Confirmed the following physician approvals/privileges:               <ul style="list-style-type: none"> <li>○ Pulmonary Function - 3</li> <li>○ Sleep Medicine - 4</li> <li>○ Diagnostic Imaging - 10</li> <li>○ NHSF - 48</li> </ul> </li> </ul> </li> </ol>

- Neurodiagnostics – 4
- Cardiac Stress Testing - 1

### **3. Letter to Council re: Appropriateness of Care**

At the December 2021 Council meeting, Dr. McLeod suggested that accreditation is one tool to address the questions of quality care and appropriateness of testing, however, consideration needs to be given to deal with these matters upstream from accredited facilities. It was noted that quality will be a key pillar in the strategic plan being developed for Council approval and there is an expectation, on the part of the CPSA Registrar, that the CPSA team develop additional strategies beyond accreditation to look at and address concerns regarding quality of care.

At the April 28 MFAC meeting, concern was expressed that this must not only be limited to MFAC/facility accreditation and in order to get forward momentum, has to be something that the CPSA works together with multiple key stakeholders to address in a broader sense. A key impetus in escalating this to Council is for the matter to be considered at a higher level and include all key partners. It was noted that it is important to consider choosing a framework provincially and sharing it nationally.

It was further suggested that accountability is fundamental to this issue and, that the word 'accountability' be added, i.e. 'Appropriateness and Accountability'.

It was also noted that Accreditation already has gatekeeper standards applicable to scopes and also has incident management processes in place. These are in the framework of an accredited facility but the outcome of those challenges often pushes the matter to another element of the system.

It was suggested that CPSA also looks to align with medical regulatory partners in other jurisdictions where possible, however, the disparate legislative frameworks pose potential challenges. The challenge in Alberta is that there is no regulatory government oversight on the number, type and location of diagnostic and out-of-hospital facilities. CPSA's accreditation programs are obligated to consider any and all potential accreditation applications.

The Committee further advised that a letter from MFAC members go forward to Council and that Dr. Szabo, as MFAC chair, be invited to present the document on behalf of the Committee. Dr. Szabo would be further supported by the MFAC Council members and the Assistant Registrar. This will be presented at the September Council meeting.

#### 4. Unconscious Bias Training for Committee Members

The Committee was provided with background on the concept of unconscious bias and its multi-factorial impact on many issues, including shaping hiring decisions and the perception of competence, grant approvals, admissions decisions to postgraduate education. This issue first came to Dr. Giddings' attention, when he was invited to sit on the interview panel for the University of Alberta medical school admissions last month where all of the interviewers were required to undertake cultural sensitivity and implicit bias training.

The CPSA's new strategic directions, of which there are 2 pillars that have been identified that further speak to this are: highest quality care, compassionate and ethical care, enhanced partnerships and innovative approaches.

In addition to these, other pillars speak to antiracism and antidiscrimination and authentic indigenous connections.

All CPSA staff have been mandated, as a condition of ongoing employment, to do unconscious bias training. For the Accreditation team, the actual recommendations and decisions made on privileging of physicians come from Committee members who are not CPSA staff and are not mandated to have completed it.

Being a department that is focused on quality assurance and quality improvement, it is important that strategies are put in place that enhance the ability to be a culturally safe organization.

Dr. Giddings advised the Committee that he would like to submit, for consideration, a request to mandate that committee members complete the online training module on unconscious bias designed by the Government of Canada for Canada Research Chairs specifically titled: *Unconscious Bias and the Peer Review Process*, which essentially is what the accreditation and privileging process is when the committees are reviewing applications. This is particularly relevant because the committees are not just or specifically dealing with racial or ethnic bias. The focus is on raising awareness of personal biases, recognizing them and understanding how they can impact privileging review processes and decision-making, and also how they may be able to mitigate it and better align with our organizational strategic directions. It was further suggested that this would be a very effective tool of gauging and ensuring alignment of values of our committee members with the organization.

The Committee members were in support of this proposal.

## **5. Terms of Reference Revisions - Advisory Committee Chair Resignations**

Additions to the Advisory Committee Terms of References were proposed, specifically with regard to the resignation of an Advisory Committee Chair.

These additions were as follows:

*If a Chair resigns from the role after 3 years, they can remain on the committee for the remainder of the regular member term (i.e. resignation after 3 years – can serve remaining 2 years plus option of 1 year extension).*

*To be considered for the role of Chair, a member is required to have been on the committee for a minimum of 1 year. Current members are provided an opportunity to have their name stand for consideration for this role. At an Advisory Committee meeting, Committee members are presented with the list of potential candidates for chair and requested to vote on their recommended choice. The name of the member with the majority of votes is then forwarded to the Medical Facility Accreditation Committee for its consideration and approval.*

MFAC members were in unanimous agreement with the above additions.

## **6. Standard Revisions**

The following were submitted and approved:

- 2022 Laboratory Standards Annual Revisions
- Sleep Medicine Diagnostic Standard Revisions

## **7. Accreditation Status of a Private Diagnostic Imaging Facility**

The MFAC was provided with a detailed update on the current status with regard to an ongoing issue of attempts to resolve/receive responses to outstanding 4 year assessment citations from a private facility.

CPSA received communication from the medical director's legal counsel requesting additional time to review the issues and the history of the matter.

An extension until May 6<sup>th</sup> for a written submission from the facility medical director would be provided. Any further submissions will be brought forward to MFAC at the June meeting for consideration.

## 8. 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.

The medical director and legal counsel have been invited (and accepted the invitation) to appear at the May 12, 2022 ACDI meeting to respond to the concerns that have been brought to the attention of Accreditation.

In discussion, MFAC members expressed serious concerns, specific to the obstetrical ultrasound interpretations, as errors in interpretations in this area can put the life of the child at risk.

As the ACDI has not yet had the opportunity to review the recent submissions of the global obstetrical review it was agreed that this should occur prior to a decision from MFAC. The ACDI, as the technical experts, can only make a recommendation to MFAC and as stipulated in the HPA, it is the purview of MFAC to make formal accreditation decisions.

The Committee expressed concerns over the risk to patients posed by not considering a decision prior to the June MFA meeting.

MFAC directed that:

- there be an emergent meeting of the ACDI to consider the findings of the obstetrical ultrasound review to corroborate the appropriate next steps
- pending the ACDI review, that there be a temporary suspension of the provision of remotely supervised obstetrical ultrasound at all applicable facilities (3) until the issues are further investigated and deemed to be resolved.

The Committee members were advised that Dr. Giddings would also continue to pursue avenues with regards to the escalation of identified physician members to professional conduct where appropriate.

## 9. Audit of Advisory Committee Meeting

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

- Advisory Committee on Neurodiagnostics – April 22, 2022 – audit conducted by Dr. Szabo.

No concerns or issues were noted.





Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
September 8, 2022	Dr. Michael Caffaro		
Agenda Item Title:	Registration Policy Updates (consent agenda)		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable) :	<p>That Council approves the revisions to the following Registration Policies. The policies will be effective immediately:</p> <ul style="list-style-type: none"> <li>○ Provisional Register Policy – Conditional Practice – General Practice/Family Medicine</li> <li>○ Provisional Register Policy – Conditional Practice – Specialty Discipline Practice</li> </ul>
Background:	As noted on the appended policies, minor revisions are being proposed to align the policies with current practice as regards acceptable post-graduate training programs.
Next Steps:	
List of Attachments:	<ol style="list-style-type: none"> <li>1. <a href="#">Provisional Register Policy – Conditional Practice – General Practice/Family Medicine</a></li> <li>2. <a href="#">Provisional Register Policy – Conditional Practice – Specialty Discipline Practice</a></li> </ol>

# Provisional Register Policy

POLICY TITLE	Conditional Practice – General Practice/Family Medicine
<b>PURPOSE</b>	Ensure all physicians, surgeons and osteopaths who have not met the requirements for CPSA's General Register have the required training and competencies to practise medicine safely.
<b>SCOPE</b>	<p>This policy applies to physicians, surgeons and osteopaths who:</p> <ul style="list-style-type: none"> <li>are registered on CPSA's Provisional Register to practise medicine independently and</li> <li>are the most responsible physician in the care of their patients.</li> </ul> <p>CPSA's Provisional Register permit is for regulated members who have not met the requirements for a General Register, which includes the requirements to have their Canadian credentials.</p>
<b>NOTES</b>	<p>The Provisional Register Conditional Practice may be subject to terms, limitations, conditions and/or restrictions. This includes, but is not limited to, a requirement to successfully complete a Practice Readiness Assessment.</p> <p>Registration on CPSA's Provisional Register is valid for a maximum of six years unless an extension is granted by the Registrar in extenuating circumstances in accordance with the Physicians, Surgeons and Osteopath Regulations.</p> <p>Physicians must meet certain criteria in order to be transferred to the General Register. Ongoing Alberta Health Services (AHS) sponsorship is a condition of registration on the Provisional Register.</p>

**LAST REVISED: SEPTEMBER 10, 2020**

**APPROVED BY COUNCIL: SEPTEMBER 10, 2020**

## POLICY STATEMENT

Physicians who have **not** met the requirements for the General Register may take one of two routes to obtain a provisional permit. They must meet specific criteria—outlined below—for their route.

**Route 1** – Candidates who do **not have eligibility** to receive College of Family Physicians of Canada (CFPC) designation must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they

must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

- 2) **Have passed the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)** or the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Have passed the MCC [Therapeutics Decision Making Exam](#) (TDM).
- 4) Demonstrate [English language proficiency](#), if applicable.
- 5) Submit a satisfactory [criminal record check](#).
- 6) Successfully complete a **university affiliated and accredited** continuous Family Medicine [postgraduate training program](#) outside Canada and have a verifiable document of completion. The program has to be at least 24 months long and include four months of community- based primary care and a minimum of eight weeks each of three of the following: ~~Paediatrics~~[Pediatrics](#), Obstetrics and ~~Gynaecology~~[Gynecology](#), Surgery and Internal Medicine.
- 7) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 8) Have an [AHS sponsorship letter](#).
- 9) Have passed a [Practice Readiness Assessment \(PRA\)](#). The PRA is comprised of a **Preliminary Clinical Assessment** and a **Supervised Practice Assessment**.

**Route 2** – Candidates who **have eligibility** to receive College of Family Physicians of Canada (CFPC) designation must:

- 1) Have a **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- 2) **Have passed the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)** or the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Achieved certification with the [College of Family Physicians of Canada \(CFPC\)](#) or have a ruling that the candidate is eligible to receive the CFPC designation based on recognized training and certification outside Canada.
- 4) Demonstrate [English language proficiency](#), if applicable.
- 5) Submit a satisfactory [criminal record check](#).
- 6) Successfully complete a continuous Family Medicine [postgraduate training program](#) outside Canada and have a verifiable document of completion. The program has to be at least 24 months long and include four months of community-based primary care and a minimum of eight weeks each of three of the following: ~~Paediatrics~~[Pediatrics](#), Obstetrics and ~~Gynaecology~~[Gynecology](#), Surgery and Internal Medicine.
- 7) Demonstrate **currency of practice**. This includes evidence of being in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 8) Have an [AHS sponsorship letter](#).

- 9) Pass a [Supervised Practice Assessment](#).

## **SUPPORTING DOCUMENTS**

- ✓ [English language proficiency policy](#)
- ✓ [Criminal record check policy](#)
- ✓ [Therapeutics Decision Making Exam \(TDM\)](#)

## **RESPONSIBILITIES**

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

## **APPROVAL**

Council governing the College of Physicians & Surgeons of Alberta

## **AUTHORITY DOCUMENTS**

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

# Provisional Register Policy

POLICY TITLE	Conditional Practice – Specialty Discipline Practice
<b>PURPOSE</b>	Ensure all physicians, surgeons and osteopaths who have not met the requirements for the General Register as a medical or surgical specialist have the required training and competencies to practise medicine safely.
<b>SCOPE</b>	This policy applies to physicians, surgeons and osteopaths who are registered on the Provisional Register Conditional Practice as a medical or surgical specialist. These members practise independently and are the most responsible physician in the care of their patients.
<b>NOTES</b>	<p>The Provisional Register is for regulated members who have not met the requirements for the General Register.</p> <p>The Provisional Register may be subject to terms, limitations, conditions and/or restrictions. These include but are not limited to the requirement to successfully complete a Practice Readiness Assessment.</p> <p>Registration on the Provisional Register is valid for a maximum of six years unless an extension is granted by the Registrar in extenuating circumstances in accordance with the Physicians, Surgeons and Osteopaths Profession Regulations</p> <p>Physicians must meet certain criteria in order to transfer to the General Register. Ongoing Alberta Health Services (AHS) sponsorship is a condition of registration on the Provisional Register.</p>

**LAST REVISED: SEPTEMBER 9, 2021**  
**APPROVED BY COUNCIL: SEPTEMBER 9, 2021**

## POLICY STATEMENT

Physicians, surgeons and osteopaths in the practice of a specialty discipline who have not met the requirements for the General Register for a medical or surgical specialist must:

- 1) Have a medical degree from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

- 2) Have passed the **Medical Council of Canada** Qualifying Exam Part 1 (MCCQE1) or hold the equivalent United States Medical Licensure Examinations (USMLE).
- 3) Demonstrate [English language proficiency](#), if applicable.
- 4) Submit a satisfactory [criminal record check](#).
- 5) Demonstrate **currency of practice**. This includes evidence of having been in discipline-specific postgraduate training or discipline-specific independent practice within the last three years.
- 6) Obtain an [AHS sponsorship letter](#).
- 7) Pass a [Practice Readiness Assessment \(PRA\)](#), comprised of the **Preliminary Clinical Assessment** and a **Supervised Practice Assessment**.
- 8) Meet discipline-appropriate post-graduate training and certification requirements. The requirements for specialties and subspecialties are outlined below.
  - a) **Specialty** – The physicians must have at least 48 months of **university affiliated and accredited** discipline-specific postgraduate specialty training. Both the training and certification process must be substantively equivalent to that required by the Royal College of Physicians and Surgeons of Canada (RCPSC). They must be able to produce a verifiable document of completion of discipline-specific specialist training and certification.
  - b) **Subspecialty** – The physician must provide evidence that they have successfully completed **university affiliated and accredited** discipline-specific postgraduate training and have achieved specialty certification in the primary specialty. Both the training and the certification process must be substantively equivalent to that required by the RCPSC. The physician must also provide evidence they have successfully completed subspecialty postgraduate training and certification.

**Physicians who don't meet the requirements for the Provisional Register as a specialist may** be eligible for registration on the Provisional Register as a non-specialist. Applicants must have:

- 1) Successfully completed discipline-specific postgraduate training of a duration that is within 12 months of that required by the Royal College of Physicians and Surgeons of Canada for the equivalent/specific specialty; and
- 2) Achieved specialty certification recognized by another medical regulatory authority; and
- 3) Fulfil all the other criteria of the Provisional Register Conditional Practice.

## SUPPORTING DOCUMENTS

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

## RESPONSIBILITIES

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

## **AUTHORITY DOCUMENTS**

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





# Strategic Plan 2022 - 2026

Centre de Santé Saint-Thomas, Edmonton



A woman in traditional Indigenous regalia, including a feathered headdress, beaded necklace, and a skirt with red and white fringes, is captured in a dynamic dance pose. The background is a blurred indoor space with wooden floors and overhead lights. The image is overlaid with a teal text box on the left and decorative white concentric circles in the top left and bottom right corners.

# Land Acknowledgment

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.

CPSA was honoured to be invited to Siksika Nation in May 2022 to further strengthen the relationship among CPSA, Siksika Nation and Siksika Health Services, and to discuss the need to take action to disrupt Indigenous-specific racism in the healthcare system.

It was a day of culture sharing and developing a shared commitment to creating culturally safe care spaces and improving health outcomes for Indigenous peoples across our province.

*Photo: Siksika Health Communications*

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# 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 Working Group (SPWG) 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.

Ms. Stacey Strilchuk  
CPSA Council President









# 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 (SPWG) 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.

Dr. Scott McLeod  
CEO & Registrar, CPSA

# Message from the Strategic Plan Working Group

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 when 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 SPWG 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.

Ms. Levonne Louie  
on behalf of the Strategic Planning Working Group







# 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 partners. *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 partners, 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.

“As a group we had different perspectives and backgrounds and though we didn’t always agree, we all wanted a plan that was visionary, aspirational and focused on aiming for high quality, safe and compassionate care for all Albertans.”

– L. McFarlane, SPWG




# Trends and Innovations in Canadian Health Care

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 our 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.

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- 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 healthcare 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 (TRC) delivered on its mandate, which included sharing the truth about what happened in residential schools<sup>1</sup> 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 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.

<sup>1</sup> Truth and Reconciliation Commission of Canada - NCTR; <https://nctr.ca/about/history-of-the-trc/truth-and-reconciliation-commission-of-canada/>

It was refreshing to work in a diverse group of individuals who were always open to questions and be questioned about the work, processes and intent, and change their opinions instead of digging in their heels, to get a product that met the mandate of CPSA.

– D. Fung, SPWG

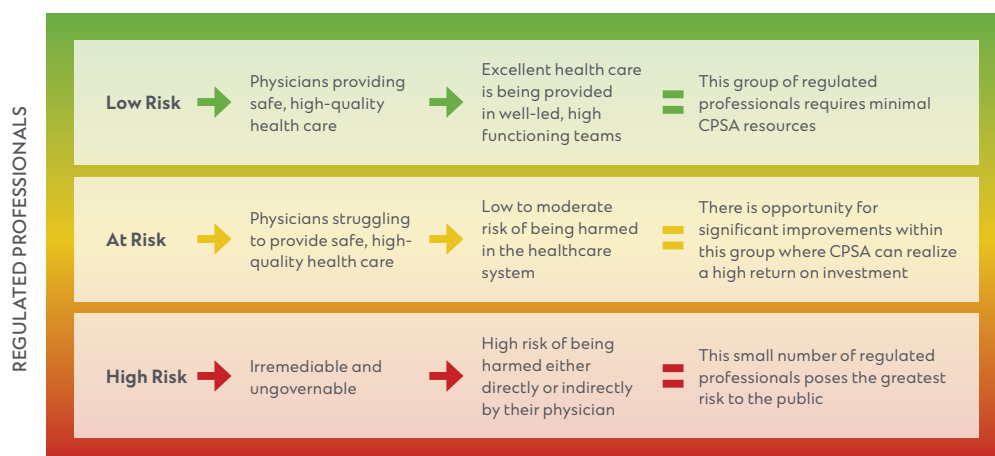
# CPSA's Strategy: The Process

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 partners provided input throughout 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 partners,
- 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 that.

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



Please note box size does not represent percentage of physicians in each category.







Led by the SPWG, we used an integrated planning process to develop our strategy. The SPWG was guided by our Strategic Plan Cycle (Figure 2) and employed a Strategic Planning Framework (Figure 3).

Figure 2: Strategic Plan Cycle

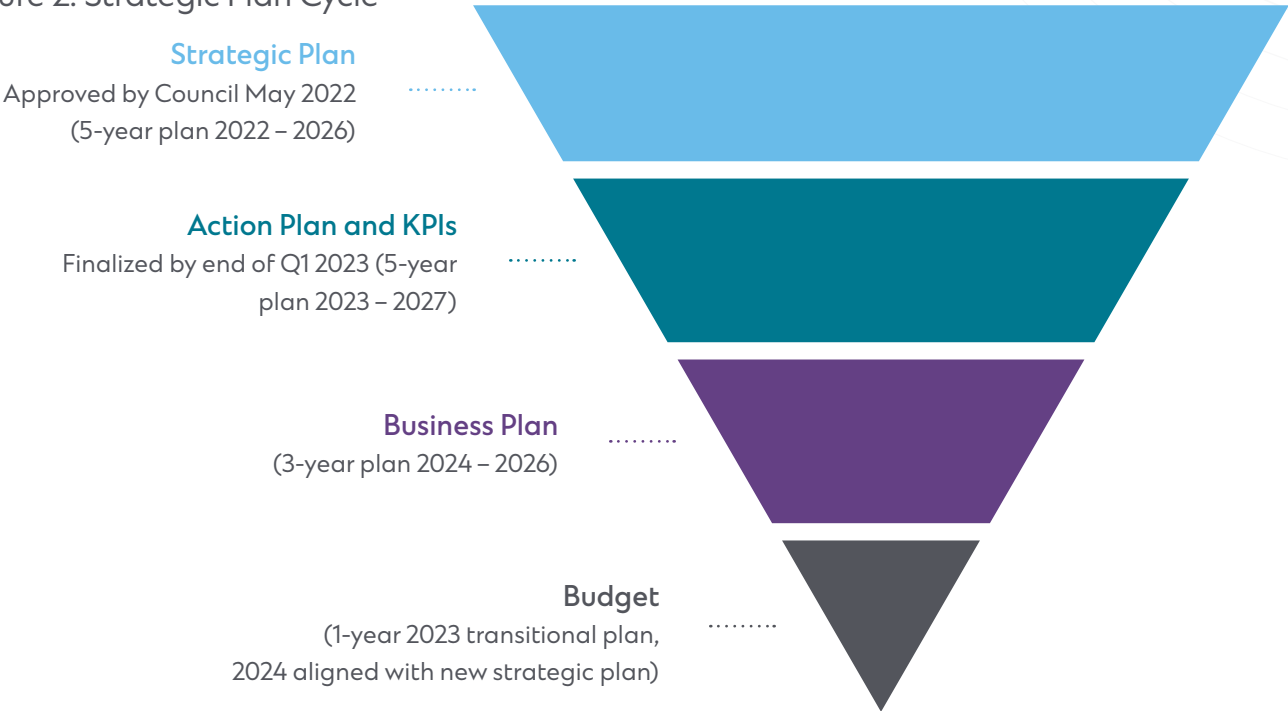
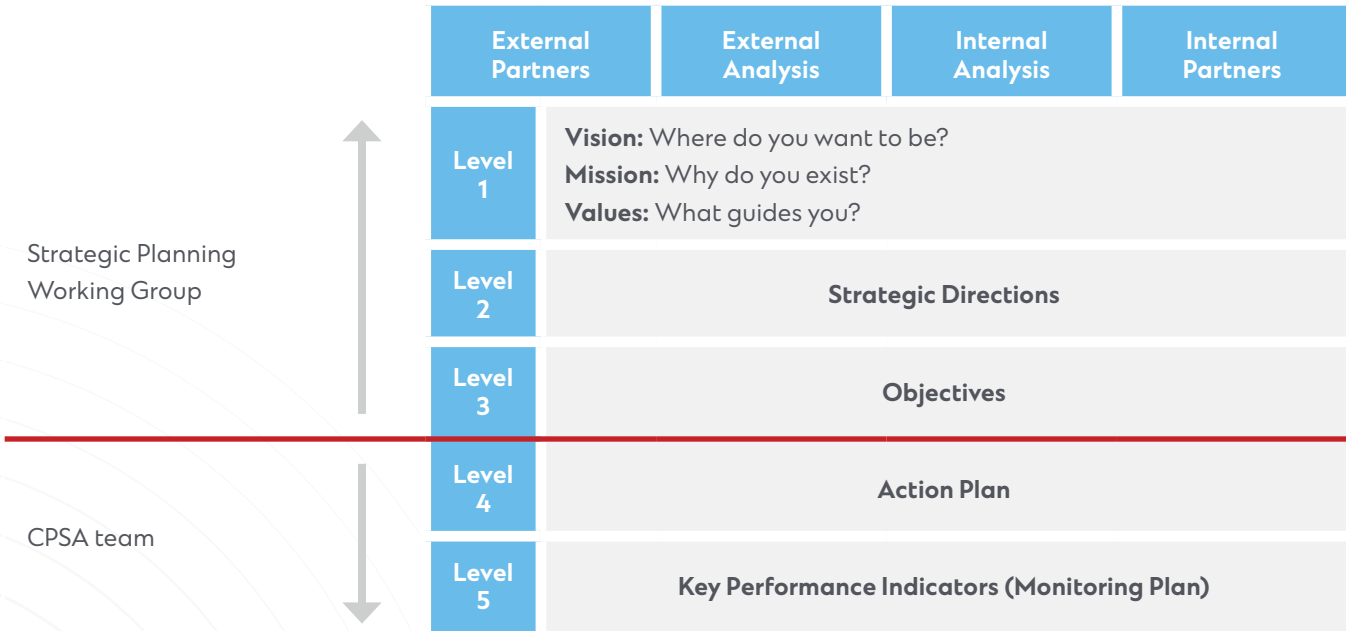


Figure 3: Strategic Plan Framework



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 the CPSA team 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.

The multiple points developed beneath the strategic direction of Highest Quality, Compassionate and Ethical Care will have a significant impact on Albertans.”

– R. Buckley, SPWG



## 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 5) 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 5: 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.

### 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.

### Registration

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

### 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.

### Accreditation

- Leverage the accreditation regulatory authority 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.

## 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.

## 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.

## 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.

## 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.

## Vision

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

## Mission

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

## Values

- We do the right thing
- We make informed decisions
- We empower people
- We collaborate
- We are innovators
- We enjoy and find meaning in our work



## CPSA Characteristics



Approachable



Collaborative



Consistent



Informed



Thorough



Transparent







MacEwan University Health Centre, Edmonton



## **President's Report**

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

Prepared for September Council – September 8<sup>th</sup> and 9<sup>th</sup>, 2022

#### **June 2022**

- June 11<sup>th</sup> to 14<sup>th</sup> Federation of Medical Regulatory Authorities of Canada
- June 15<sup>th</sup> Total Compensation Review meeting
- June 20<sup>th</sup> Governance Committee meeting
- June 20<sup>th</sup> Governance Review feedback session
- June 23<sup>rd</sup> Medical Facility Accreditation meeting
- June 24<sup>th</sup> CPSA and Siksika Nation – Joint Commitment meeting
- June 29<sup>th</sup> Finance and Audit Committee meeting

#### **July 2022**

- July 11<sup>th</sup> Monthly meeting with Registrar
- July 11<sup>th</sup> Building Fund Initiatives Working Group meeting
- July 13<sup>th</sup> Special Council Preparation meeting
- July 14<sup>th</sup> 2023 Retreat discussion
- July 18<sup>th</sup> Total Compensation Review meeting
- July 19<sup>th</sup> Special Council meeting
- July 22<sup>nd</sup> Total Compensation Review meeting
- July 26<sup>th</sup> Registrar's Performance Management Review meeting
- July 28<sup>th</sup> Anti-Racism Anti-Discrimination Action Advisory meeting

#### **August 2022**

- August 3<sup>rd</sup> Finance and Audit Committee meeting
- August 8<sup>th</sup> Monthly meeting with Registrar
- August 8<sup>th</sup> Council Planning meeting
- August 10<sup>th</sup> Building Fund Initiatives Working Group meeting
- August 10<sup>th</sup> CPSA AMA meeting
- August 11<sup>th</sup> Governance Review Committee meeting
- August 16<sup>th</sup> Building Fund Initiatives Working Group meeting
- August 16<sup>th</sup> CPSA Executive meeting
- August 18<sup>th</sup> CPSA AMA meeting
- August 26<sup>th</sup> Sponsorship meeting
  
- August 24<sup>th</sup> *Was unable to attend the Competence Committee meeting*



Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
September 8, 2022	Stacey Strilchuk		
Agenda Item Title:	2023 Council Retreat		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation:	THAT Council approves the 2023 Retreat themes and outcomes at the September 2022 Council meeting.
Background:	<p>The 2022 Council Retreat was held via Zoom, and had the following theme and agenda:</p> <p><b>2022:</b> Work Together + Learn Together = Govern Effectively Together</p> <ul style="list-style-type: none"> <li>Strategic Planning Working Session – workshop to have discussion about and input to the DRAFT strategic directions in the new Strategic Plan:             <ul style="list-style-type: none"> <li>Highest Quality Compassionate Ethical Care</li> <li>Enhanced Partnerships</li> <li>Proactive and Innovative Approach</li> <li>Anti-Racism Anti-Discrimination</li> <li>Authentic Indigenous Connections</li> </ul> </li> <li>A visioning session about the building fund was also held.</li> </ul> <p>2023 will be the first time in 3 years that Council can come together in person for its annual Retreat. The River Cree Resort on Enoch First Nation near Edmonton has been booked for the January 27-28, 2023 Council Retreat.</p> <p>The Governance Committee discussed the following possible themes for the Retreat at its April 2022 meeting:</p> <ol style="list-style-type: none"> <li><i>Good Governance/High-performing Council</i> <ul style="list-style-type: none"> <li>Psychological Safety</li> <li>Implementing the Governance Review</li> </ul> </li> </ol>

	<p>2. <i>Big trends affecting the health/well-being of the public and CPSA</i></p> <ul style="list-style-type: none"> <li>• Trust in public institutions</li> <li>• Hear from a healthcare futurist or innovation in healthcare</li> </ul> <p>3. Environmental, Social, Governance (ESG)</p> <p>4. Laughter/Comedy</p> <p>The Governance Committee did not come to consensus on a theme, and did not object to any of the proposed themes.</p> <p>President Strilchuk suggested Dr. Zayna Khayat as a keynote and facilitator who would encourage innovative thinking, and speak to broad trends affecting the health/well-being of the public and CPSA. The CPSA Team has talked with Dr. Khayat, and she will be submitting a proposal that addresses the following theme: The future of health care: challenging Council to think innovatively about how CPSA delivers on its mandate to ensure a successful and safe future for Albertans accessing medical care.</p> <p>Due to the investment CPSA has made in the Governance Review, the CPSA Team recommends that another theme of the Retreat is: Council Culture and Governance Foundations.</p> <p>A Draft Agenda is attached.</p>
Next Steps:	<ul style="list-style-type: none"> <li>• Using Council direction, the CPSA Team will plan the Retreat in more detail, and ensure the plan is implemented.</li> </ul>
List of Attachments:	
<p>1. <a href="#">DRAFT AGENDA - 2023 CPSA Council Retreat</a></p> <p>2. <a href="#">Dr. Zayna Khayat - bio</a></p>	

## DRAFT

### 2023 CPSA Council Retreat AGENDA

**Date:** January 27-28, 2023

**Location:** River Cree Resort  
300 East Lapotac Blvd, Enoch, Alberta

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#### Retreat Themes:

- The future of health care: challenging Council to think innovatively about how CPSA delivers on its mandate to ensure a successful and safe future for Albertans accessing medical care.
- Good Governance/High-performing Council.

#### Retreat Goals:

- Council members get to know each other, and build relationships that lead to a solid and trusting Council team.
- Council is innovative in anticipating and adapting to future health care realities, and in realizing the goals/objectives of the 2022-2026 Strategic Plan.
- Council follows through on the Governance Review Recommendations:
  - Council Culture: Council has a DRAFT Council Contract/Commitment.
  - Governance Foundations: Council has a common understanding of CPSA's mandate, and what it means to "protect and serve Albertans", Council has a DRAFT definition of "Public Interest".

#### **Friday, January 27, 2022**

8:15-9am	Welcome and group activities
9-10am	KEYNOTE: Dr. Zayna Khayat (TBC) – key trends in the health/well-being of the public, and links to CPSA's Strategic Plan
10-10:20am	BREAK
10:20-noon	WORKSHOP: led by Dr. Khayat – Aligning key trends with CPSA's mandate to protect the public, and achieving CPSA's Strategic Plan
Noon-1:15pm	LUNCH

1:15-2:15pm	KEYNOTE/INTRODUCTION: speaker TBD – Council Culture
2:15-2:55pm	GROUP CONSIDERATION/Assessment: Assessing Council Culture – current state
2:55-3:15pm	BREAK
3:15-4:20pm	WORKSHOP (small groups) and PLENARY Report Back: Building a Council Contract/Commitment
4:20-4:40pm	WRAP for the DAY – selected Council members will offer their key learnings from the day

### **Saturday, January 28, 2022**

9-9:30am	INTRODUCTION: speaker/facilitator: Council's Governance Foundations
9:30-10:30am	WORKSHOP (small groups): <ul style="list-style-type: none"> <li>◦ What does it mean to “protect and serve Albertans” when it comes to regulation of the medical profession?</li> <li>◦ What does it mean to act in the public interest?</li> <li>◦ What are Council's key considerations for every decision it takes?</li> <li>◦ What are important elements of CPSA Council's Governance Vision...what do we want Council to be ?</li> </ul>
10:30-10:50am	BREAK
10:50-11:30am	REPORT BACK to Plenary: definitions of public interest. Key components/questions of every decision.
11:30-noon	WRAP UP and NEXT STEPS
Noon-1:30pm	LUNCH and GOOD-BYE

Submission to:	<b>Council</b>		
Meeting Date:	Submitted by:		
September 8, 2022	Stacey Strilchuk		
Agenda Item Title:	Registrar and CEO's Performance Evaluation – Process for 2022		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
Recommendation (if applicable) :	<p>That Council approves:</p> <ol style="list-style-type: none"> <li>1) the 2022 Registrar and CEO's Performance Management process; and</li> <li>2) the President as the Lead with support of Executive Committee for the 2022 Registrar and CEO's Performance Management process.</li> </ol>		
Background:	<p><b>Overview: Registrar Performance Management Process (approved 2018)</b></p> <p>College of Physicians and Surgeons of Alberta's (CPSA) <i>Registrar Performance Management Process</i> (attached) was approved by Council in November 2018 and sets out the principals, process, key roles and responsibilities and the ability to create a designated subcommittee. This document was reviewed and edited in August 2022, and will be discussed by Executive Committee and then brought back to Council for approval in December 2022.</p> <p>The process allows for modifications of the performance management tool when agreed upon by President, the Executive Committee, and the Registrar and CEO.</p> <p>The performance management process includes the development and approval of goals, objectives and expectations of the Registrar and CEO as identified:</p> <ol style="list-style-type: none"> <li>1. In the Registrar and CEO's employment agreement/contract</li> <li>2. As developed and approved by CPSA Governing Council</li> <li>3. As essential leadership behaviors and characteristics referenced in the <i>Kouzes and Posner Leadership Challenge</i></li> </ol>		

	<p>CPSA Governing Council has several key responsibilities in the Registrar and CEO Performance Management process as outlined in the supporting document</p> <p><b>Proposed 2022 Registrar’s Performance Evaluation Process</b></p> <p>The proposed Registrar and CEO Performance Management process for 2022 will include reviewing:</p> <ol style="list-style-type: none"> <li>1. Registrar and CEO employment agreement/contract</li> <li>2. CPSA Strategic Plan and Key Performance Indicators</li> <li>3. Recommendations or highlighted areas from 2021 Performance Management process</li> <li>4. The results of the 2022 survey developed from The Leadership Challenge® based on <a href="#">Five Practices of Exemplary Leadership®</a>: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart. <ul style="list-style-type: none"> <li>◦ Questions will be developed under each of the Five Practices, and these will be provided to CPSA Governing Council and CPSA Leadership</li> </ul> </li> </ol> <p>The President will be responsible for the 2022 Registrar and CEO’s Performance Management process and for providing Council with any updates and final recommendations.</p>
Next Steps:	<p>Timeline for the 2022 Registrar and CEO’s Performance Management process:</p> <ul style="list-style-type: none"> <li>• October: <ul style="list-style-type: none"> <li>◦ Survey questions developed and provided to CPSA Governing Council members and Registrar and CEO’s direct reports (questions based on the “Leadership Challenge” model by Kouzes and Posner).</li> <li>◦ If further detail from the Survey is required, President engages with survey respondents.</li> <li>◦ President reviews pertinent information such as KPIs, survey feedback &amp; engagement survey results.</li> <li>◦ Registrar and CEO is requested to complete a self evaluation and provide response to President.</li> </ul> </li> <li>• November: <ul style="list-style-type: none"> <li>◦ President and Executive Committee review results of the Performance Management process and supporting</li> </ul> </li> </ul>

documentation and prepare recommendations for CPSA Governing Council review and approval.

- December:
  - President and Executive Committee review the Registrar and CEO Performance Management process and results with CPSA Governing Council and provide recommendation(s) for review and approval.
  - Registrar and CEO meets with President to review 2022 Performance Management review results and finalize
  - President will advise CPSA Chief Financial Officer of completion and recommendations from CPSA Governing Council.

Leading up to January 2023, Executive Committee will also prepare the process for the 2023 Registrar and CEO's Performance Management process and orient the new President and Executive Committee. This will include a review and refresh of the 2018 policy/process.

#### List of Attachments:

[CPSA Registrar Performance Management Process \(approved 2018, draft revisions August 2022\)](#)

**COLLEGE OF PHYSICIANS AND SURGEONS OF  
ALBERTA**

**REGISTRAR AND CHIEF EXECUTIVE OFFICER  
PERFORMANCE MANAGEMENT PROCESS**

**APPROVED: NOVEMBER 2018  
REVISED DRAFT: AUGUST 2022**



# **College of Physicians and Surgeons of Alberta (CPSA)**

## **Registrar and Chief Executive Officer**

### **Performance Management Process**

#### **BACKGROUND**

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An organization is guaranteed a certain level of success when the employer and all its employees share a clear understanding of where they are heading and how they are going to get there.

There are many elements that contribute to this common understanding including a shared vision, shared values and the organization's strategic plan.

- These elements underpin the agreement that each employee has with the organization – specifically, what is expected of him/her, what resources and authorities will be provided and how the employee is held accountable for achieving results.

Increasingly, organizations are going to an accountability model that creates a formal loop of written expectations shared between the employer and employee leading to an equally formal evaluation of performance.

The philosophy that should underlie such a process is one that espouses openness, honesty and mutual respect.

- Performance planning and evaluation is a “process” not an “event”.
- The objectives should include high levels of achievement, growth and mutual benefit.
- The process should be iterative, involving a cycle of shared expectations, review, feedback and revised expectations.
- There should never be any “surprises” at the end of an evaluation cycle.

**Feedback of an informal nature throughout the year should allow for timely identification and resolution of performance related issues.**

A key responsibility of the CPSA Governing Council is to evaluate the performance of the Registrar and Chief Executive Officer (CEO).

The process being proposed for a sustained and consistent approach to evaluating the performance of the CPSA Registrar and CEO includes:

- Establishing performance criteria related to the organization's strategic plan and priorities
- Ensuring the Registrar and CEO is being evaluated on organizational key performance indicators, outcomes, and accomplishments, rather than on personality traits
- Enabling the Registrar and CEO to give CPSA staff direction for their work and performance
- Identifying opportunities, challenges, and strategic issues that the CPSA Governing Council and Registrar and CEO can address before problems arise
- Giving the Registrar and CEO a clear picture of how the CPSA Governing Council perceives the quality of his or her work
- Improving the performance of the Registrar and CEO and the organization
- Building a better working relationship between the Registrar and CEO and the CPSA Governing Council.

The process outlined below represents the ideal, iterative approach in a normal annual process. In addition, a modified/compacted version is also offered which recognizes the current reality/ time period that the CPSA is operating under and a desire to provide feedback and direction for the Registrar upon completion of first full year of leadership (e.g., beyond initial probationary period).

**The process and associated instruments should themselves be evaluated, revised and modified upon a full year's worth of experience and as required in subsequent evaluation periods.**

## PERFORMANCE MANAGEMENT PROCESS

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### Principles

The performance management process is based on several principles:

- Facilitated communication between the Executive Committee on behalf of Governing Council and the Registrar regarding the performance and performance management process of the Registrar and CEO and organization.
- The Registrar and CEO's performance goals and objectives aligned with the CPSA Strategic Plan.
  - All efforts should be made to establish goals, objectives and related performance measures which are objective, e.g., accomplishment of the strategic plan, effective implementation of CPSA policies, stakeholder engagement/satisfaction with the services provided, etc.
- The performance management process should be viewed as a cycle that includes: clarifying expectations; setting goals jointly; monitoring performance and evaluating results achieved; discussing issues and providing feedback; and recognizing strengths, identifying concerns and setting growth targets. The process should be designed to reinforce positive behavior and focus the Registrar and CEO's time and commitment to high priority initiatives.
  - Goals and objectives are set at the start of or immediately in advance of the performance management period.
- Goals and objectives are aligned and cascaded down through the organizational structure of the CPSA as applicable; the sum of the Assistant Registrars' and other direct reports' goals and objectives should equal the Registrar and CEO's goals and objectives.
- CPSA Governing Council should give a consistent, unified message to the Registrar and CEO regarding performance expectations and results. If there is significant divergence of opinion, this must be resolved amongst the Councillors.
- Input into the evaluation of the performance of the Registrar is collected from multiple sources who are credible.
- Credibility is defined as significant and meaningful interaction with the Registrar and CEO forming the basis of experience relevant to undertaking the performance management process either on the basis of understanding of the goals and objectives or of desired leadership behaviors.

## KEY ROLES AND RESPONSIBILITIES

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### CPSA Governing Council

- Develops and oversees the CPSA Strategic Plan
- Establishes the relationship expectations and accountabilities between CPSA Governing Council and the Registrar and CEO
- Sets and directs the role and responsibilities of the Registrar and CEO
- Establishes the total compensation for the Registrar and CEO and ensures congruency with the results of the performance management process
- Delegates the role and responsibilities assigned to a Council committee (e.g. Executive Committee) as required regarding the Registrar and CEO performance management process with timelines and reporting requirements
- Reviews and approves recommendations arising from the Registrar and CEO performance management process

### Designated Subcommittee (as required)

- Conducts the performance management process of the Registrar and CEO, including the achievement of consensus of measurable goals and objectives
- Recommends Registrar and CEO compensation adjustments, bonuses and/or employment agreement/ contractual changes
- Manages the performance management process, including the gathering of information, negotiating goals and objectives with the Registrar and CEO, conducting performance feedback interviews, preparing written documentation of the performance management process outcome, developing recommendations to present to CPSA Governing Council
- Provides regular information and feedback to the Registrar and CEO and CPSA Governing Council regarding the ongoing performance of the Registrar and CEO
- Consult with external stakeholders as required

### President

- Meets with the Registrar and CEO quarterly to develop and review performance management goals and objectives and provide feedback to the Registrar and CEO

### Registrar and CEO

- Self-evaluates performance relative to the agreed upon goals, objectives, role and responsibilities

### Chief of Staff or Designate

- Provides administrative support to CPSA Governing Council/designated committee (e.g. Executive Committee) and President
  - Schedules the quarterly and annual session between the President and the Registrar and CEO, as well as the performance management process and activities
  - Brings forward the milestones of the performance management process to the attention of CPSA Governing Council, designated committee as required as well as the Registrar and CEO.
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## PROCESS

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The performance management process is based on the belief that the Registrar and CEO is accountable to CPSA Governing Council for the leadership and direction of the CPSA.

CPSA Governing Council is accountable for establishing and prioritizing the goals for the CPSA and monitoring the progress in achieving the goals.

- CPSA Governing Council may delegate the responsibility for the Registrar and CEO performance management process to a committee, such as the Executive Committee.

The performance management process will include the establishment of expectations and the management of performance in three (3) key areas:

1. The roles and key responsibilities outlined in the employment agreement/contract or other mutually agreed upon agreement with the Registrar and CEO.
2. Goals and objectives established and agreed to by CPSA Governing Council or relevant Council committee (e.g. Executive Committee) and the Registrar and CEO at the beginning of the performance management cycle and aligned with the CPSA's Strategic Plan and associated Business Plan and budget.
3. The essential behaviors and characteristics required by the Registrar and CEO. These should also be established/confirmed in advance of any performance management period and well-developed, documented and understood by CPSA Governing Council, Council committee (e.g. Executive Committee) and the Registrar and CEO.

## TIMELINE(S)

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The activities of the performance management process are scheduled over a 1 year cycle commencing January 1<sup>st</sup> of each calendar year.

### January

- Annual performance goals, objectives and leadership expectations are outlined and agreed upon by Registrar and CEO and CPSA Governing Council
- **Lead – President**

### April

- Quarterly performance review of Registrar and CEO
- **Lead – President and Registrar and CEO**

### July

- Quarterly performance review of Registrar and CEO
- **Lead – President and Registrar and CEO**

### September

- Performance management review commences and performance management tool, supporting documentation and process is agreed upon by Registrar and CEO and President
- The performance management process, tool and supporting documentation is reviewed and approved by CPSA Governing Council
- Note – a 360 leadership assessment is completed every 3 years
- **Lead – Chief of Staff, President and Registrar and CEO**

**October**

- Quarterly performance review of Registrar and CEO
- **Lead – President and Registrar and CEO**
- The Registrar and CEO's performance management process is initiated and completed
- The Registrar and CEO completes a self-assessment
- **Lead – President, Registrar and CEO, Chief of Staff**

**November**

- Review of the process management tool results and supporting documentation is complete
- A summary report and recommendations regarding the Registrar and CEO's performance review management process and results are developed for Executive Committee and CPSA Governing Council
- **Lead – President and Chief of Staff**

**December**

- A summary report and recommendations regarding the Registrar and CEO's performance review management process and results are presented to CPSA Governing Council for review, discussion and approval
- **Lead – President and Executive Committee**
- Annual performance review of Registrar and CEO
- **Lead – President and Registrar and CEO**
- A completed annual performance review confirmation and any supporting recommendations and documentation is signed and emailed to CPSA Chief Financial Officer
- A review of the overall Registrar and CEO performance management process is conducted with Registrar and CEO and orientation on the Registrar and CEO performance management process is provided to incoming President and Executive Committee
- **Lead – President and Executive Committee**

**Attachment(s)**

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- Roles and Responsibilities/Position Profile CPSA Registrar and CEO
- CPSA Strategic Plan
- CPSA Business Plan and Associated Budget



**To:** CPSA Council  
**From:** Scott McLeod  
**Date:** 8 September 2022

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### A. Introduction

I hope everyone has had a chance to enjoy some time over the summer to relax and embrace some valuable time with loved ones. I suspect however that anyone working in healthcare has not found the recent months to be a time to relax. We are seeing challenges across Canada and the health system challenges have been front and center in the media.

One of the most important topics brought up is related to the number and distribution of physicians. There will be time dedicated to this discussion during the meeting so I will not expand much here other than to say, this is a problem that had its genesis decades ago. Unfortunately, no matter how much people push to address this real problem, there are no simple solutions that are going to correct the problem in the coming months. With that in mind we need to be very cautious not to introduce solutions that may in the end cause more problems for the health and well-being of Albertans.

Not only do Albertans deserve to have access to qualified and competent physicians who provide high quality care, Alberta can't afford to accept physicians who have not demonstrated their competence to practice. Iatrogenic harms are a reality in Alberta as they are across Canada and around the world. I recently had a conversation with the CEO of Healthcare Excellence Canada about how we, as a regulator, could work with them to identify areas of mutual interest to help improve quality and patient safety.

CPSA's Analytics, innovation and Research team are leaders in Canada when it comes to understanding what practice behaviours lead to increased patient risk. As we get better access to more data, it's becoming more evident that high risk physicians have a tendency to order more diagnostic tests and prescribe more opioids, benzodiazepines and antimicrobials at higher doses and longer duration. Knowing that in a non-risk stratified population, one in every 20 tests ordered is likely a false positive or negative result, the more inappropriate tests that are ordered leads to more investigations or procedures that may also cause harm and increase the cost of health care. We need to ensure those who do practice medicine in Alberta are providing high quality care, not just high volume care.

It's also important to address certain comments about CPSA's actions during the heat of the pandemic. There have been comments made about closing down the CPSA or firing Council because of our actions during the pandemic. As disturbing as these comments are, they also highlight an opportunity for us to better educate those who don't have experience working with CPSA. Throughout the pandemic, we have focused on our mandate of protecting the public and we will continue to do so. I'm proud of the work everyone at CPSA put in and I believe that everything we did was in the public interest.

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### **B. CPSA Organizational Updates**

#### **a. Loss of two key CPSA leaders**

As you all know, Dr. Susan Ulan is retiring from CPSA at the end of this month, so this will be her last Council meeting. She will be greatly missed at CPSA. Her leadership and wisdom have been tremendously valued over her years with CPSA. A celebration of her time with CPSA took place on September 1st during our annual CPSA leadership team BBQ.

It's with a mix of emotions that I also report that Mr. Shawn Knight has chosen to take on a key leadership role with the College of Registered Nurses of Alberta (CRNA). This is a tremendous loss for CPSA, but it's also a great opportunity for Shawn. He will certainly be missed. Shawn's contributions to CPSA were recognized at a dinner earlier this week.

Over the coming months we will be holding a formal competition for the Chief of Staff Position. My goal is to have a new COS selected by the end of the year with a starting date no later than the first week of January.

Historically the Deputy Registrar has had responsibilities for being both the Deputy Registrar and leading a department. It is my intent to appoint a new Deputy Registrar who will no longer be directly responsible for a department, but rather oversee all of the regulatory departments. For a multitude of reasons, I don't intend to make this move until late 2023 or early 2024. In the meantime the DR roles and responsibilities will be taken on by myself and the ARs.

#### **b. New CPSA Assistant Registrar**

It is with tremendous pleasure that I announce the appointment of Dr. Charl Els as the new Assistant Registrar for the Competence Department. Charl started with the CPSA as a Senior Medical Advisor within the Physician Health Monitoring Program and the Registration Department. Shortly after taking on that role, he demonstrated an aptitude for regulation and leadership. After a tremendously competitive selection process with many talented applicants, he was selected to be the new Assistant Registrar for Continuing Competence.

Charl is an addiction psychiatrist and an occupational physician. Prior to CPSA, he was in civil forensic psychiatric practice, where he had the opportunity to testify before several levels of Court as well as the Human Rights Tribunal. He enjoys teaching and academic writing and serves as a clinical professor at the Department of Psychiatry and at the John Dossetor Health Ethics Centre at the University of Alberta. Charl volunteers in his local community and enjoys cycling and snowboarding.

#### **c. Action Plan launch**

On June 3<sup>rd</sup> we dedicated an entire day to bringing the CPSA team together at the Coast Hotel conference room to share the details of the recently approved

CPSA Strategy. Understandably, there were some concerns about everyone gathering together for the event, but at the end of the day it was a tremendous success. We had great feedback on the event, and despite a few technical issues with the microphones we heard an overwhelming amount of positive feedback about how good it was to get together and hear more about the strategy and how important it is for everyone on the team to feel connected to the strategy in their daily work.

The departments are currently working on their actions to bring the Strategy to life and have everyone on our team feel connected to the mission and vision of the organization.

### **d. Staff updates**

In my last report, I mentioned that we completed a staff engagement survey back in May of this year. As I mentioned at that time it was a difficult time for many people and doing an engagement survey at that time would likely not get a great result. I also shared at the time the importance of understanding exactly how difficult things were for everyone in order for us to know how best to support them. A simple assessment of what I thought about the team's engagement was just not sufficient to support our team.

CPSA's last engagement survey took place in 2019 where we had an 80% staff engagement. The results of our 2022 survey indicate CPSA now has a 62% engagement score—an 18-point decrease in engagement since the last survey. Obviously, this is deeply concerning to me, but we need to better understand what this means. We have not had a chance to engage all of our team members with the results yet and therefore I don't want to get into any details publicly until we have had a chance to do that, but I will be sure to make the results completely available to Council. We will be sharing the results with the entire team next week.

### **e. Data breach**

We were informed on July 1 that one of our third-party software providers had become the target of a cyberattack. They immediately notified all software platform users, including CPSA, followed by federal and local law enforcement. In addition, they activated their incident response plan and engaged a leading cybersecurity expert firm to assist in investigating the nature and scope of the incident. In addition to platform users and law enforcement, they also notified the Office of the Information and Privacy Commissioner of Alberta (OIPC). CPSA reviewed the three files that were identified as possibly being accessed and extracted all data to determine any private information that could have been breached and used for identity theft. We continue to work closely with the provider on corrective action and policy review to prevent future incidents.

On July 25th, 2022 CPSA sent an email notification to all current and past regulated members who could have been impacted by this data breach. This communication outlined what happened, what information was involved and what

steps could be taken to limit the impact of this incident. A special Privacy inbox was created for any concerns or questions that regulated members may have and to date only seven members reached out to get clarity on the issue. We will keep Council informed if anything else evolves.

### **f. Visit to Siksika Health Fair**

Thanks to our CPSA Councilor, Tyler White, I along with two other CPSA team members, were honoured to attend the Siksika Health Fair on June 6<sup>th</sup>. It was apparent throughout the day that Siksika is a strong community that places tremendous value in the importance of family, friendship and tradition. We had a CPSA booth set up and this resulted in many great conversations.

As a part of that day, we were also able to witness a rare event where Samuel Crowfoot was granted the privilege of wearing a headdress through a headdress transfer ceremony. This was an incredibly powerful ceremony to witness and one that highlights the importance of respecting all traditions and cultures. Tyler was not only instrumental in organizing the Health Fair and inviting CPSA to participate, but he allowed me the opportunity to learn and grow as a person and a Registrar.

We continue to look for developing a joint commitment to address racism and discrimination, however due to competing priorities we have not had a chance to put that together yet. This will likely be some work in the fall.

### **g. KPIs**

You will see by the attached [Q2 Dashboard](#) and [Business Activity Update](#) that 29 of the 42 action items are either on track to be completed or have been completed to date. Two have been identified as having a significant delay, but they are both connected to one project. Despite project Bluebird being delayed there are many aspects of that project that are going well. Dr. Hartfield has put together a nice [update](#) that should help you see the great progress they are seeing midway through the project.

## **C. The Profession**

### **a. Overall wellbeing**

The Canadian Medical Association has recently released the results of their [physician wellness survey](#) that highlights the challenges that exist in the profession. Most disturbing are findings such as:

- 53% of physicians and medical learners experience high levels of burnout
- 60% of respondents indicate that their mental health is worse now than before the pandemic
- 48% of respondents screen positive for depression
- 79% of respondents say they lack professional fulfillment

- 49% of respondents are considering reducing their clinical work in the next 24 months.

As you can see these are deeply concerning numbers that have an impact on the sustainability for the medical profession in Canada not to mention the quality and safety of patient care in Alberta.

### **b. AMA**

I feel CPSA continues to have a strong working relationship with the AMA. We continue to have regular meetings to discuss issues of mutual concern with the most recent meeting being a joint AMA/CPSA Executive meeting where we discussed issues such as: Finding common ground on shared messaging related to things such as team based care and physician supply; We updated AMA on the CPSA Strategic Plan; and we provided an update on the CPSA governance review.

On a separate note, concerns have been brought to CPSA by a couple sections of the AMA about the recent establishment of a pharmacist only “primary care” clinic in Lethbridge. Some Councilors have also been included in some of those emails. The concerns have been raised by the section of emergency medicine and the section of family medicine. Both had concerns about the safety of patients receiving care in those clinics and how they were potentially being promoted as full scope primary care clinics. Both groups therefore wanted to better understand the role CPSA would play in such clinics. I have had extensive discussions with the AMA, the Alberta College of Pharmacy and Alberta Health. Since this is not a full scope primary care clinic and the pharmacists are working within their scope of practice, we explained that CPSA has no jurisdiction to engage in the operation of that clinic. I believe this falls well within the authorities and responsibilities of ACP therefore CPSA will not be engaging further.

- c. **CMA** – Dr. Alike Lafontaine has now officially started as the CMA President. CPSA has had a strong working relationship with Dr. Lafontaine and we look forward to working with him over the next year.

The CMA continues to promote a National Medical License for Canada and during the Annual General Meeting of the CMA, the then President of the CMA, Dr. Smart, commented that she believed this was a real possibility. I don’t doubt that from a Federal Minister of Health’s perspective that would be the belief, however from my conversations with Alberta Health, there does not seem to be much interest in this subject. I have routinely shared that I’m not opposed to the concept, however it needs to be recognized that there is a difference between licensure and regulation. Alberta’s Minister of Health is still accountable for the care provided to Albertans and therefore anyone providing care here would still need to be regulated. Even if there was a national license, there would still need to be some form of registration in Alberta that would ensure they meet the expectations set out by CPSA. We will continue to have conversations with the CMA to see how we can find the right answer for Canadians.



### **D. Provincial Update**

#### **a. AFRHP**

With Shawn Knight's resignation from CPSA, he has also resigned from the AFRHP's executive Committee. Since he will be moving over to CRNA he will no longer be the CPSA representative. All Colleges have 2 positions with the Federation so I still hold one seat and Keely McBride will be holding the other position until a new COS is hired.

#### **b. Alberta Precision Laboratories (APL)**

Over the past several months I and Dr Ulan have been meeting with the APL physician leadership to build a stronger connection and see where we can work together. We have had some excellent conversations about things such as the appropriateness of lab testing by physicians and registration of international medical graduates just to name a few. We will be bringing other CPSA leaders into these conversations in the coming months for discussions around accreditation, registration, appropriateness and data analytics.

### **E. National Updates**

**a. FMRAC** – FMRAC held a successful annual conference and meeting in June of this year. During that conference there were many very important discussions around addressing racism and discrimination. I believe it was a great steppingstone to making a significant difference in that space. During that meeting, Dr. Nancy Whitmore was also welcomed into the role of President.

At the next FMRAC Board meeting we will be discussing the shortage of physicians in Canada and how we as regulators can help. We will also be discussing how we can address the misinformation that regulators are a major reason why we can't get more international graduates into Canada. There certainly are some jurisdictions that take a long time, but Alberta is doing incredibly well. We will share that information later in the meeting.

#### **b. Medical Council of Canada**

The Medical Council of Canada will be having its annual meeting at the end of September. I will provide an update at our next Council meeting.

#### **c. College of Family Physicians of Canada**

There continues to be discussion about the 3<sup>rd</sup> year of residency training for family medicine, however there have also been concerns raised about the impact of such a decision during a time that we need more family physicians.

#### **d. Royal College of Physicians and Surgeons of Canada**

Nothing to report

### **e. Association of the Faculties of Medicine of Canada**

Dr. Moineau is President and CEO of the Association of Faculties of Medicine of Canada (AFMC). She recently announced that she will be retiring from that position in June of 2023. I believe they have started the selection process of her position.

### **F. International Updates**

#### **a. International Association of Medical Regulatory Authorities (IAMRA)**

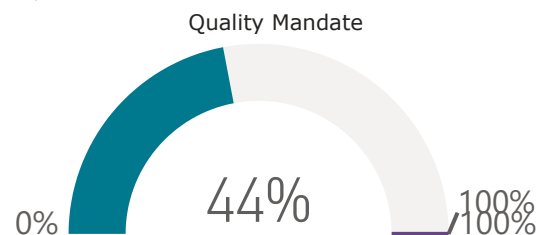
IAMRA recently announced that the next IAMRA conference will be held in Bali, Indonesia from November 3<sup>rd</sup> to the 6<sup>th</sup> 2023.

#### **b. Federation of State Medical Boards (FSMB)**

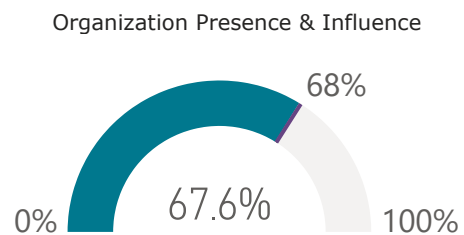
Nothing to report

### **G. Conclusion**

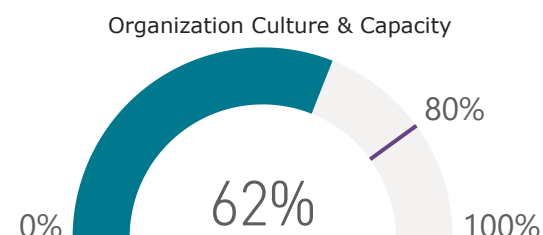
It has been a busy summer for everyone and the fall is shaping up to also be a very busy time. Our focus will be on understanding the results of the staff engagement survey and bringing the Strategy to life in our action plan, but we know there will be a great deal of work put into registration of international graduates, educating a new government and continuing to advance project Bluebird. I look forward to updating you again in December.



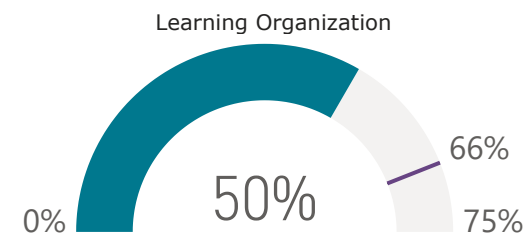
200 high risk physicians assessed



Improve media sentiment score



Employee engagement survey

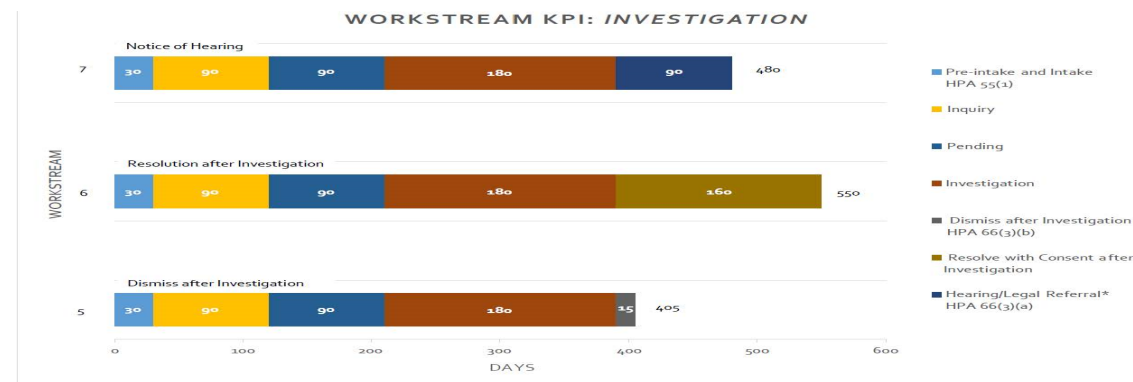
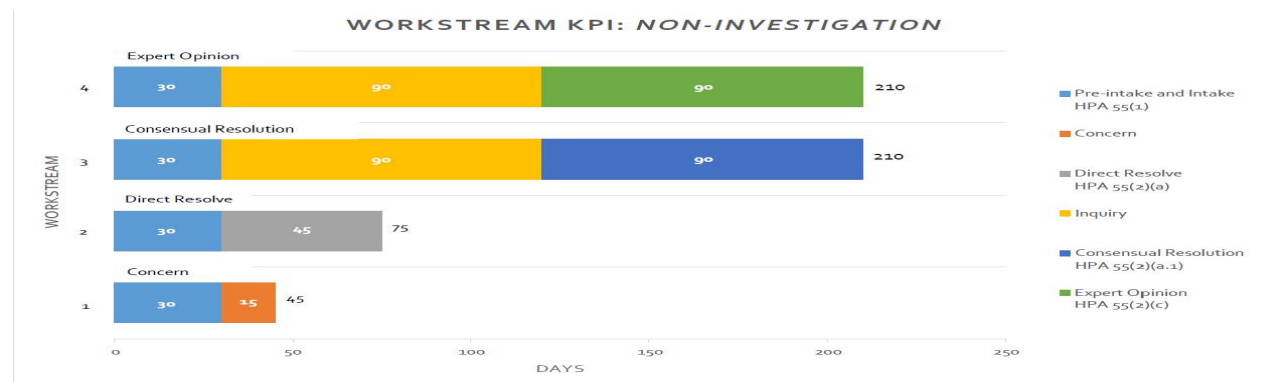


Departments are engaged in CQI

## Length of Time to Close Complaint Files

These are the measures that Council approved and we are developing the tracking 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.

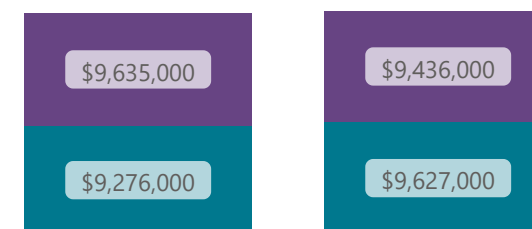


## Financial Results

### Revenues Compared to Expense (prior other income)

	30-Jun-22	Budget	Variance	
Revenues	-17,487,000	-14,868,000	2,619,000	18%
Expenses	16,887,000	17,330,000	443,000	3%
<b>Operating Income</b>	<b>-600,000</b>	<b>2,462,000</b>	<b>3,062,000</b>	
Development Costs	3,000	124,000	121,000	98%
Sub-total after Development Costs	-597,000	2,586,000	3,183,000	
Amortization & rental inducements	269,000	277,000	8,000	3%
Accreditation, net	160,000	-51,000	-211,000	414%
Sub-total	-168,000	2,812,000	2,980,000	
Other <income> loss	4,140,000	-150,000	-4,290,000	2860%
<b>&lt;Net Income&gt;</b>	<b>3,972,000</b>	<b>2,662,000</b>	<b>-1,310,000</b>	

Gross Expenses Gross Revenues



Q1

Q2

Quarter

# CPSA Business Activity Update

## For the Period Ending June 30, 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	Q2 2022 UPDATE
Data Discovery	Understand how to operationalize and act on new and existing data discoveries			Prescribing Analytics	CINO	Exceeding/Meeting Target	60%		Bi-weekly updates from Nancy on AH data review and planning	AH Data Update presentation on July 14th re:billing and patients per day
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	80%		Utilizing existing data and planning for the incorporation of specific new data sets from AH.	All models updated to incorporate latest RIF data and presented to physician factors working group at FMRAC
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	Below Target	60%	Delay to 2024 based on Council feedback.	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.	Continue to develop concept. Developing scenarios for physicians impacted. Feedback from Council to consider renaming to Registration Surcharge fees. Looking at 2024 for possible implementation based on Council feedback.

### 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	Q2 2022 UPDATE
Educate Public on Digital Health	<p>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.</p> <p>Measure the member and public awareness on the impact that digital health technologies and means have on public safety.</p>	Public and membership acknowledge risks and benefits in receiving and delivering healthcare through digital means.		Communications	Director Communications	Exceeding/Meeting Target	50%	Continue to message when it is and isn't appropriate to use virtual care. Continue to message virtual care as an option for those presenting with COVID-symptoms, if appropriate. Support for Ewan and virtual care reports/surveys.	Virtual care communication support is on track for Q1.	Virtual care communication support is on track for Q2.

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	Completed	100%		Virtual Care Standard complete. Ongoing work with Virtual Care Working Group (AH Committee, Ewan Chairs) and Digitally Enabled Care Working Group (Ed Chairs).	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	66%		The SOP is deployed and enforce so the majority of the work in completed, however we have not yet found a manner to evaluate its effectiveness.	The standard took effect Jan. 1, 2022: direct emails were sent to all members; a second email was sent when the updated Advice to the Profession was published on Jan. 20, 2022. It was featured on the homepage of the website, along with articles in Messenger (Dec. 2021, Jan. & Feb. 2022). Patient FAQs ("Advice to Albertans") were published in Jan. 2022.  74 virtual care-related queries have been received by the SoP Advisor, allowing the opportunity to communicate and clarify expectations.

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	Q2 2022 UPDATE
	Departments are engaged in CQI	66%		Prescribing Analytics	CINO	Exceeding/Meeting Target	50%		Slight delay/issues with data analysis that has now been resolved with Registration.	Registration and PHMP both engaged in CQI work.
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	Q2 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	Below Target	40%	Trying CQI toolkit and approach with PHMP	Developing a department by department plan and reporting for CQI	Trying new CQI approach and action plan with PHMP. Hopefully will work with one other department in 2022
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%	Delays while recruitment in both investigation and early resolution was completed. Training on alternative dispute resolution (ADRIA) has begun with resolution teams (7 members completed one level) and two investigators taking additional training as part of the focused development.	20%	25%
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	Below Target	5%	The project is trending off-track due to its broad scope and lack of an identified need for the broad project. Options will be brought forward to re-frame the History Project with a narrower scope, and closer alignment to CPSA's 2022-2026 Strategic Plan.	Council established a History Project Committee at the March 2022 meeting. A TOR for the Committee has been drafted.	No additional progress has been made since last reporting.
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	65%		A consultant was engaged to carry out the Governance Review. The consultant conducted a survey, interviews, and submitted an External Scan and Preliminary Recommendations.	Council members have provided their feedback on the recommendations from the Governance Review. The Governance Review Committee will meet in August to develop a recommendation to Council regarding an implementation plan around the items from the Governance Review that will be incorporated into CPSA's governance structure if approved by Council at the September Council meeting.

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	Q2 2022 UPDATE
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	Improve media sentiment score	Average media sentiment score of 68%		Communications	Director Communications	Exceeding/Meeting Target	68%	Had an average sentiment score of 67% this quarter, making the combined progress 68% (67.6%). Continued to see fairly neutral coverage in the media.	Average sentiment score of 68.3% in Q1	Average sentiment score of 67% in Q2	
	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	Q2 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	10%	AHS has not engaged with the CPSA regarding this work and the AMA focus is to support physicians who are having conflict in the work place, undergoing a TIA or another process that could affect their privileges.	Will meet with AMA to explore options.	Will need to reevaluate this work given the lack of engagement or alignment with AMA and AHS.
	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	50%		COVID and provincial partner capacity issues delayed the launch which was intended for 2021.	The CPD Network was launched April 28, 2022 with a focus on 2 pillars (data and coaching). Meeting Aug 23 to discuss funding options including the possibility of an AH grant.
	Communication/ Brand Strategy	Continue Communications Strategy, Brand Strategy, Physician and Albertan engagement, media and marketing	Communication and brand effectiveness assessment to measure the effectiveness of brand change. Ongoing efforts related to public and physician engagement.		Communications	Director Communications	Exceeding/Meeting Target	50%	Continued work on our brand (printed updated brand books) and media relations. Hosted the 2021 Annual Report on our new Albertan engagement site and will see more content in the next couple months. Revamping our social media strategy to be more proactive and consistent.	Branding, media and communication work on track in Q1.	Branding, media and communication work on track in Q2.
	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	Significant Delay	20%	KPIs established for workstreams, delay is in the ability to obtain reportable statistics on the new KPI's. IT looking into potential temporary reporting solution until new software implemented. Public and Member engagement survey creation has been put on hold until new software is implemented due to limited time and resources.	20%	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	Q2 2022 UPDATE
	Exemplary Employee engagement as reported on the employee engagement survey	80% score on survey		People & Culture	Director PnC	Below Target	62%		Engagement survey is set to launch in May.	Results came back as lower than anticipated at 62% hence the below target. Initiatives are being developed to address and enhance culture.
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	Q2 2022 UPDATE
Employee Engagement	Partner with (potentially new) vendor to conduct employee engagement survey Next survey 2022	Engagement scores increase to 80%	OCC001	People & Culture	Director PnC	Below Target	50%		Kincentric hired, survey drafted and will launch May 12	Results came back as lower than anticipated at 62% hence the below target. Initiatives are being developed to address and enhance culture.
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	50%		Will be addressed in performance management and living our culture initiative.	Work is underway on this project and will continue in Q3.



	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	25%		Initial work initiated with more to come in Q2.	Work is underway on this project and will continue in Q3.
	Workforce Plan Previously Staff training	Equity, Diversity & Inclusion training for staff (enhanced training)			People & Culture	Director PnC	Exceeding/Meeting Target	50%		Plan completed and implementation to begin in Q2.	Implementation work is underway.
	People Resource Center	Streamline work processes: Continued rollout of People Resource Centre in second phase. (year 2 of 2)			Admin	CFO	Below Target	80%	Shortage of staff delayed rollout. Plan to roll out the payroll module in 2022.	Roll out of the new payroll module deferred to Q2.	Roll out of payroll still in parallel run testing due to shortage of staff in the payroll team. New Payroll Administrator hired in mid May 2022. Defer rollout to later in 2022.
	Total Compensation Review	Conduct salary & benefit review	Alignment of compensation with Total Compensation philosophy		Admin	CFO/Director PnC	Exceeding/Meeting Target	75%		Consultant hired and external survey on Total Compensation is in progress. Results from the survey are expected early May.	Analysis of survey results in progress. Working with Total Compensation advisory team to review scenarios for 2023 budget impact.
	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.	The Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) was struck in July 2021. The Terms of Reference were approved in March 2022. Action planning is now taking place based on the TORs. The AC has held 3 out of 5 meetings planned for in 2022. The AC will meet again at the end of July and early November. The work of the committee is now on-going.
	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%		Then may be part of the mobility act which we are also up to date so far	Up to date as per information received, no update on mobility act
	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%		complete	complete - part of registration work flow
	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%		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	no change
	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%		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	up to date and compliant as per information received, survey and initial report submitted.
	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	30%		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.	The Submission Review Centry portal is in production during Q2. Next phase of documents to be identified and included in portal to be identified in Q3.
	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	Significant Delay	15%	Implementation of new software (iSight) to start July 2022.	10%	15%

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	25%	New role established to coordinate external peer review in May 2022, work is ongoing and training for new peer reviewers planned for late 2022.	15%	25%
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	Below Target	35%	Expected to have department positions filled by September 2022 which will improve planned improvement progress for 2022. All program managers have been recruited and significant improvements in workflow processes have been demonstrated. Monthly Bluebird team meetings established to update process diagrams and capture improvement steps.	25%	35%
Customer service Initiative	Hire additional staff	Enhanced customer service experience addressing phone calls into CPSA		People & Culture	Director PnC	Exceeding/Meeting Target	50%		Team member hired and will start as lead on April 25.	CX Lead is onboarded and the draft plan is complete. Hiring for the support roles will begin this summer.

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	Q2 2022 UPDATE
	Higher risk individual physicians are assessed	200 regulated members assessed (2% of membership)		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	44%		31 physicians initiated for quality assurance assessments	87 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	Q2 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	80%		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.	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 2023 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	Exceeding/Meeting Target	89%		Not able to report on the data at this time.	89% self-reported on RIF that they are engaged and have knowledge about at least one of the three pillars of PPIP.
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	Exceeding/Meeting Target	44%		31 physicians initiated for quality assurance assessments	87 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	80%		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.	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.	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%		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	Have established 3 working meetings. One with collective executive (AH, AHS, CPSA) and one with Program staff. A new AH governance structure has been established for the ASI. CPSA now has a position on one of the working subgroups. This should decrease our time to initiate new facilities and reduce surprises. Virtual meetings continue.
	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	PHMP AR	Exceeding/Meeting Target	25%		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	Second part of phase 1 dependent on funding for 2023 that is not yet determined. Phase 2 is underway. There are two separate projects mixed in phase 3. The first is creating a draft ATP around cannabis use for physicians based on a review by a summer student. This is nearly complete. The second would be a review of the effect of suboxone on cognitive function which is not yet funded or started.
	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	80%		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.	External consultation 023 completed. The final draft to be presented at Council in Q3 for final approval.

## **Bluebird Project Update – September 2022 Council Meeting**

We are pleased to provide a brief update on the Bluebird Project progress in 2022.

Over the past several months we have focused on both people and processes in order to see the results in not only tackling the backlog of complaints but also in setting the stage for ongoing timeliness in processing our work in this area.

### **Key Highlights – The People:**

- **Program Managers** – we now have 4 program managers who are assigned Associate Complaints Director authority and who are managing the work streams and the people teams.
  - Resulting in effective people management, clear understanding of who is performing what tasks in each area, agile management where decision making can be immediate and fluid
  - Highly qualified individuals with extensive legal and policing experience including backgrounds as authors and public council members
- **Project Management** – we have a senior level staff member focused on project management to ensure we have consistency in process mapping, templates, and integration of new complaints software.

### **Key Highlights – New Innovation in Process:**

- **AHS Records Access** – physicians direct access to medical records to respond to a complaint – increased timeliness in providing a response;
- **Initial Physician Response** – before the Complaints Director assigns the matter to a process, the physician is offered an opportunity to respond; provides improved decision making
- **Expert Opinion** – Pre-Investigation – obtaining a peer expert opinion as a means to resolve a complaint without further investigation (new); During Investigation – to assist with analysis of files as part of the investigation process (this is not new)
- **Early Resolution** – Officers are trained and performing early resolution (with consent) before a matter goes to investigation (when appropriate)
- **Pending Queue** – holds the investigation assignment until an investigator is available which leads to improved processing of investigations
- **External Investigation services** – seasoned investigators hired through agencies to assist with managing the backlog of investigations

These key elements have generated some real time improvements in the process of complaints and managing the ongoing arrival of new complaints.

What follows are a few highlights from each work stream:



## **Early Resolution (Intake to Pre-Investigation)**

The Early Resolution team has been focused on clarity of information available to the public on the website, including information on our complaint forms, FAQ's and what to provide when submitting a complaint and clarity of communication around matters deemed to be a non-complaint.

The team has developed improved processes to receive a physician response to a complaint almost 50% earlier as a result of clearer communication and improved access to records in order to respond to the complaint.

With adjustments in process and roles, the Early Resolution Officers have begun consensually resolving low risk complaints with good success.

## **Investigation**

The investigations team has been focused on working towards a consistent and streamlined investigative process. These changes will be pivotal in meeting the key performance indicators of the resolution after investigation and the dismiss after investigation workflows.

In addition to this important work, we have also launched our expert opinion program under Section 55 (c) and (d) of the *Health Professions Act*. It is anticipated that the expert opinion program will have a significant impact on expediting complaints while also providing a higher level of transparency and service for both patients and physicians. The added benefit of this program is the opportunity to connect with physicians in a way that fosters understanding and trust in the investigative process. In connecting with physicians to request their opinion of the standard care provided by a peer, it opens the door to have conversations about the purpose of the review while emphasizing the goal of improving practices and overall enhancing the patient-physician experience. These conversations often lead to new perspectives and stronger relationships that will serve our organization, our physicians, and the public well into the future.

## **Resolve with Consent (After Investigation) "RWC"**

The RWC (After Investigation) process continues to be refined. One adjustment has been to invite the physician to respond to the key findings of the preliminary investigation and provide their reflections on the findings, changes already made to their practice as a result of the complaint, and their thoughts about additional remediation. This collaborative approach engages the physician in the process in a positive manner, and enables resolution between the parties.

During the RWC process, we have adjusted so that there is verbal contact with the physician or counsel and the complainant, rather than only written communication



with the parties. This change has resulted in enhanced communication, understanding and trust in RWC by the parties.

The use of electronic (DocuSign) consent from complainants has reduced the length of time to obtain complainant consent.

As well, completion letters to the parties are done to advise that all requirements under the agreement are satisfied. This step ensures that physicians are given credit for work done and closes the loop with complainants, which enhances trust in the RWC process and reinforces to physicians that complaints are a learning opportunity.

### **Hearing Legal Referral**

The Hearing Legal Referral team has made many improvements, which have enhanced efficiency and fairness in our process. Some of the key improvements we have made include standardizing our communication to respondents, complainants, witnesses and experts. This helps to ensure that all parties are informed, and involved in the process.

These changes have had a positive impact on our processes and will be central in meeting the key performance indicators within the Hearing Legal Referral team. In 2021, 23 hearing meetings were convened, which includes sanction hearings related to previous merit hearings. To date for 2022, 18 hearing meetings have been convened, and 10 more are scheduled this year. In addition, there have been three Appeals to Council of Hearing Tribunal decisions. We are pleased to note that with changes in prioritization of files, we have matters proceed to Notice of Hearing under the defined KPI of 480 days.

Respectfully Submitted  
Dr. Dawn Hartfield  
August 23, 2022

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
September 8, 2022	Dr. Michael Caffaro		
Agenda Item Title:	New Registration category – Final Approval of Policy		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
Recommendation:	THAT Council approves the final policy criteria that creates the registration category of "Non-Clinical" for certain regulated members.		
Background:	<p>CPSA Council was presented with the draft policy documents at the May 2022 Council meeting for consideration. No changes have been recommended.</p> <p>At the May Council meeting, the CPSA Team was also asked to bring back the fee for the new registration category. The Finance and Audit Committee met and is recommending a fee of 25% of the regular annual fee under separate cover at the September Council meeting.</p>		
Next Steps:	Approval by Council is required. CPSA staff intend to have the new registration category available at the start of the 2023 calendar year.		
List of Attachments:			
1. <a href="#">General Register (Non-Clinical) Policy</a> 2. <a href="#">Provisional Register (Non-Clinical) Policy</a>			

## **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

<b>Submission to:</b>	<b>Council</b>
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<b>Meeting Date:</b>	<b>Submitted by:</b>		
September 8th, 2022	Dr. Scott McLeod		
<b>Agenda Item Title:</b>	Physician Resource Planning		
<b>Action Requested:</b>	<input type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

<b>Issue:</b>	There has been a considerable amount of media coverage on the shortage of physicians in Alberta. In some cases the regulators have been called out as part of the problem due to what some have referred to as burdensome regulatory process. This briefing is intended to bring Council up to date on the issue and how CPSA has been, and will continue to be involved.
<b>Background:</b>	<p>Taking into consideration the wellbeing of the profession, the community demands for care and the limited growth in family physicians in Alberta, there are challenges in meeting the needs of the public.</p> <p>Alberta's registration process for international graduates is one of the best in Canada. Our processes have been put in place to protect the public. We do, however, believe we can fine tune our processes to improve it even further and hopefully assist in making Alberta a preferred province for physicians to work in.</p> <p>The intent of this briefing is three fold:</p> <ol style="list-style-type: none"> <li>1. Provide an update on the status of physician numbers in Alberta now and over the past five years.</li> <li>2. Share some information about the current process for registering international medical graduates</li> <li>3. Share with you some of the options we have been considering to make Alberta an attractive place for international graduates without reducing the standard of care Albertans deserve.</li> </ol> <p>Please see the attached <a href="#">discussion paper</a> for more details.</p>

## Physician Resource Planning Discussion Paper

---

### Introduction

There has been considerable media attention around physician shortages across Canada and specifically here in Alberta. As regulators we have been identified as part of the problem because the process for registering international graduates can take time. Regulators have been seen as imposing burdensome bureaucratic processes that stand in the way of solving the physician shortage in Alberta. One challenge is that some statements are broad sweeping statements that don't apply to Alberta. The goal of this briefing to Council is to share what we know about physician numbers here in Alberta, the processes we have for registering physicians and request support to move forward with some initiatives that may help.

### Is there a crisis?

What is the optimal doctor to patient ratio that is required to provide high quality healthcare in Alberta? That has been a question being asked for decades now and it's not an easy one to answer. Everything from 1/500 to 1-10000 may be correct. The actual answer is..."It depends." Unfortunately, that is not the answer the public, the profession, the health system or the government wants to hear.

Things that must be considered are: What type of doctor do you mean? Family doctor, surgeon, pediatrician etc.? Are those physicians working full-time or part-time? Where do you need them to work...Rural, remote, urban? How healthy is the population? What is the average age of the population? How much chronic disease is in the population etc. There are so many factors there is no one right answer. It's especially difficult when we don't know what success looks like. In other words, are people getting high quality care with good outcomes or are they just getting access to care with no measure of quality and escalating cost?

There are, however, some indicators that Alberta is struggling to provide the care Albertans deserve with the current numbers, mix of specialties and distribution of physicians. Prior to the pandemic upwards of 50% of physicians had signs of burnout, but the most recent CMA Physician Health Survey has shown things are likely worse now. From that study, six out of ten respondents say their mental health is worse now than it was pre-pandemic; 48% of respondents screen positive for depression (that is up from 34%) and 79% of physicians and medical learners say they lack professional fulfillment. This survey also showed that 49% of respondents are considering reducing their clinical work in the next 24 months. Over the past year we have seen an increase in the number of small town emergency departments having to close due to lack of staffing, we see long waittimes in the emergency departments across Alberta and the waitlist for some surgical procedures are staying steady or getting worse.

Just based on these indicators one could argue Alberta could use more physicians, in a variety of specialties and locations in Alberta. Unfortunately, that is also the case for every other province and territory in Canada, not to mention the vast majority of countries around the world.

The reason why we're here today is complex and a result of decades of trying to apply simple solutions to complex problems. If we go back to the 1990's you could argue that the Barer-Stoddart report led to the crisis we're in, but there is no one thing that has created the problem. Everyone seems to agree that all successful health systems have a strong primary care system. However, Family Medicine has not been the specialty of greatest interest for medical graduates. Some of that has to do with the difficulties of practicing medicine and running a small business, some has to do with the lower pay for family physicians compared to the vast majority of other specialties, some has to do with the increasingly complex patients that family physicians need to support. One could also argue that family medicine has not been a respected specialty by our own profession. For example, pay equity has been talked about for decades yet there has been essentially no movement to address that in the past 30 years.

Is it a crisis? That would depend on how you define a crisis. The unfortunate reality is, this problem is complex and it is not going to be solved in the coming months. CPSA can, however, look for ways to help address the shortage.

### **What do our numbers tell us?**

Looking at the total number of physicians registered over the past 5 years, Alberta went from 10688 regulated physicians to 11948. This means that in 5 years we had an increase of 1260 physicians. On the surface that seems reasonable, but that does not tell the whole story. In 2022 there were more registrants that had a primary practice address other than Alberta and even more who didn't share a primary practice location on their renewal form. As a result, it would be more appropriate to say we had a growth of closer to 1000 physicians over 5 years. We have also been fortunate to add 48 physician assistants to our register in recent years thus increasing our health workforce.

Family medicine has a somewhat different trend. In Q1 2020 Alberta had 5241 FPs in Alberta. In Q1 2022 we had 5310. On face value that looks like we have a net gain of 69 FPs over a 2 year period. Taking into consideration their practice location, we have once again seen an increase in physicians registered in Alberta that don't have an Alberta practice address. In 2020 there were 146 whose address was not in Alberta. In 2022 that number grew to 185. In addition to that there was a growth in those who did not provide an address on their RIF, therefore we don't know where their practice is located. In 2020 that number was 133, in 2022 that number was 207. As a result there was at most 30 new family physicians in Alberta, but with more detailed information we may find an actual loss of family physicians over that 2 year period.

If we break that number down more, we see there was a loss of 34 physicians from Rural Alberta. Urban centers such as Lethbridge, Medicine Hat, Red deer, etc. saw a loss of 26, but Lethbridge itself lost 19 family physicians which equates to a 12.5% drop in 2 years. This likely equates to around 30 000 people who lost their family doctor. For a single community that can be devastating.

The other variable we have not addressed yet is related to work hours. At present, we don't know if family physicians are choosing to reduce the amount of time they work, but according to the CMA study, half are at least considering it. This will have a massive impact on physician resource planning.

Without a strong primary care system, Alberta can't deal with the demands placed on its healthcare system. Looking at these recent numbers one could say the trend in Alberta is not going in the right direction.

### **Our current process**

Public statements regarding attracting doctors into Canada have blamed a complex and overly burdensome registration process as a key cause of the problem. Unfortunately, that blanket statement paints a picture that is not accurate in Alberta where I believe we have one of the most efficient systems in Canada.

Alberta does, however, recognize there are many very talented physicians trained abroad and we want to support their desire to move to Alberta. In fact 34% of Alberta physicians are international medical graduates. Our current Practice Readiness Assessment (PRA) process is designed to help international graduates work in Alberta as quickly as possible without putting Albertans at risk. Currently 96% of physicians who go through CPSA's PRA process successfully go on to practice in Alberta. That also means that CPSA has successfully protected Albertans by identifying a small percentage who are not safe to practice. Some of the reasons why physicians are not successful include such things as anesthesia candidates who didn't recognize a failed intubation, couldn't safely provide regional anesthesia, didn't recognize patient instability or was unable to manage common presenting patient concerns. Some assessors have even had to intervene to prevent/minimize harm to patients during an observed procedure.

CPSA does more practice readiness assessments (PRA) than all other jurisdictions and right now there is no waiting list for a PRA. There has been some recent recruiting done by AHS and others that will result in more PRAs very soon, but we're ready to move on these. Currently, if all goes well, an international graduate can be practicing in a community 21 weeks after their first submission of their qualifications for review. There are, however, things that can delay this process. For example, it may take time to get criminal record checks completed or get certificates of professional conduct from other jurisdictions. Completing an English language proficiency exam or writing the therapeutics decision making exam can also delay the process. These steps, however, should not be viewed as unnecessary bureaucratic processes. These are processes put in place to ensure Albertans receive the care they deserve. The image below shows the typical steps in our process.



## Scenario 1- Average Non Delayed File

Time from submitting RQ to starting SPA (independent in community) = 5 months + 1 week: **21 weeks**



## Scenario 2- Average Delayed File

Time from submitting RQ to starting SPA (independent in community) = 14 months + 3 weeks: **59 weeks**



There is a public belief that we have too many doctors driving taxi cabs. It may very well be true that Alberta has some individuals with a medical degree who can't be licensed in Alberta. However, it's important to note that having a medical degree does not mean you're safe to practice medicine. The reality is, not all doctors are the same. As an example, just imagine if you were flying from New York to London on an Airbus A380, which is one of the most technologically advanced aircraft. The airline is short in pilots so they decide to go down to the local flying club and ask one of the Cessna pilots to come and fly the route in the A380. After all they are both pilots. They both know the rules of flight, they understand weather patterns and navigation. They know how to take off and land. Would you get on that airplane? Of course not, so why would we think a doctor trained in a completely different environment can automatically succeed and provide safe, high quality care here in one of the most complex systems for providing care?

CPSA's job is to protect the public and it is essential that all those who are granted the privilege of practicing medicine are qualified and competent to provide the care Albertans deserve. We live in a country with advanced technologies, complex systems, chronic disease, high expectations and long lifespans. Practicing medicine here is fundamentally different than many other countries in the world.

## **Pan Canadian Licensure**

National Licensure or Pan Canadian Licensure has also been held up by many, including the Canadian Medical Association, the Canadian Medical Form and several political leaders as a solution to the problem. As a result, this has been discussed extensively at the Federation Of Medical Regulatory Authorities of Canada (FMRAC) table. The challenge has been trying to understand what problem is being solved and what effect we are trying to achieve.

Fundamentally this comes down to the opportunity cost when you deal with scarcity of resources. Moving the limited number of physicians we have around the country does not really increase the services available. Without increasing the numbers of physicians it is a struggle to see how access will improve without having a negative impact on other jurisdictions.

Alberta has responsibility for the care of Albertans and it is unlikely the Alberta government would want to relinquish the authority to license doctors to a Federal agency they have no influence over.

The other area of concern with increasing mobility and encouraging locum coverage is the increased fractionation of care that goes against the core principles of a patient medical home. Ideally, physicians should establish themselves in a community and look after people for extended periods of time. It is challenging to understand why a solution would be introduced that encourages a high degree of mobility and increased fragmentation of care.

In reality it takes very little time for a physician to be licensed in Alberta if they have a license in good standing in any other province. It does, however, mean that physicians will need to pay for multiple licenses, but if that's the issue then that should be the issue to focus on.

### **New considerations**

No matter how good we feel the registration system at CPSA is we are always striving to improve. Our registration team has been diligently looking at our current processes and looking for ways we can reduce the time required for registration without increasing the risk to the public.

Options currently under consideration:

1. Create a streamlined process for physicians who currently hold a license in good standing from a country that meets certain criteria such as:
  - a. The quality of their regulatory oversight
  - b. A substantively equivalent training program.
  - c. Primary language of training is English
2. Consider reducing the time required for a PRA for those who have their training from a country where the Royal College or the CFPC determined their training is substantively equivalent. This would require a letter of eligibility from the Royal College or the CFPC.
3. Partnering with AHS to connect their physician recruiting concierge service with a single point of contact at CPSA to ensure we remove any artificial barriers.
4. Reduce some of the requirements for the criminal records checks.
5. Expand those who can sponsor a physician.

*Note: any process to preferentially allow for physicians from one country to have a registration advantage over another one has the potential for a human rights challenge.*

There are risks associated with any of these changes and therefore safeguards would need to be in place to protect Albertans. For example, there could be a requirement for oversight by the Continuing Competency program over the first three years which could include chart audits or Individual Practice Reviews during that time.

## **Conclusion**

Physician resource planning has been a challenge in Canada for decades. Unfortunately, there are no simple solutions to the problems we see. Even looking at the data about how many physicians are registered and where they work doesn't paint the entire picture. At the end of the day we see a workforce struggling to deal with the pressures put on them and we see society demanding increased access to care.

CPSA will continue to innovative ways to help expand the numbers of physicians in Alberta by streamlining and simplifying registration. However, we must always remember our mandate to protect the public. Increasing access to physicians who do not meet a minimum standard is simply not in the best interest of the public.

We have proposed a few options for consideration to help increase a small number of physicians that may help some communities, but it won't likely help the province overall. We are seeking Council's support to pursue some of the proposed solutions presented today.

# Physician Resource Planning

Scott McLeod  
Sept. 8, 2022



# Outline

- Is there a crisis?
- What does the data tell us?
- Our current process
- New considerations
- Discussion





Opinion / Columnists

## Steven Lewis: There are enough family doctors. Not enough practise family medicine

*Since 2000, Canada's population increased by 22%. Family physicians increased by 61%. But 1.5 million more people don't have a family doctor.*

Steven Lewis

Aug 18, 2022 • 23 hours ago • 4 minute read • [Join the conversation](#)



Thunder Bay

## Would changing how doctors in Canada are licensed help reduce the physician shortage? This MP feels it could



Marcus Powloski may recommend national licensure for doctors, fast tracking foreign-trained physicians



Heather Kitching - CBC News - Posted: Aug 09, 2022 12:51 PM ET | Last Updated: August 9

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Real Estate

GTA

### Ontario has a doctor shortage. So why isn't the Ford government licensing more internationally trained physicians living here?

The province has yet to join seven others in instituting a program that gives internationally-trained physicians an alternative route to licensure.

By [Patty Winsa](#) Data Reporter  
Sun., Aug. 7, 2022 • 7 min. read  
Article was updated 7 days ago

## Physician gap forces Airdrie urgent care centre to limit weekend hours



Centre will be closed Friday, Saturday and Sunday evenings for roughly 8 weeks

Posted: Jul 21, 2022 1:08 PM MT | Last Updated: July 21



## Why five million Canadians have no hope of getting a family doctor

*Tristin Hopper: In many cases, family doctors only earn about \$30 per patient visit, which is why most new physicians avoid primary care*

Tristin Hopper

Jan 25, 2022 • January 25, 2022 • 3 minute read • [233 Comments](#)



# Despite more doctors, many Canadians don't have a family physician: report

CTVNews.ca staff  
with a report from CTV's Alberta Bureau Chief Janet Dirks

Published Thursday, September 26, 2019 4:53AM EDT  
Last Updated Thursday, September 26, 2019 10:30PM EDT



CTV National News: Canada's family doctor shortage

A report found nearly 5 million Canadians don't have a regular family doctor, despite increasing numbers of physicians. Janet Dirks reports.

THE LANCET


NEWS | POLICY AND PEOPLE | VOLUME 351, ISSUE 9111, P1262, APRIL 2019


Shortage of doctors looms in Canada



Wayne Kondro






Published: April 25, 1998 • DOI: [https://doi.org/10.1016/S0140-6736\(05\)79337-5](https://doi.org/10.1016/S0140-6736(05)79337-5)






## Doctor shortage plagues rural Quebec

Date: Oct. 14, 1985

From: Globe & Mail (Toronto, Canada)  
Publisher: The Globe and Mail Inc.

Document Type: Article  
Length: 749 words  
Content Level:  (Level 5)  
Lexile Measure: 1410L





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Private health referral offered by Quebec doctor  
*Globe & Mail (Toronto, Canada), May 8, 2007.*

Doctor shortage sparks push to bend rules: medical chief declines attempts to waive testing of foreign...  
*Globe & Mail (Toronto, Canada), Aug. 24, 1999.*

Govt takes a shortcut to meet doctor shortage  
*The Times of India, Aug. 8, 2012.*

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ROUYN, PQ — Canadian Press ROUYN, Que.


Whenever Michel Gauthier's kidneys fail, he has to be rushed by air ambulance 640 kilometres south to Montreal for emergency life-and- death treatment.



The reason: there are no kidney specialists in this city of 37,000. "It doesn't make sense," said Mr. Gauthier, a 59-year-old unemployed miner. "There are lots of nephrologists in Montreal, but we have nothing in our corner." In Rouyn, the administrative capital of a region of 185,000 people, there is a chronic shortage of general practitioners and medical specialists. For example, the region has one of the highest suicide rates in the world, but only one psychiatrist.






Similar shortages plague other outlying centres in Quebec, including the Gaspé, the North Shore and even the area surrounding Hull.






## Town suffers chronic shortage of doctors

Date: July 2, 1985

From: Globe & Mail (Toronto, Canada)  
Publisher: The Globe and Mail Inc.

Document Type: Article  
Length: 998 words  
Content Level:  (Level 5)  
Lexile Measure: 1350L





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Photos: National Survey Finds Numerous Problems Facing Primary Care Doctors, Predicts Escalating...  
*Health & Medicine Week, Dec. 1, 2008.*

Wanted: Family practice doctors for Iowa town  
*Health & Medicine Week, Nov. 17, 2003.*

Chronic shortage of local doctors  
*Australian Business Intelligence, Jan. 11, 2004.*

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Related Subjects

Canada will need increasingly to rely on foreign-trained doctors in the years to come because of reduced admissions to medical schools, according to a recent study.

## Quebec doctor shortage still plaguing Montreal: 'It absolutely makes no sense'

By Phil Carpenter • Global News  
Posted October 7, 2020 8:11 pm • Updated October 11, 2020 12:36 pm



### INCREASED ADMINISTRATIVE LOAD

On average, respondents spend more than an extra working day

**10 HOURS  
PER WEEK**

on administrative tasks

Time spent on electronic medical records (EMR) at home is seen as excessive or moderately high by half (49%) of physicians and medical learners.



### LACK OF WORK—LIFE INTEGRATION



**51%**

are dissatisfied with work—life integration



Since the onset of the pandemic, **57%** of respondents report increased workload overall and lack of work—life integration as contributing to worsening mental health.

### BULLYING AND HARASSMENT IN THE WORKPLACE

**8/10**



physicians and medical learners (78%) report experiences of intimidation, bullying, harassment, and/or microaggressions at some point in their career

With **40%** having these experiences frequently or often.

### LACK OF PROFESSIONAL FULFILLMENT

**79%**

of physicians and medical learners lack professional fulfillment



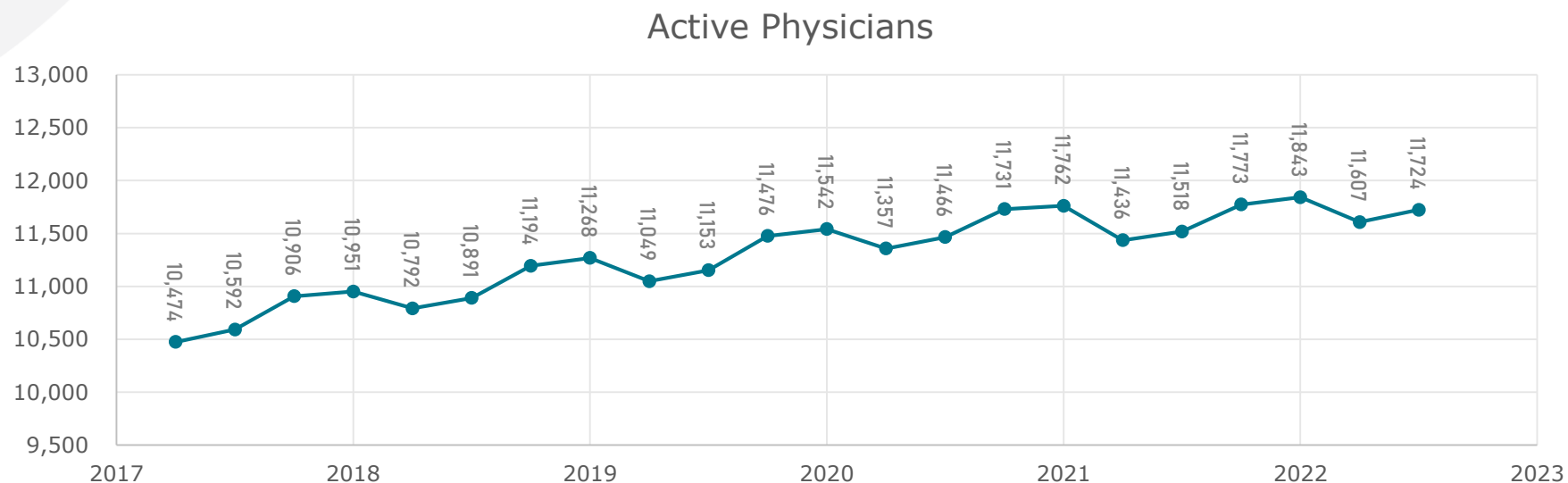
Only one in five respondents score high on professional fulfillment; that is, they feel happy, in control and worthwhile at work, that work is meaningful to them, and that they are contributing professionally in ways they value most.



# Registration Data: 2017-2022

# Yearly trends (Q1 2017 – Q2 2022)

Overall the number of active physicians has increased in the province

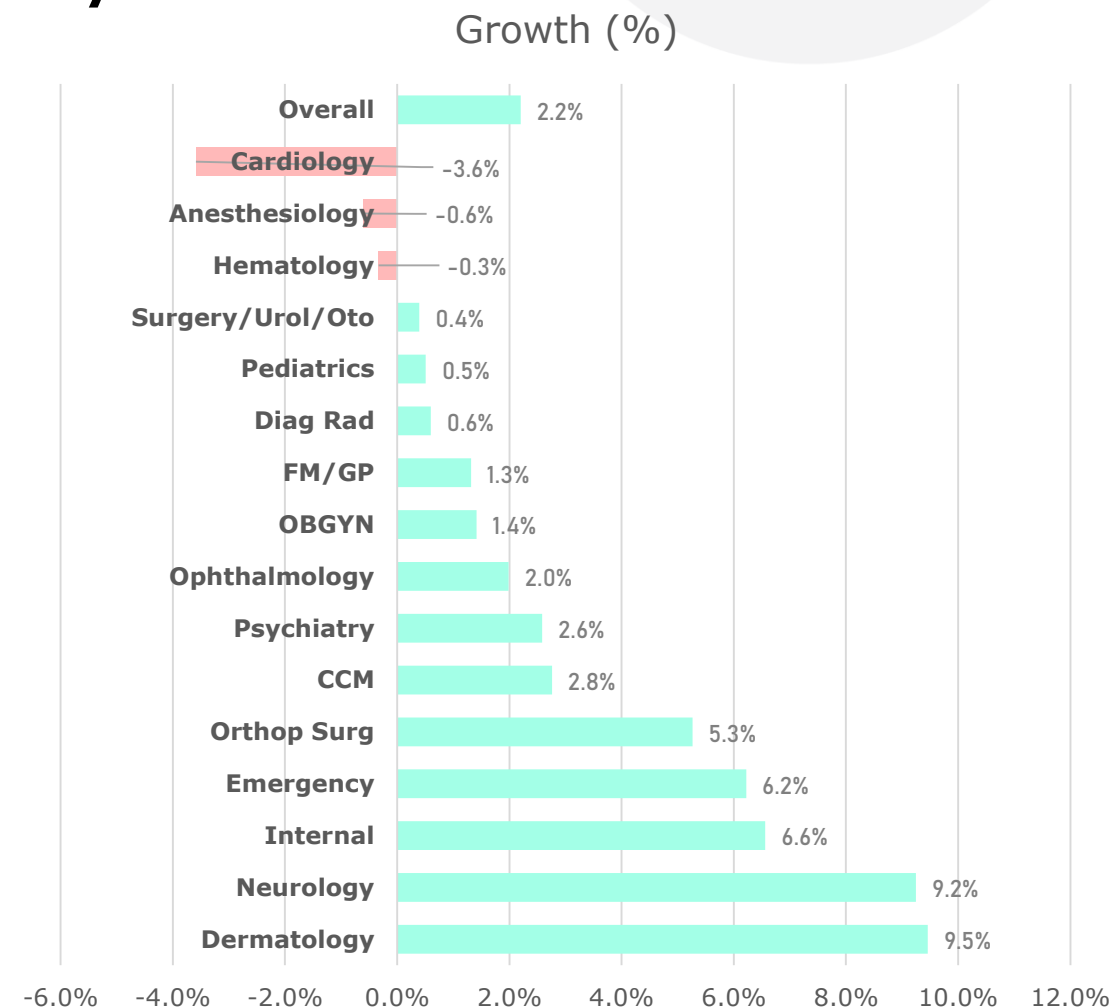




# 2020 to 2022 – by Specialty

Comparing numbers at the end of Q1

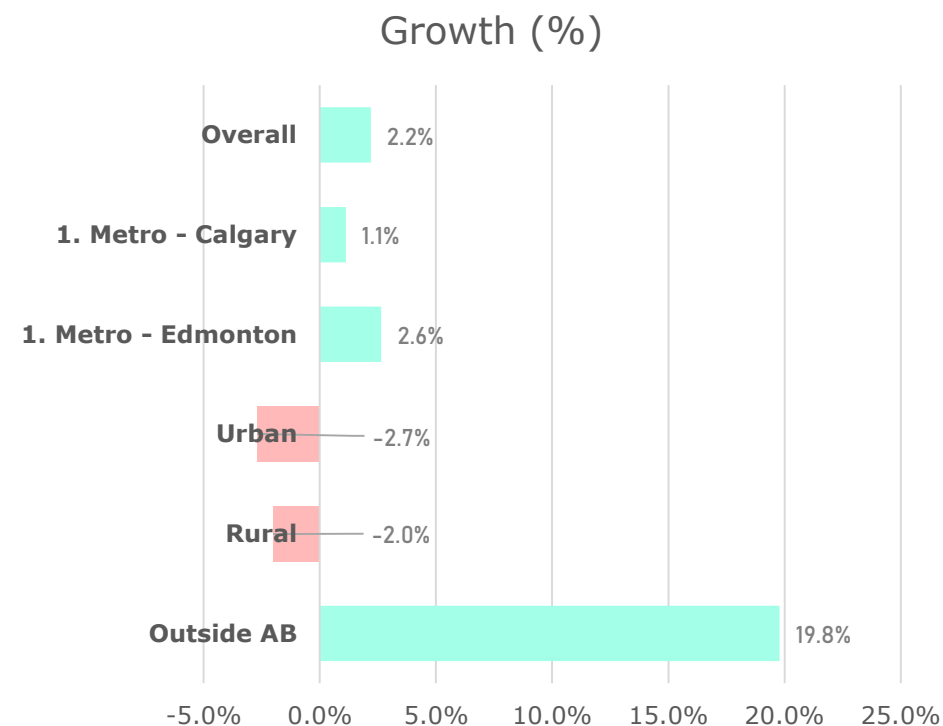
Specialty Group	Growth (# Physicians)	Specialty Group	Growth (# Physicians)
Overall	250	Ophthalmology	3
Cardiology	-7	Psychiatry	17
Anesthesiology	-3	Critical Care Mgmt.	4
Hematology	-1	Orthopedic Surgery	11
Surgery/Urol/Oto	2	Emergency	27
Pediatrics	3	Internal	90
Diagnostic Radiology	3	Neurology	16
FM/GP	69	Dermatology	7
OBGYN	4	N/A	5



# 2020 to 2022 – by Practice location

Comparing numbers at the end of Q1

Practice Location	Growth (# Physicians)
Overall	250
1. Metro - Calgary	51
1. Metro - Edmonton	106
Urban	-28
Rural	-21
Outside AB	73
No RIF (no address available)	69

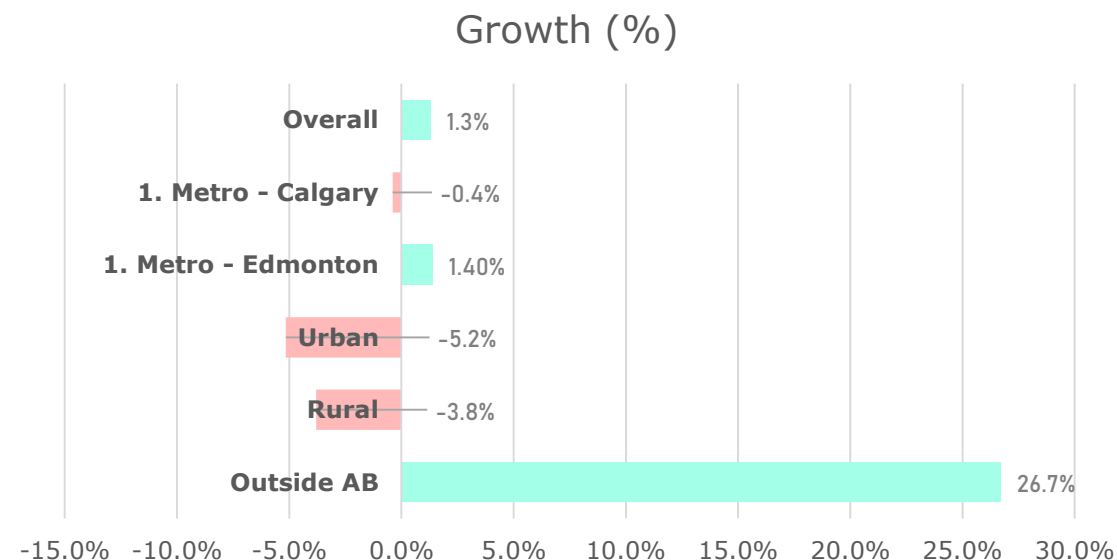


# 2020 to 2022 – by Practice location (FM/GP)

Comparing numbers at the end of Q1

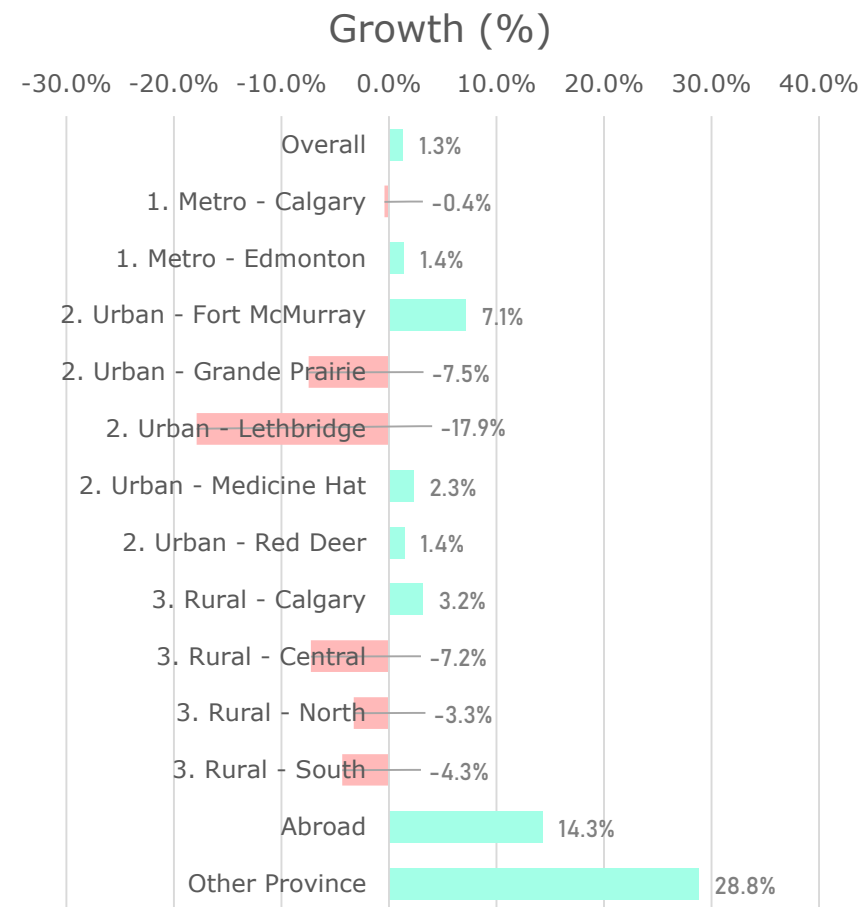
Practice Location	Growth (# Physicians)
Overall	69
1. Metro - Calgary	-8
1. Metro - Edmonton	22
Urban	-25
Rural	-33
Outside AB	39
No RIF (no address available)	74

Further breakdown  
in the next slide



# 2020 to 2022 – by Practice location (FM/GP)

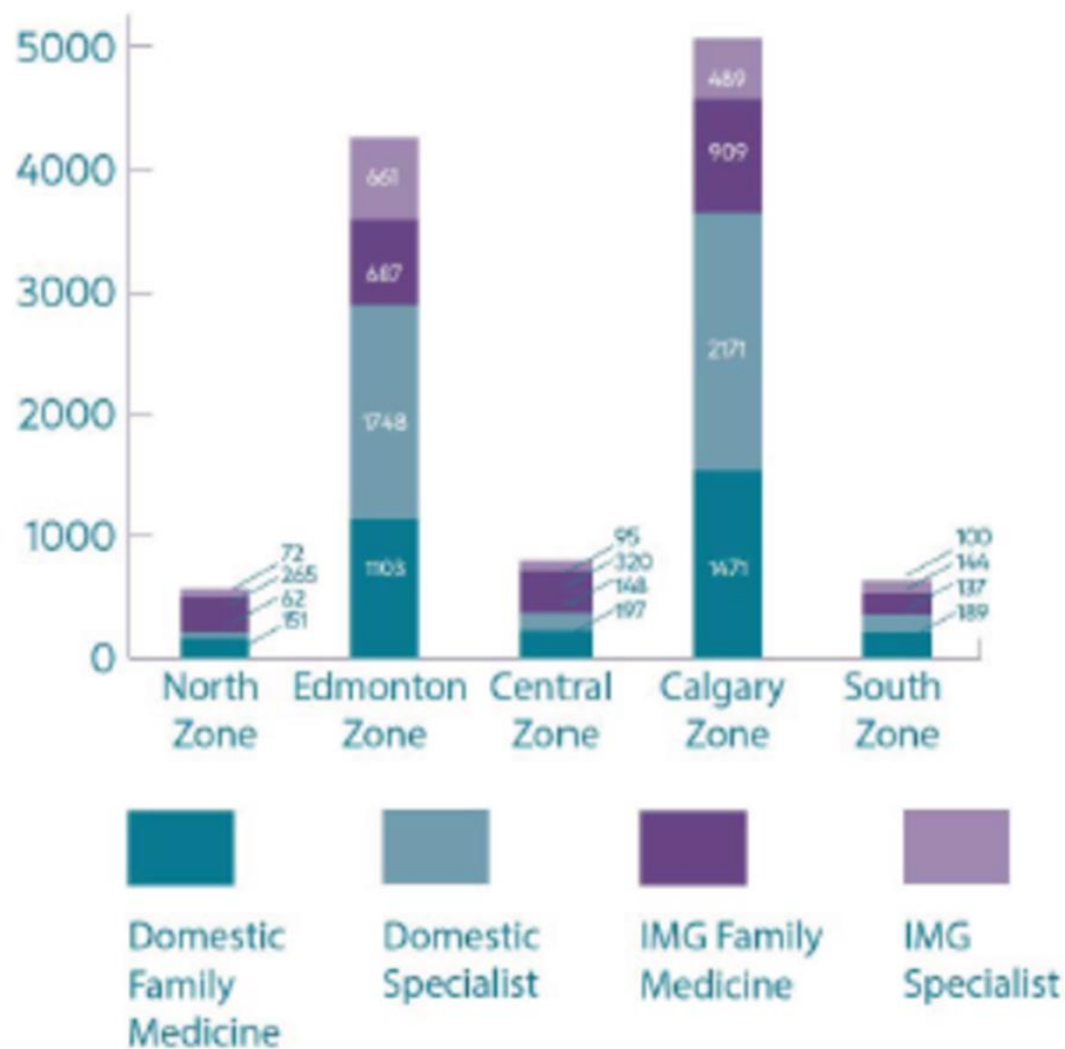
Practice Location	Growth (# Physicians)
Overall	69
1. Metro - Calgary	-8
1. Metro - Edmonton	22
Urban - Fort McMurray	3
Urban - Grande Prairie	-5
Urban - Lethbridge	-27
Urban - Medicine Hat	2
Urban - Red Deer	2
Rural - Calgary	5
Rural - Central	-25
Rural - North	-9
Rural - South	-4
Abroad	3
Other Province	36
No RIF (no address available)	74



# International Medical Graduates (IMGs)



## International & domestic trained physicians in AB (2021)



## The alternative path to licensure

IMGs who do not meet the criteria for the CPSA General Register may be eligible for the Provisional Register via an assessment program called Practice Readiness Assessment (or PRA-AB in Alberta). PRAs are performed in seven provinces across Canada as a route to licensure for IMGs.



## Average Timeline

- 1** CPSA reviews qualifications  
1 week
- 2** CPSA makes interim eligibility decision  
7 days
- 3** Applicant submits required documents  
Applicant has 1 year to complete
- 4** CPSA makes final registration decision

## Statistics

34%

International medical graduates (IMGs) make up more than 34% of all of Alberta Physicians.

X

Insufficient training and/or English skills are the main reasons applicants are ineligible.

96%

96% of PRA-AB candidates pass their assessment.

160

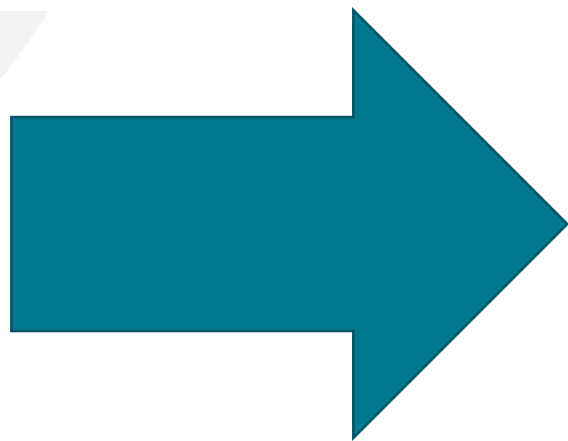
CPSA receives an average of 160 IMG applications each year.

1

The deadline for physicians eligible for the Provisional Register to obtain AHS sponsorship was extended from 6 months to 1 year in 2020.

96%

96% of PRA-AB candidates pass their assessment.



This means that 4% of candidates failed their assessment...

Indicating that CPSA caught ***4% of physicians who were not deemed competent to safely practice medicine in Alberta\****



\* In an average year with 160 applications, this equates to ***~6 physicians per year who are not competent to practice in Alberta***

# Of the 4% who failed their assessment...

- **Professionalism concerns**

- Leaving patients unattended during treatment
- Lack of respect for other health professionals

- **Failure to demonstrate skills foundational to the practice**

- E.g. anesthesiologist's failure to:
  - Intubate; recognize a failed intubation; safely provide regional anesthesia; recognize patient instability; manage common presenting patient concerns
- Assessors had to intervene to prevent/minimize harm to patients

- **Medical expertise concerns**

- Missed/inappropriately treated fractures
- Missed intra-abdominal surgical conditions (acute abdomen)



# Practice Readiness Assessment (PRA) Time Scenarios

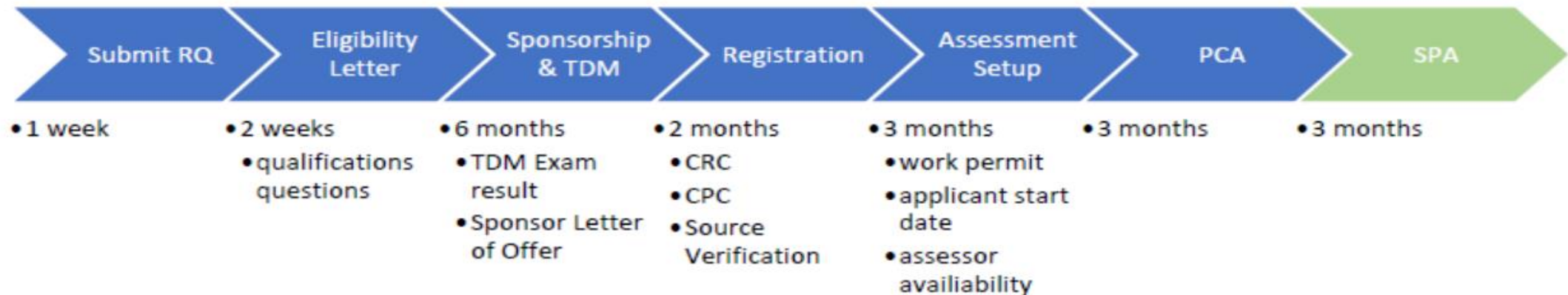
## Scenario 1- Average Non Delayed File

Time from submitting RQ to starting SPA (independent in community) = 5 months + 1 week: **21 weeks**



## Scenario 2- Average Delayed File

Time from submitting RQ to starting SPA (independent in community) = 14 months + 3 weeks: **59 weeks**







## IMGs- in summary...

- Comprise over 1/3 of CPSA-registered physicians
- On average, qualified IMGs can be in independent practice within 6 months of submitting their review of qualifications/start of their application process with CPSA
  - Compared to other jurisdictions (e.g. Ontario, where there is no practice readiness assessment) Alberta's pathway to licensure is fast and ensures only the right physicians are registered
- Delays in file processing often due to circumstances beyond CPSA's control (e.g. verification of qualifications; criminal record checks; etc.)



# Options for Consideration

# Pipeline #1

Direct registration (on the provisional register) for physicians who currently hold a license in good standing from a country that meets certain criteria such as:

- a. The quality of their regulatory oversight; and
- b. A substantively equivalent training program.
- c. Primary language of training is English

They would enter into a 3 year practice on the provisional register with regular oversight from the Competency Department

# Pipeline #2

Shortened PRA process if training deemed equivalent by the Royal College of CFPC. They would require:

- a. A letter from the Royal College or CFPC
- b. Sponsorship
- c. English language assessment
- d. TDM exam for family medicine
- e. 3 years of monitored practice with the Continuing Competence Department

# Process Modifications

- Criminal Record Check – Current requirement is for a CRC from anywhere a candidate has lived for a minimum of 90 days in the past 10 years.
  - Proposed change to – CRC required from anywhere they have practiced within last 5 yrs
- Partner with AHS to connect their physicians recruiting concierge service with a single point of contact at CPSA to ensure we remove any artificial barriers.
- Increase those with the authority to sponsor physicians.



# Requested support

- CPSA is requesting support from Council to continue pursuing these options:
  - Pipeline #1
  - Pipeline #2
  - Process modifications:
    - Change CRC requirements
    - Expand sponsorship



# Discussion

<b>Submission to:</b>	<b>Council</b>		
<b>Meeting Date:</b>	<b>Submitted by:</b>		
September 8-9, 2022	Dr. Ehi Iyayi, Committee Chair		
<b>Agenda Item Title:</b>	Anti-Racism Anti-Discrimination Action Advisory Committee Meeting Summary Report		
<b>Action Requested:</b>	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation:</b>	N/A		
<b>Background:</b>	<p>The Anti-Racism Anti-Discrimination Action Advisory Committee met on July 28, 2022. The following matters were discussed:</p> <ol style="list-style-type: none"> <li>1. An update was provided regarding the addition of gender and race questions in CPSA's "Renewal Information Form" (RIF). Collection of such data points would inform CPSA's anti-racism and anti-discrimination work. It was reported that there are several barriers and considerations to work through, and the team will aim to add questions to the 2023 RIF for reporting in 2024.</li> <li>2. The Committee reviewed and agreed to the DRAFT ARADAAAC Action Plan (Attachment), which was developed using the Committee's Terms of Reference.</li> <li>3. The Committee will support the development of the following CPSA tools, including:           <ul style="list-style-type: none"> <li>o Short-term: 1) Advice to the Profession (AtP) and FAQ for Albertans on discrimination that is tied to the Code of Ethics and Professionalism (CoEP), and 2) a Standard of Practice to address Indigenous-specific discrimination and cultural safety (to be led by the Indigenous Advisory Circle)</li> <li>o Preparing for future use: 1) information gathering and consultation, and 2) Business and Action Plan to address CPSA's Anti-Racism and Anti-Discrimination Strategic Direction.</li> <li>o Supporting Change Management: 1) series of Messenger articles related to discrimination 2) CPSA Team continues</li> </ul> </li> </ol>		

	<p>internal and external work to integrate anti-discrimination, equity, diversity and inclusion practices into all organizational operations. 3) anti-racism education project (collaboration with AHS and AMA).</p> <p>4. The Committee heard an update on the collaborative project between CPSA, AHS and AMA to develop an anti-racism online education course.</p> <ul style="list-style-type: none"> <li>○ The course will focus on race-based micro-aggressions, and will be 1-1.5 hours in length with 5-6 video vignettes.</li> <li>○ The aim is to complete and launch the online course in 6 months.</li> <li>○ An AHS-led course content working group will have its first meeting on August 26. 2 representatives from ARADAAC will sit on the working group.</li> <li>○ CPSA's physician portal will be the platform that hosts the course.</li> <li>○ There are risks to CPSA participating in this project. The Committee came to the conclusion that the benefits will outweigh the risks, however, CPSA needs to identify and mitigate the risk of hosting and promoting the course. Integral to the project is risk mitigation and an action-oriented strategy.</li> </ul>
Next Steps:	
List of Attachments:	
1. <a href="#">ARADAAC Action Plan</a> (Timelines added after July 28 meeting)	

## CPSA

### Anti-Racism Anti-Discrimination Action Advisory Committee Action Plan

**APPROVED BY ARADAAC: July 28, 2022**

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Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) has been established to provide advice to the CPSA Council and Registrar on priority areas where CPSA has the greatest authority to action and influence change to disrupt racism and discrimination within CPSA as an organization and within regulated member practice<sup>1</sup>.

#### Action Plan:

CPSA has prioritized anti-racism, anti-discrimination work and authentic Indigenous connections in the 2022-2026 CPSA Strategic Plan. Initial projects under these strategic directions are identified below. ARADAAC will provide guidance on the development, implementation and evaluation of these projects to strengthen their impact on racism and discrimination in the health system.

ARADAAC Action Plans are developed at the onset of the calendar year. This action plan has been developed for projects and actions initiated in 2022. Some projects/actions may be ongoing, or cross multiple years. This will be reflected in subsequent action plans for ARADAAC.

Project	ARADAAC Milestones & Deliverables	Timelines
<b>ARADAAC Administration</b>	<ul style="list-style-type: none"><li>• Membership review and Chair recommendation</li><li>• TOR review</li><li>• Identify areas where action required</li></ul>	<ul style="list-style-type: none"><li>• Fall 2022</li><li>• Fall 2022</li><li>• Ongoing</li></ul>
<b>CPSA Position Statement on Racism and Discrimination</b>	<ul style="list-style-type: none"><li>• Review draft</li><li>• Provide recommendation to Council</li></ul>	Completed
<b>CPSA tools to mitigate racism and discrimination within regulated profession</b>	<ul style="list-style-type: none"><li>• Review analysis of available tools to compel anti-racist and anti-discriminatory practices within the profession</li></ul>	<ul style="list-style-type: none"><li>• July 2022</li><li>• July 2022</li></ul>

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<sup>1</sup> [2022 Anti-Racism Anti-Discrimination Action Advisory Committee \(ARADAAC\) Terms of Reference](#)

	<ul style="list-style-type: none"> <li>• Provide feedback on draft tools (e.g. SOPS and ATP) for potential use</li> <li>• Review and provide feedback on glossary of terms</li> </ul>	<ul style="list-style-type: none"> <li>• October 2022</li> </ul>
<b>CPSA framework and action plan to disrupt racism and discrimination</b>	<ul style="list-style-type: none"> <li>• Review internal CPSA EDI plan</li> <li>• Review action plan and framework; provide feedback as required.</li> <li>• Provide recommendation to Council on the action plan and framework</li> <li>• Provide guidance on KPIs</li> </ul>	<ul style="list-style-type: none"> <li>• Date TBD</li> </ul>
<b>CPSA data collection (internal and external)</b>	<ul style="list-style-type: none"> <li>• Provide insight into the collection of race-based data and metrics to assess racism &amp; discrimination</li> <li>• Provide guidance on the messaging about collection and use</li> <li>• Provide guidance on the overall use of this data and how to measure progress</li> </ul>	<ul style="list-style-type: none"> <li>• Summer 2022 to Summer/Fall 2023</li> </ul>
<b>CPSA anti-racism, anti-discrimination, EDI lens</b>	<ul style="list-style-type: none"> <li>• Provide context on how to implement appropriately</li> <li>• Provide feedback on initial pilot</li> <li>• Review and provide feedback on the lens and application</li> <li>• Review and provide guidance on the prioritization of application</li> </ul>	<ul style="list-style-type: none"> <li>• Fall 2022 (Pilot Summary)</li> <li>• Winter 2023 (Development and Roll-out within CPSA)</li> </ul>
<b>Physician-Leader Education project</b>	<ul style="list-style-type: none"> <li>• Provide guidance on concepts and focus</li> <li>• Provide feedback on development of videos</li> </ul>	<ul style="list-style-type: none"> <li>• Winter 2023 (launch of online course)</li> </ul>



	<ul style="list-style-type: none"> <li>• Provide guidance on roll-out</li> <li>• Review project outcomes and guide modifications, as needed</li> <li>• Some ARADAAC representatives (external to CPSA Team) are part of the Course Content Working Group (note: project led by AHS)</li> </ul>	
<b>CPSA web resource page</b>	<ul style="list-style-type: none"> <li>• Review and recommend criteria for posting resources</li> <li>• Review content and provide feedback as necessary</li> <li>• Review placement on website and accessibility of information to different audiences</li> </ul>	Winter 2022 (launch)

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
September 8, 2022	Tyler White		
Agenda Item Title:	Indigenous Health Advisory Circle Update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p><b><u>August 31, 2022 Meeting</u></b></p> <ul style="list-style-type: none"> <li>CPSA provided an overview of the 2022-2026 Strategic Plan, the CPSA Position Statement on Racism and Discrimination, and the Circle's draft terms of reference for discussion.</li> <li>Themes from the discussion included:             <ul style="list-style-type: none"> <li>The importance of listening and building together</li> <li>Having broad consultation and incorporating current and emerging anti-racism approaches</li> <li>Having actionable moments</li> <li>Ensuring narrative sovereignty is respected and that a rigorous process is in place to facilitate it</li> <li>Circle advice, direction, actions framed by Indigenous thinkers</li> </ul> </li> <li>Action items include:             <ul style="list-style-type: none"> <li>Circle members providing suggested wording or themes for a potential Position Statement specific to Indigenous racism and discrimination; CPSA will collect and collate.</li> <li>CPSA will complete a review of grey literature and antiracism approaches for member feedback and incorporation into potential Position Statement specific to Indigenous racism and discrimination</li> <li>CPSA will update the draft terms of reference based on the discussion and will provide proposed wording for the Circle to review</li> </ul> </li> </ul>

	<b>Proposed Focus for the Next Meeting:</b> <ul style="list-style-type: none"> <li>• Revised terms of reference</li> <li>• Continue discussing potential Position Statement specific to Indigenous racism and discrimination</li> <li>• Discussing a Standard of Practice for Indigenous-Specific Discrimination and Cultural Safety</li> </ul>
Next Steps:	The next Circle meeting will be scheduled in advance of the Governance Committee meeting in November
List of Attachments:	

Submission to: **Council**

<b>Meeting Date:</b>	<b>Submitted by:</b>		
September 8, 2022	Ms. Linda McFarlane, Chair Building Fund Initiatives Working Group		
<b>Agenda Item Title:</b>	Building Fund Initiative Working Group		
<b>Action Requested:</b>	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Council. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
<b>AGENDA ITEM DETAILS</b>			
<b>Recommendation (if applicable):</b>	<p><b>That Council approves the recommendations from the Building Fund Initiatives Working Group regarding:</b></p> <ul style="list-style-type: none"> <li><i>the principles for projects to be funded</i></li> <li><i>evaluation criteria and weighting for any project submissions</i></li> <li><i>the name of the grant</i></li> </ul> <p><b>That Council approves the amendments to the Terms of Reference for the Building Fund Initiatives Working Group.</b></p>		
<b>Background:</b>	<p>In May 2021, Council passed a motion to allocate \$5 million from the building fund to support programs, initiatives or research to benefit all Albertans. The remaining balance in the building fund as of December 31, 2021 will be used towards operations for the 2022 fiscal year.</p> <p>The Working Group consists of the following voting members:</p> <ul style="list-style-type: none"> <li>Ms. Linda McFarlane, Chair</li> <li>Dr. Richard Buckley</li> <li>Dr. Nicole Cardinal (starting August 2022)</li> <li>Ms. Levonne Louie</li> <li>Dr. Raj Sherman (up to May 2022)</li> <li>Ms. Stacey Strilchuk</li> </ul> <p>The Working Group is supported by CPSA administration:</p> <ul style="list-style-type: none"> <li>Dr. Scott McLeod, Registrar</li> <li>Ms. Tracy Simons, Chief Financial Officer</li> <li>Mr. Josh Eberhart, Senior Accountant/Financial Analyst</li> <li>Ms. Tina Giamberardino, Risk Management Coordinator</li> </ul>		

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.

Additional support has been provided by Mr. Greg Lamothe of MNP. Mr. Lamothe provided assistance to facilitate the group through a process involving four major steps between March and August 2022.



## Principles

The Working Group developed principles to guide the use of the funds. The principles aim to capture a wide range of applicants from community-based projects to academic research. Consideration was also given to allocate funds to different scopes of projects breaking down the funding into three categories ranging from small, medium and large.

Consideration was also given to the administrative time to monitor and track grant activity. The greater number of grants awarded would result in more time and higher costs to administer. The Working Group set the minimum funding per grant application of \$50,000 and the maximum funding of \$2,500,000 and chose not to specify the specific number of grants in each category.

The length of time for various projects was also considered. Some projects may utilize funding within a year, but other projects if they are research based involving human subjects may require an ethics board approval which may extend the time for the project. A maximum time of three years was selected to provide funding.

### **Recommendation #1**

Council approves the principles to guide the use of the funds:

1. Funds will only be provided to Alberta-based organizations/individuals and need to be utilized on projects/initiatives that will directly benefit the health or care of Albertans
2. The primary recipient of funds must be a NPO, non-government agency, academic organization/individual and/or charitable organization, or community group
3. Funded projects/initiatives must provide evidence of being sustainable once the CPSA funds have been utilized
4. Only one funding application call will take place, the granting period for the funds will be no longer than 3 years, and funds must begin to be applied within one year of receipt
5. Funded projects/initiatives must be aligned with at least one of CPSA's five strategic directions (highest quality, compassionate care, enhanced partnerships, proactive and innovative approach, anti-racism and anti-discrimination, or authentic Indigenous connections)
6. Projects/Initiatives that include broad collaborations across sectors and organizations are preferred
7. Projects/Initiatives must have established criteria for evaluation
8. Applicants will have to select to submit in one of three categories
  - a. Small Grant - \$50,000 - \$100,000
  - b. Medium Grant - \$100,001 - \$1,000,000
  - c. Large Grant - \$1,000,001 - \$2,500,000
9. Funds **cannot** be used for expenditures that are capital in nature (e.g., building construction, renovations, improvements, capital equipment, hardware, software, vehicles, etc.); those related to overhead (e.g., rent, electricity); or those related to the general operations and administration of the host organization including travel outside of Alberta



## Evaluation Criteria

The Working Group developed criteria to evaluate the proposals submitted.

### Selected Criteria Weighting

**MNP**



A total of seven criteria will be utilized to evaluate submissions, each with a specific weighting

Criteria	Description	Weighting
Budget	The accuracy and completeness of the budget make achievement of stated outcomes likely	10%
Workplan	The quality of the Workplan (personnel, project activities, and timeline) make achievement of stated outcomes likely	25%
Benefit to Albertan's health or care	There is a clear statement of benefit to Albertan's health or care with justification for the claims detailed	10%
Sustainability	Projects/Initiatives are clearly sustainable after CPSA funds have been utilized	10%
Degree of Collaboration	Collaborations within or across sectors, communities, and/or organizations are planned and/or secured	10%
Alignment with CPSA Strategic Directions	The project/initiative is specifically and clearly aligned with at least one of CPSA's five strategic directions	15%
Assessment/Evaluation	The success of the project/initiative can readily be	20%

	evaluated. An evaluation plan has been developed and included in the proposal	
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Within each criteria, the proposals will be evaluated on a score of:

- Unacceptable
- Somewhat acceptable
- Acceptable
- Good
- Outstanding

A scoring matrix has been developed with narrative descriptors for each of the scores for each criteria.

### **Recommendation #2**

Council approves the above evaluation criteria and weighting.

### **Application process and tools**

The Working Group developed a request for proposal (RFP) for grant applications. A copy of the draft RFP is included in the dossier.

The RFP outlines the required components of the proposals, including the maximum page limits for each section.

The Working Group also discussed methods of reducing bias during the evaluation phase. Applications will need to be submitted in two formats, a blinded and un-blinded version. The blinded version would exclude all personal and organizational details about the applicant.

Each blinded proposal will be evaluated by the Working Group. The short list of proposals will then be evaluated again using the unblinded version submitted. The same criteria will be used to evaluate both proposals.

The announcement of the grant funding is planned for the start of November 2022 with applicants required to provide a notice of intent to respond by November 22, 2022 with applications due by the end of January 2023.

The CPSA communication team has also developed a communication strategy to support this grant opportunity. A copy of the communication plan is included in the dossier.

The Working Group considered the name of the grant. With assistance from the CPSA Communication team, the name *CPSA Healthier Albertan Grant* has been proposed for this funding opportunity.

### **Recommendation #3**

Council approves the name of the grant as *CPSA Healthier Albertan Grant*.

### **Reporting and Monitoring**

The Working Group developed reporting requirements for the successful grant applicants. Recognizing some grant applications may be short-term and some longer-term, reporting will be required for annual progress reports and a final report.

The final report will be required no later than two months following the end date of the *CPSA Healthier Albertan Grant* funding.

Details of reporting requirements will be determined during contract negotiation but is anticipated to include at a minimum:

- Progress against stated objectives with any variance explanations
- Detailed budget allocations for reporting year against plan, with variance explanation
- Plan for budget allocations for subsequent reporting period

This final report is expected to include:

- Impact/outcome:
  - What were the intended results in your approved proposal? Did you achieve them? If yes, what are some specific results? If no, are there any reasons?
  - Were there any unexpected results, positive or negative?
- Collaboration/partnerships (as applicable)
  - How were others (citizens, other organizations/partners) engaged in this project and involved in benefitting all Albertan's health or care?
  - Did you create any new partnerships as a result of this project?
- Sustainability:

- How will the impact of your project be sustained?
- Will you be releasing the results of your project and if so where, when and how?
- Financial Accounting
  - Include an accounting of the revenue and expenses for the whole project, paying particular attention to details on how you spent the *CPSA Healthier Albertan Grant*.

### Terms of Reference for the Building Fund Initiatives Working Group

The current terms of reference for the committee outline

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

A copy of the current Terms of Reference is included as a dossier item.

The next phase of the Working Group will include an evaluation of the proposals submitted. This work will occur in February to mid-March 2023.

The Working Group evaluated the skill sets and expertise of the needs of the committee. Members should **collectively** have the following skills sets, expertise, or background:

1. Background in medicine and/or a social science or health related field
2. Granting experience
3. Indigenous representation
4. Geographic representation (urban and rural)
5. Community representation
6. Council representation
7. Underserved groups representation (e.g., racialized groups)

The Working Group currently has 5 voting members, and it is recommended that the committee composition be modified as noted below in red:

Role/Representation	Member (current)	Member (proposed)
CPSA Council (voting)	Current Councillors of which: <ul style="list-style-type: none"> <li>• 2 are physician members</li> <li>• 2 are public members</li> </ul>	Current Councillors of which: <ul style="list-style-type: none"> <li>• 1 physician member</li> <li>• 1 public member</li> </ul>
CPSA President (voting)	CPSA President	CPSA President
Members at Large (voting)		2 members
CPSA Staff (non-voting)	<ul style="list-style-type: none"> <li>• Registrar</li> <li>• Chief Financial Officer</li> <li>• Executive Assistant to Chief Financial Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Registrar</li> <li>• Chief Financial Officer</li> <li>• Admin support</li> </ul>
Additional Support (non-voting)	<ul style="list-style-type: none"> <li>• Senior Accountant/Financial Analyst</li> <li>• Communications Advisor</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Accountant/Financial Analyst</li> <li>• Communications Advisor</li> </ul>

The new Member at Large category would be individuals selected with the goal of the working group to have members who together reflect the skill sets, expertise or background listed above.

Members at Large could be

- CPSA Councillor
- Medical Students' Association Representative
- PARA Representative
- CPSA's Anti-Racism Anti-Discrimination Action Advisory Committee member at large
- CPSA's Indigenous Health Advisory Circle member (Elder, First Nations, Metis and Inuit physician, member at large)
- CPSA's Competence Committee member
- Former member of CPSA Council
- Alberta physician

#### **Recommendation #4**

Council approves the amendments to the Terms of Reference for the Building Fund Initiatives Working Group.

#### Next Steps:

1. Update the RFP based on Council's feedback on the principles, evaluation criteria and grant name.
2. Update the communication plan based on Council's feedback and will continue to be updated as the project progresses.
3. If the amendments to the Terms of Reference are approved, then seek members to fill the vacant positions in the fall 2022.
4. Issue the RFP in November 2022.
5. Manage the RFP process.
6. Forward list of interested committee members to the Governance Committee for review and recommendation to Council.
7. Council approval of committee members Dec 2022.
8. Provide education/information session for any new Working Group members Jan 2023.
9. Working Group to evaluate applications Feb – Mar 2023.
10. Proposed grant applicants to be brought to Council for approval March 2023. (May need a special vote)
11. Announce successful applicants for the grant funding March 2023.
12. Monitor grant applicants and reporting.
13. Continue communicating progress of activity with Council, physicians and Albertans as applicable.

#### List of Attachments:

1. [Draft request for proposal for grant applications](#)
2. [Communication plan](#)
3. [Terms of Reference](#)



**DRAFT**

# **Request for Proposal**

**draft v5 August 2022**

## **CPSA Healthier Albertan Grant**

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**Request for Proposals No.: insert**

**Issued: November 1, 2022**

**Submission Deadline: January 31, 2023, 4:00 PM local time**

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4. Alignment to CPSA Strategic Directions (1 page maximum) .....	10
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## Invitation to Proponents

The College of Physicians & Surgeons of Alberta (CPSA) is seeking proposals from interested and qualified parties for innovative programs, initiatives or research that benefit all Albertans health or care.

### College of Physicians & Surgeons of Alberta

#### Our Organization

CPSA is responsible for the regulation of the medical profession in Alberta. The main lines of business include:

- Register physicians, surgeons, osteopaths, and physician assistants
- Support continuing competence
- Investigate and resolve physician and physician assistant related complaints
- Contribute to public policy affecting health care delivery
- Accredited health facilities
- Guide professional conduct and ethical behavior

For further information about CPSA, please visit our web site at [cpsa.ca](https://cpsa.ca).

CPSA currently operates under the authority of the *Health Professions Act* and applicable regulations and bylaws.

CPSA's governing Council includes physician members, public members, and representatives from Alberta's medical schools. Physician members are elected annually by Alberta doctors, while public members and medical school representatives are appointed. CPSA staff, the majority are in Edmonton, number approximately 155. The Chief Executive Officer, who carries the title Registrar, is Dr. Scott McLeod.

#### Our Vision

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

#### Our Mission

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

#### Our Strategic Directions

- **Highest Quality, Compassionate and Ethical Care** – Towards increasing the provision of excellent, regulated member care for all Albertans
- **Enhanced Partnerships** – Towards informed, engaged partners who help us provide quality care with Albertans
- **Proactive and Innovative Approach** – Towards being recognized as a leader and innovator in self-regulated professions who always strive for excellence

- **Anti-Racism and Anti-Discriminatory** – Towards becoming an anti-racism and anti-discrimination organization
- **Authentic Indigenous Connections** – Towards substantive and authentic connections and relationships that help us provide quality care in partnership with Indigenous Organizations

## Project Definition

### Introduction

In May 2021 CPSA Council passed a motion to allocate \$5 million to support programs, initiatives, or research to benefit all Albertans. These funds are intended to be used by organizations/individuals in a manner that provides direct and demonstrable benefit to all Albertans' health or care.

### Principles

Nine principles have been established to guide all funds allocations. Submissions must meet all nine principles to be considered.

1. Funds will only be provided to Alberta-based organizations/individuals and need to be utilized on projects/initiatives that will directly benefit the health or care of Albertans
2. The primary recipient of funds must be a NPO, non-government agency, academic organization/individual and/or charitable organization, or community groups
3. Funded projects/initiatives must provide evidence of being sustainable once the CPSA funds have been utilized
4. Only one funding application call will take place, the granting period for the funds will be no longer than 3 years, and funds must begin to be applied within one year of receipt
5. Funded projects/initiatives must be aligned with at least one of CPSA's five strategic directions (highest quality, compassionate care, enhanced partnerships, proactive and innovative approach, anti-racism and anti-discrimination, or authentic Indigenous connections)
6. Projects/Initiatives that include broad collaborations across sectors and organizations are preferred
7. Projects/Initiatives must have established criteria for evaluation
8. Applicants will have to select to submit in one of three categories
  - a. Small Grant - \$50,000 - \$100,000
  - b. Medium Grant - \$100,001 - \$1,000,000
  - c. Large Grant - \$1,000,001 - \$2,500,000

9. Funds **cannot** be used for expenditures that are capital in nature (e.g., building construction, renovations, improvements, capital equipment, hardware, software, vehicles, etc.); those related to overhead (e.g., rent, electricity); or those related to the general operations and administration of the host organization including travel outside of Alberta

## Progress Reporting Requirements

Successful proponents will be responsible for reporting to CPSA by December 31<sup>st</sup> of each year they are in receipt of funding. Applicants must take this into consideration when developing their budgets. Details of reporting requirements will be determined during contract negotiation but is anticipated to include at a minimum:

- Progress against stated objectives with any variance explanations
- Detailed budget allocations for reporting year against plan, with variance explanation
- Plan for budget allocations for subsequent reporting period

Further, a final report of the program, initiative or research outcome will be required no later than two months following the end date of *CPSA Healthier Alberta Grant* funding. This final report is expected to include:

- Impact/outcome:
  - What were the intended results in your approved proposal? Did you achieve them? If yes, what are some specific results? If no, are there any reasons?
  - Were there any unexpected results, positive or negative?
- Collaboration/partnerships (as applicable)
  - How were others (citizens, other organizations/partners) engaged in this project and involved in benefitting all Albertan's health or care?
  - Did you create any new partnerships as a result of this project?
- Sustainability:
  - How will the impact of your project be sustained?
  - Will you be releasing the results of your project and if so where, when and how?
- Financial Accounting
  - Include an accounting of the revenue and expenses for the whole project, paying particular attention to details on how you spent the *CPSA Healthier Albertan Grant*.



## **Proposal Requirements**

All proposals must be submitted by January 31, 2023, at 4:00pm MST.

Proposals must be addressed and submitted by email to:

College of Physicians & Surgeons of Alberta  
Attention: Tracy Simons, Chief Financial Officer  
Email: [Tracy.Simons@cpsa.ab.ca](mailto:Tracy.Simons@cpsa.ab.ca)

*An unblinded version of your proposal must be submitted in PDF format and must not exceed 21 pages in length, including all attachments and appendices, but excluding cover page and table of contents. Font size must be no smaller than 10 point. Proposals should be prominently marked with the RFP number.*

*A blinded version of your proposal must be submitted in PDF format and must not exceed 14 pages in length, including all attachments and appendices, but excluding cover page and table of contents. Font size must be no smaller than 10 point. Proposals should be prominently marked with the RFP number. A blinded version of the proposal will exclude all personal and organizational identifiable details.*

All proposals are to be in English only.

### **Mandatory Expression of Interest Submission**

Please note the mandatory requirement to submit an expression of intent to respond, as detailed in the Proposal Schedule section of this Request for Proposal. If no expression of interest to respond is submitted by its due date, and an organization/individual subsequently submits a response to the Request for Proposals, this proposal will be rejected and not be evaluated.

### **Withdrawal of Proposals**

At any time throughout the RFP process until the execution of a written agreement, a proponent may withdraw a submitted proposal. To withdraw a proposal, a notice of withdrawal must be sent to the RFP Contact and must be signed by an authorized representative of the proponent. CPSA is under no obligation to return withdrawn proposals.

## **Proposal Response Format**

### **Blinding Submissions**

To ensure objective evaluation of all submissions, CPSA will be employing a blinded submission process. Each organization/individual submitting must submit both a blinded and unblinded version of their proposal.

### **Unblinded Submission** (21 page maximum)

The following information must be included in your unblinded proposal to CPSA. Please prepare your submission according to the order described below.

#### **1. Submission Form (Appendix A (1 page maximum))**

Each proposal must include a Submission Form (Appendix A) completed and signed by an authorized representative of the proponent. A handwritten signature that is in ink or a reproduction of that handwritten signature by way of electronic submission is required.

#### **2. Project/Initiative/Research Description (1 page maximum)**

Provide a brief summary description of your project/initiative/research identifying the project's objectives, expected activities and outcomes, and why you believe you should receive CPSA funding consideration.

Please note that if ethics approval is required, the Ethics Consent Form (Appendix 2) must be completed and included with your proposal.

#### **3. Project/Initiative/Research Workplan (10 page maximum)**

##### **Proponent Experience and Qualifications**

Provide an organizational profile and state your intent to provide the services as described in your offer. This should include a brief profile and history of the organizations participating in your response, as well as statements of qualifications to undertake your project. Describe your organization's expertise, qualifications and experience with respect to each aspect of the activities described in your project description. Alternatively, describe the process by which you propose to select suitable individuals/firms to which you would subcontract such activities.

##### **Project Team Members' Experience and Qualifications**

Each proponent should identify key personnel who shall be assigned to deliver the services and include a professional biography identifying years and types of experiences that is relevant to the activities described in your project. The role for each proposed team member should be clearly identified.

Responses should be limited to three (3) pages in length for each proposed team member.

### **Methodology and Workplan**

Each proponent should provide a work plan including a detailed timeline that identifies how you intend to undertake the work, the activities involved in the project, any phasing and steps involved, and associated timelines with each.

#### **4. Benefit to Albertans (1 page maximum)**

Each proponent should concisely describe how its project will benefit Albertans health or care, providing specific justification for these claims.

#### **5. Alignment to CPSA Strategic Directions (1 page maximum)**

Each proponent should clearly describe how its project aligns with one or more of CPSA's five Strategic Directions (see page 3). CPSA has set these strategies for the next five years, and is specifically interested in projects that address these priority areas.

#### **6. Degree of Collaboration (1 page maximum)**

Each proponent should describe how they intend to collaborate within or across sectors, communities, and/or organizations to complete the project. Please identify whether these collaborating relationships are already established or whether they will be established through completion of the project.

#### **7. Assessment/Evaluation (2 page maximum)**

Each proponent should describe the evaluation plan for the project describing how data/information will be collected and used, and the intended measurable outcomes of the project. Please indicate if ethics approvals will be required, and if so your plan to obtain them.

#### **8. Sustainability (1 page maximum)**

Each proponent should describe how their project is sustainable beyond the CPSA funding period. Identify if other sources of funding have been obtained, or your plans to obtain additional funding. Please also describe how your project can be scaled to meet needs of Albertans on a broader and ongoing basis beyond the CPSA funding period, and how knowledge from your project will be transferred to the public domain.

#### **9. Budget (1 page maximum)**

Each proponent should provide a detailed budget for their project, indicating the timing

## **10. Conflict of Interest (1 page maximum)**

Each proponent must identify and potential conflicts of interest known to the organizations/individuals that may affect the receipt of funds from CPSA.

## **11. References (1 page maximum)**

Each proponent should include up to three references for its project lead.

## **Blinded Submission (14 page maximum)**

Only the following information must be included in your blinded proposal to CPSA. Please prepare your submission according to the order described below.

This version of your proposal has all identifying items redacted (e.g., individuals names, organizations names)

### **1. Project/Initiative/Research Description (1 page maximum)**

Provide a brief summary description of your project/initiative/research identifying the project's objectives, expected activities and outcomes, and why you believe you should receive CPSA funding consideration.

Please note that if ethics approval is required, make reference that the Ethics Consent Form will be completed.

### **2. Project/Initiative/Research Workplan (6 page maximum)**

#### **Proponent Experience and Qualifications**

State your intent to provide the services as described in your offer. This should include a brief profile and history of the organizations participating in your response, as well as statements of qualifications to undertake your project. Describe your organization's expertise, qualifications and experience with respect to each aspect of the activities described in your project description without listing any individual details. Alternatively, describe the process by which you propose to select suitable individuals/firms to which you would subcontract such activities.

#### **Methodology and Workplan**

Each proponent should provide a work plan including a detailed timeline that identifies how you intend to undertake the work, the activities involved in the project, any phasing and steps involved, and associated timelines with each.

### **3. Benefit to Albertans (1 page maximum)**

Each proponent should concisely describe how its project will benefit Albertans health or care, providing specific justification for these claims.

### **4. Alignment to CPSA Strategic Directions (1 page maximum)**

Each proponent should clearly describe how its project aligns with one or more of CPSA's five Strategic Directions (see page 3). CPSA has set these strategies for the next five years, and is specifically interested in projects that address these priority areas.

### **5. Degree of Collaboration (1 page maximum)**

Each proponent should describe how they intend to collaborate within or across sectors, communities, and/or organizations to complete the project. Please identify whether these collaborating relationships are already established or whether they will be established through completion of the project.

### **6. Assessment/Evaluation (2 page maximum)**

Each proponent should describe the evaluation plan for the project describing how data/information will be collected and used, and the intended measurable outcomes of the project. Please indicate if ethics approvals will be required, and if so your plan to obtain them.

### **7. Sustainability (1 page maximum)**

Each proponent should describe how their project is sustainable beyond the CPSA funding period. Identify if other sources of funding have been obtained, or your plans to obtain additional funding. Please also describe how your project can be scaled to meet needs of Albertans on a broader and ongoing basis beyond the CPSA funding period, and how knowledge from your project will be transferred to the public domain.

### **8. Budget (1 page maximum)**

Each proponent should provide a detailed budget for their project, indicating the timing for how funds will be utilized, and how funds will be allocated.

## Request for Proposal Schedule

Deadline for all scheduled items is 4pm MST. Note that dates may change at the sole discretion of CPSA.

November 1, 2022	RFP will be made available to invited organizations/ individuals.
November 22, 2022	Deadline for expression of intent to respond must be submitted by all interested organizations/ individuals. This is a mandatory requirement.
November 29, 2022	Deadline for questions from organizations/ individuals to be submitted to CPSA.
December 13, 2022	Responses to questions submitted will be provided by CPSA to all organizations/individuals who have submitted an intent to respond.
January 31, 2023	Submission deadline.
February 1 – March 7, 2023	Evaluation of proposals.
March 13, 2023	Successful organizations/individuals will be notified in writing.
March 13 – 17, 2023	Formal agreements to be executed
March 20 - 24, 2023	Unsuccessful organizations/individuals will be notified in writing
Within 1 year of award date	Projects will be initiated
March 31, 2026	Last day of available funding



## Selection Criteria

The following sets out the categories, weightings, and descriptions of the rated criteria of the RFP.

Criteria	Weighting
<b>Assessment/Evaluation</b> (The success of the project/initiative can readily be evaluated. An evaluation plan has been developed and included)	20%
<b>Alignment to CPSA Strategic Directions</b> (The project/initiative is specifically and clearly aligned with at least one of CPSA's five strategic directions)	15%
<b>Benefit to Albertans</b> (There is a clear statement of benefit to Albertan's health or care with detailed justifications for same)	10%
<b>Budget</b> (The accuracy and completeness of the budget makes achievement of the stated outcomes likely)	10%
<b>Degree of Collaboration</b> (Collaborations within or across sectors, communities, and/or organizations are planned and/or secured)	10%
<b>Sustainability</b> (Project/Initiative is clearly sustainable after CPSA funds have been utilized)	10%
<b>Workplan</b> (The quality of the workplan (personnel, project activities and timeline) make achievement of the stated outcome likely)	25%

- Each criterion will be scored as the following:
  - Unacceptable – 0.0
  - Somewhat acceptable – 1.0
  - Acceptable – 2.0
  - Good – 3.0
  - Outstanding – 4.0
- If a score of 0 is obtained on any one of the criteria, the submission will be rejected.
- A minimum score of 15/28 must be obtained, or the submission will be rejected.

## **Proposal Conditions**

### **Contingencies**

This Request for Proposals (RFP) does not commit CPSA to award a contract. CPSA reserves the right to accept or reject any or all proposals or waive irregularities if CPSA determines it is in the best interest of CPSA to do so.

### **Acceptance or Rejection of Proposals**

Proposals shall remain open, valid, and subject to acceptance anytime up to three months after the proposal opening date and time. CPSA realizes that conditions other than lowest cost are important and will award contract(s) based on the proposal(s) that best meet the needs of CPSA.

### **Modifications**

CPSA reserves the right to issue addenda or amendments to this RFP.

### **Proposal Submission**

To be considered, all proposals must be submitted in the manner set forth in this proposal. It is the Proposer's responsibility to ensure that its proposal arrives on or before the specified time.

### **Incurred costs**

This RFP does not commit CPSA to pay any costs incurred in the preparation of a proposal in response to this request and Proposer agrees that all costs incurred in developing its proposal are the Proposer's responsibility.

### **Negotiations**

CPSA may require the organizations/individuals selected to participate in negotiations, and to submit cost, technical, or other revisions of their proposals as may result from negotiations.

### **Final Authority**

The final authority to award contracts from this RFP rests solely with CPSA.

### **Team Submissions**

It is anticipated that the services provided to meet the requirements of this RFP may not be resident in a single organization/individual.

If the proposal is submitted by a team or consortium of two or more separate legal entities, one of the entities must be clearly identified as the proponent. If the proponent intends to subcontract or partner with other entities on any of the work, the proponent should indicate this intention and should identify and provide relevant information in respect of the proposed subcontractors or partners for the purposes of evaluation.

## Contact Information

The expression of intent to submit a response must be submitted no later than November 22, 2022.

All inquiries for questions from organizations/ individuals must be submitted in writing no later than November 29, 2022.

Both the expression of intent to bid and inquires must be directed to the following individual:

College of Physicians & Surgeons of Alberta  
2700, 10120 – 100 St NW  
Edmonton, AB  
T5J 0N3

Name: Tracy Simons, Chief Financial Officer  
Email: Tracy.Simons@cpsa.ab.ca  
Phone: 780.969.4983 | 1.800.561.3899 ext. 4983

Proponents and their representatives are **not** permitted to contact any employees, officers, or agents, elected or appointed officials or other representatives of CPSA, other than the RFP contact, concerning matters regarding this RFP. Failure to adhere to this rule may result in disqualification of the proponent and the rejection of the proponent's proposal.

## Appendix 1 – Submission Form

Date xxxx, 2022

Tracy Simons, Chief Financial Officer  
College of Physicians & Surgeons of Alberta  
2700, 10120 – 100 St NW  
Edmonton, AB  
T5J 0N3

RE: Request for Proposals (RFP) Number xxxx

**Proponent's Legal Name:**

**Mailing Address:**

**Contact Name:**

**Telephone:**

**E-mail Address:**

**X**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

## Appendix 2 – Consent Form

A research ethics board (REB) is an independent committee made up of medical and non-medical members, such as physicians, statisticians, and community advocates. It ensures that a clinical trial is ethical and that the rights of study participants are protected.

All institutions that conduct or support biomedical research involving people, by Canadian government regulation, must have an REB that initially approves and periodically reviews the research. <sup>Note 1</sup>

For a health research project, CPSA will accept a review approved by a *Health Information Act (HIA)* designated board in Alberta.

HIA designated boards include:

- Conjoint Health Research Ethics Board (CHREB) – University of Calgary
  - CHREB Institutional Research Information Services Solution (IRISS) application for ethics review
- Health Research Ethics Board (HREB) – University of Alberta
  - HREB Alberta Research Information Services (ARISE) application for ethics review
- Health Research Ethics Board of Alberta (HREBA) – Alberta Innovates
  - Clinical Trials Committee (HREBA-CTC)
  - Community Health Committee (HREBA-CHC)
  - Cancer Committee (HREBA-CC)

A consent form from an applicable REB must be submitted with your unblinded proposal.

Confused about where to apply for your research project? Reference the [Alberta Innovates website](#).

<sup>Note 1</sup> MyHeatlh.Alberta.ca

August 2022 – April 2026

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## Background

From 2012-2016, CPSA collected an additional \$150 from each physician during annual renewal, with the intent to purchase or build a new office space within five years. In 2018, with favorable lease rates, Council decided to continue leasing in downtown Edmonton until February 2029. We also renovated our current space to meet operational needs and accommodate a growing team.

In 2020, CPSA's Finance and Audit Committee (FAC) felt the reserve fund (\$7.9 million as of June 2020) was no longer required for its original purpose and brought forward a motion to Council to survey the profession on options for alternate uses of the building fund, which Council passed.

In April 2021, regulated members were invited to participate in a survey and 56% of the respondents preferred to use the funds for CPSA operations and reducing the annual renewal fee in 2022. In May 2021, Council approved allocating \$5 million of a growing \$9+million building fund to be used to fund programs, initiatives or research to benefit Albertans. The remainder (\$4.2 million) will go toward CPSA



operations, thereby creating a one-time annual fee reduction for all practising Alberta physicians in independent practice in 2022, who normally pay the full annual fee.

The mandate of the CPSA Building Fund Initiatives Working Group (Working Group) is to oversee this \$5 million fund. The members serve on the Working Group until it is dissolved or until their term expires. Members include:

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

This plan identifies opportunities to communicate and promote the grant application and evaluation process, distribution of funds and reporting period to raise awareness of CPSA, engage with a diverse range of organizations and foster positive relationships with Albertans.

### Key dates

Communications tactics will align with the following key dates:

Date	Event
Nov. 1, 2022	RFP will be made available.
Nov. 22, 2022	Deadline for expression of intent to respond must be submitted by all interested organizations.
Nov. 29, 2022	Deadline for questions to be submitted to CPSA.
Dec. 13, 2022	Responses to questions will be provided by CPSA to all organizations who have submitted an intent to respond.
Jan. 31, 2023	Submission deadline.
Feb. 1 – Mar.7, 2023	Evaluation of proposals.

Mar. 13, 2023	Successful organizations will be notified in writing.
Mar. 13 – 17, 2023	Formal agreements to be executed.
Mar. 20 – 24, 2023	Unsuccessful organizations will be notified.
Within 1 year of award date	Projects will be initiated.
Mar. 31, 2026	Last day of available funding.

### Principles for fund allocations

- Funds will only be provided to Alberta-based organizations/individuals and need to be utilized on projects/initiatives that will directly benefit the health or care of Albertans
- The primary recipient of funds must be a NPO, non-government agency, academic organization/individual and/or charitable organization, or community groups
- Funded projects/initiatives must provide evidence of being sustainable once the CPSA funds have been utilized
- Only one funding application call will take place, the granting period for the funds will be no longer than 3 years, and funds must begin to be applied within one year of receipt
- Funded projects/initiatives must be aligned with at least one of CPSA's five strategic directions (highest quality, compassionate care, enhanced partnerships, proactive and innovative approach, anti-racism and anti-discrimination, or authentic Indigenous connections)
- Projects/Initiatives that include broad collaborations across sectors and organizations are preferred
- Projects/Initiatives must have established criteria for evaluation
- Applicants will have to select to submit in one of three categories
  - Small Grant - \$50,000 - \$100,000
  - Medium Grant - \$100,001 - \$1,000,000
  - Large Grant - \$1,000,001 - \$2,500,000
- Funds **cannot** be used for expenditures that are capital in nature (e.g., building construction, renovations, improvements, capital equipment, hardware, software, vehicles, etc.); those related to overhead (e.g., rent, electricity); or those related to the general operations and administration of the host organization including travel outside of Alberta

## Communications goals and objectives

### Goal #1: Increase awareness of CPSA through the Building Fund Initiatives

- 1.1 Neutral media mentions/coverage.
- 1.2 High engagement through online (social media, email, website) and offline channels (inquiries from external partners and potential proponents).

### Goal #2: Internal (CPSA team, Council and Working Group) and external partners (Albertans and regulated members) are aware of the Building Fund Initiatives, the results and impact of granted projects.

- 2.1 Ensure communication through *The Messenger* and mass emails to regulated members.
- 2.2 Ensure up-to-date information on website, social media and external partner's publications/channels.
- 2.3 Ensure regular updates via CPSA's internal communication products.

### Goal #3: Encourage diverse and quality applications

- 3.1 High number of proposals that align with CPSA's strategic directions received from a diverse range of organizations in Alberta.
- 3.2 The outcome of the granted projects is long-lasting and can benefit Albertans in a variety of ways.

### Goal #4: Foster positive relationships with grant recipients and external partners

- 4.1 Impactful storytelling from the grant recipients.
- 4.2 Positive experience throughout the application, evaluation, granting and reporting period.
- 4.3 Positive and long-lasting relationships built with external partners.

### Goal #5: Streamline internal work to ensure smooth rollout of Building Fund Initiatives

- 5.1 Maintain frequent communication with Working Group members.

## Audiences

Who	What do they need to know?
Alberta-based Organizations Albertans	<ul style="list-style-type: none"> <li>• What is CPSA and what do we do? <ul style="list-style-type: none"> <li>◦ Our vision, mission, values and strategic directions.</li> </ul> </li> <li>• What is <i>CPSA Healthier Albertan Grant</i>?</li> <li>• Where did the fund come from?</li> </ul>

## **CPSA Healthier Albertan Grant**

### Communications Plan

	<ul style="list-style-type: none"> <li>• How can Albertans benefit from the grant?</li> <li>• How to apply for the grant? <ul style="list-style-type: none"> <li>◦ Eligibility criteria for applicants (nine principles)</li> <li>◦ Key dates for application and reporting</li> <li>◦ Proposal requirements and format</li> </ul> </li> <li>• What are selection/evaluation criteria?</li> <li>• <u>Results and impact of the granted projects</u></li> </ul>
CPSA team	<ul style="list-style-type: none"> <li>• General information about the grant: <ul style="list-style-type: none"> <li>◦ Where did the fund come from?</li> <li>◦ Purpose of allocating the fund?</li> <li>◦ Key dates</li> </ul> </li> <li>• Where can they direct incoming inquiries?</li> <li>• Results and impact of the granted projects</li> </ul>
Council members Working Group members	<ul style="list-style-type: none"> <li>• Key dates and details about the grant</li> <li>• How can they help promote it?</li> <li>• Results and impact of the granted projects</li> </ul>
Regulated Members (medical learners, physicians and physician assistants)	<ul style="list-style-type: none"> <li>• What is <i>CPSA Healthier Albertan Grant</i>?</li> <li>• Where did the fund come from?</li> <li>• How can Albertans benefit from the grant?</li> <li>• How to apply for the grant? <ul style="list-style-type: none"> <li>◦ Eligibility criteria for applicants (nine principles)</li> <li>◦ Key dates for application and reporting</li> <li>◦ Proposal requirements and format</li> </ul> </li> <li>• What are selection/evaluation criteria?</li> <li>• <u>Results and impact of the granted projects</u></li> </ul>

### **Key messages**

On promoting CPSA's vision, mission and strategic directions:

- In CPSA's 2022-2026 strategic plan, our vision is "professional, ethical and competent physicians providing the highest quality care for all Albertans." In order to achieve that vision, CPSA's mission has been updated accordingly: "to serve and protect all Albertans, contributing to their health and wellness, by supporting and guiding physicians to proudly provide high quality care together with healthcare partners and patients."
- CPSA Council has outlined [five key strategic directions](#) to help us achieve the mission and vision.

On introducing how the fund can benefit Albertans:

- CPSA allocated \$5 million to support eligible Alberta-based organizations and individuals with their projects, initiatives and research that align with CPSA's

strategic directions and will directly benefit the health of Albertans and improve their care.

#### On encouraging quality and diverse applications:

- All Alberta-based organizations and individuals who meet the eligibility criteria are encouraged to apply. We also encourage broad collaborations across multiple sectors and organizations.

#### On encouraging regulated members to apply:

- Your contribution made the *CPSA Healthier Albertan Grant* possible! Now it is time for CPSA to give it back to you and Albertans. Whether you're doing research, launching an initiative or planning a project, as long as they align with at least one of CPSA's strategic directions and can benefit the health of Albertans and improve their care, consider applying!

**Commented [TS1]:** Draft messaging. Further work in progress to tie back to the strategic plan, vision and mission.

### Communications strategy

#### Easy application process

- Ensure application process is straight-forward and format is consistent (e.g.: character limit; jpeg photo format)
  - **Expression of Intent – send to Tracy by Nov. 22**
  - **Question Submission – send to Tracy by Nov. 29**
  - **Application – send to Tracy by Jan. 31**
    - The 11 questions in Proposal Response Format will be made into a PDF graphic and shared on the Building Fund Initiatives webpage, so proponents can view and download before and while filling out the application form
    - Add a check box for signature
    - Add attachment option: proponents can upload their supporting documents (if needed) using the online form
- Ensure accessibility of information and single-source of truth (e.g. dedicated webpage and applying method)
- Ensure evaluation criteria and reporting requirements is clearly communicated to potential proponents

#### Promotion and communication (internal stakeholders and external partners)

##### External:

- Align communications with set key dates in the Request for Proposal (RFP) document
- Use an infographic format to introduce the Building Fund Initiative and eligibility criteria (could be done in-house) for internal and external communications

- Use both CPSA's communication channels (*Messenger*, email, CPSA's website and social media) and partner organizations' publications/channels to communicate Building Fund Initiatives to both Alberta-based organizations and regulated members.
- Could outsource to run Google Ads to reach broader audience during the RFP period. (things to be considered: budget, time)
- Explore possibility to post content on external grant websites to reach broader audience
- Reach out to organizations that are outside of healthcare sector (e.g.: social welfare/care sector, etc.) to reach broader audience
- Create a unique #hashtag for social media content
- Create an intro kit (infographic, web link, application process, etc.) and directly send it to eligible organizations

**Internal:**

- Notify and update CPSA team of the Building Fund Initiatives on CORE, via team meeting, the Pulse and through Registrar's Weekly Update
- Keep clear and smooth communications through regular meeting and information sharing

**Storytelling**

- Collect testimonials from grant recipients during and after the granting period to tell impactful stories on how the fund is benefiting Albertans
  - Explore different ways to tell impactful stories: video, photo, podcast

**Action plan**

Stage one: Leading up to launching RFP  
Aug. 1 – Oct. 30, 2022

Tactic	Timing	Responsibility
<b>Renaming the initiatives</b>	Present to WG with a few options on the Aug. 10 meeting  Finalize a name by Aug. 19	Cecilia Approval: Working Group



<b>Webpage for Building Fund Initiatives:</b> <ul style="list-style-type: none"> <li>What is <i>CPSA Healthier Albertan Grant</i>?</li> <li>Where did the fund come from?</li> <li>How can Albertans benefit from it?</li> <li>How to apply for the fund? <ul style="list-style-type: none"> <li>Eligibility criteria for applicants (nine principles)</li> <li>Key dates for application and reporting</li> <li>Proposal requirements and format (change RFP to a branded PDF file for proponents to download and keep before and during application)</li> </ul> </li> <li>What are selection/evaluation criteria?</li> <li>Reporting requirements</li> </ul>	Sept. 30	Cecilia, Clarissa Approval: Working Group
<b>Article in <i>The Messenger</i>:</b> Introduce the initiatives and RFP key dates	Oct. 13	Cecilia Approval: Working Group
<b>Social media posts:</b> <ul style="list-style-type: none"> <li>introduce the initiatives and RFP start date (Nov. 1)</li> <li>All social media posts will have the unique <b>#hashtag</b> we created for promoting the initiatives</li> </ul>	Oct. 18	Cecilia Approval: Clarissa
<b>Possible partners/organizations we could reach out to help promote the fund:</b> <ul style="list-style-type: none"> <li>Calgary Chamber of Voluntary Organizations (CCVO)?</li> <li>Edmonton Chamber of Voluntary Organizations (ECVO)?</li> <li>Volunteer Alberta (VA)?</li> <li>Edmonton Social Planning Council?</li> </ul>	Oct.	Cecilia Approval: Working Group
<b>Possible external sites we could post and keep the grant info on:</b> <ul style="list-style-type: none"> <li><a href="#">Grant Connect</a></li> <li><a href="#">U of A's database for funding opportunities</a></li> <li><a href="#">AHS's healthier together grants and funding</a></li> </ul>	Oct. -Nov. 22	

<ul style="list-style-type: none"> <li><a href="#">Alberta Purchasing Connection</a></li> </ul>		
<b>Send the initiatives information (infographic/Messenger article) to partner organizations:</b> <ul style="list-style-type: none"> <li>AMA's MD Scope,</li> <li>ACFP's e-News and Vital Signs,</li> <li>AMSA</li> <li>RhPAP</li> <li>PARA</li> <li>PCNs</li> <li>U of A medical school faculty members, professors, students</li> <li>U of C medical school faculty members, professors, students</li> <li>Grant Connect</li> <li>AHS</li> <li>Alberta Federation of Regulated Health Professions (AFRHP) - Dale</li> </ul>	Oct.  Dates Depending on the schedule of partner organizations' publication	Cecilia  Article/content approval: Working Group

Stage two: Application period  
Nov. 1 – Jan. 31, 2023

Tactic	Timing	Responsibility
<b>Media Release</b>	Bullet point ready by Oct. 20  Nov.1 send out	Cecilia bullet points  Andrea/Melissa C. draft and send out
<b>Announcing application opens:</b> <ul style="list-style-type: none"> <li>Mass email to regulated members</li> <li>Social media post</li> <li>Website:               <ul style="list-style-type: none"> <li>Expression of intent</li> <li>Question submission</li> <li>Application</li> </ul> </li> <li>Messenger article</li> <li>send email to the same list of partners/organizations we reached out in stage one</li> </ul>	Nov. 1       Nov. 10 Nov. 1	Cecilia     Mass email & article approval: Clarissa (sm), Working Group
<b>Reminder of RFP on social media</b>	Nov. 8 Nov. 15 Nov. 22	Cecilia  Approval: Clarissa

<b>Email organizations and individuals who submitted their expression of intent:</b> <ul style="list-style-type: none"> <li>• Thank them for submitting their expression of intent</li> <li>• remind deadline for question submission is Nov. 29</li> </ul>	Nov. 22	Cecilia  Mass email and article approval: Working Group
<b>Email organizations and individual applicants:</b> <ul style="list-style-type: none"> <li>• Receipt of their questions</li> <li>• Response to their questions will be communicated on Dec. 13</li> </ul>	Nov. 29	Cecilia  Approval: Working Group
<b>Email organizations/individuals who submitted their expression of intent:</b> <ul style="list-style-type: none"> <li>• Prepare responses to questions submitted</li> <li>• Consolidate all questions and answers and respond to all how submitted an expression of interest</li> <li>• Remind submission deadline is Jan. 31</li> </ul>	Dec. 13	CPSA / Working Group to provide answers to questions  Email sending: Cecilia

Stage three: Evaluation period  
Feb. 1 – Mar. 24, 2023

Tactic	Timing	Responsibility
<b>Email to organizations and individuals who submitted their intent and applications:</b> <ul style="list-style-type: none"> <li>• Acknowledging the receipt of their application</li> <li>• What are the next steps?</li> </ul>	Feb. 1	Cecilia  Approval: Working Group
<b>Email successful organizations/individuals</b>	Mar. 13	Cecilia  Approval: Working Group
<b>Formal agreement to be communicated with successful organizations/individuals</b>	Mar. 13 – 17	Will this full under Tracy?
<b>Email unsuccessful organizations/individuals</b>	Mar. 20 – 24	Cecilia  Approval: working group

Stage four: Granting and reporting period

Mar. 25, 2023 – end of May, 2026

Will be updated once more information becomes available and when the date is closer.

Tactic	Timing	Responsibility
<b>Announcing grant recipients and their projects</b>	Mar.2023 – May 2026	Cecilia, communications Approval: Working Group
<b>Collecting stories/progresses made from grant recipients and report back to Council, regulated members and Albertans:</b> <ul style="list-style-type: none"> <li>Article in <i>The Messenger</i></li> <li>Social media</li> <li>CPSA Website</li> <li>Annual report</li> </ul>	Dec. of each year during the granting period TBD	Cecilia & Communications
<b>Final Reporting to Council:</b> <ul style="list-style-type: none"> <li>Council meeting</li> <li>The Messenger</li> <li>Annual Report</li> </ul>	TBD	Cecilia & Communications
<b>Final Reporting to regulated members:</b> <ul style="list-style-type: none"> <li>The Messenger</li> <li>Annual Report</li> </ul>	TBD	Cecilia & Communications

## Evaluation

On media mentions and online engagement:

- # of neutral media mentions throughout the application, evaluation, granting and reporting period
- # of organizations post content on their social media channels using our unique #hashtag
- # of engagement rate (per impression)

On encouraging diverse and quality applications from multiple sectors/groups:

- # of total submissions

- # of submissions that meet eligibility criteria
- # of sectors/groups the proponents belong to and/or engage with
- # of organizations granted
- # of strategic directions aligned

On learning about our audiences and their experience:

- Source/medium: where did majority of our audiences come from?
- Overall experience towards the application process through survey(s)

On fostering long-lasting relationships/partnership

- # of organizations formed a partnership with CPSA
- # of organizations agreed to share their stories in CPSA's publications

#### **References**

[Building Fund Initiatives Working Group Terms of references](#)

[Building Initiatives Fund Memo](#)

[CPSA Building Fund – Request for Proposal – draft v2](#)

[July 11 Meeting notes](#)

## **Terms of Reference**

### **Building Fund Initiatives Working Group**

#### **December 2021**

### **Purpose**

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

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

### **Membership**

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

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

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

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

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

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

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



## **Authority and Accountability**

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

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

## **Roles and Responsibilities**

The Working Group will:

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

## **Meetings**

### **Frequency:**

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

### **Procedures:**

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

### **Decision Making:**

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

### **Records of the Committee**

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

### **Confidentiality**

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

### **Subcommittees**

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

## **Committee Resources**

Council approves the budget of the Working Group.

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

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

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

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

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
September 9, 2022	Levonnie Louie, Chair FAC		
Agenda Item Title:	Finance & Audit Committee Report – 2023 Business Plan and Budget		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to <b>Choose an item.</b> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.





#### AGENDA ITEM DETAILS

Recommendation (if applicable):	<p>It is recommended that Council approve:</p> <ol style="list-style-type: none"> <li>1) The proposed 2023 Business Plan.</li> <li>2) 2023 CPSA budget with a physician annual fee of \$2,200.</li> <li>3) Program fee changes contained in Appendix D, Fee Changes for 2023.             <ul style="list-style-type: none"> <li>• Therapeutic Decision Making (TDM) exam admin and recheck fee</li> <li>• Practice readiness fees</li> <li>• Non-Clinical Register annual fees</li> <li>• Physician health monitoring fees</li> <li>• Radiation equipment annual and registration fees</li> </ul> </li> <li>4) Honorarium rates for 2023.</li> </ol>
Background:	<p><b>General Background</b></p> <ul style="list-style-type: none"> <li>• Council approved its new Strategic Plan at the May 2022 meeting. CPSA leadership is currently developing a 5-year Action Plan to support the new strategic plan. That action plan will commence for the 2024 fiscal year.</li> <li>• 2023 is the transitional year; the final year under the “old” strategic plan.</li> </ul>

- A Performance Measures Working Group was established by Council to develop key performance indicators (KPI) for CPSA for the 5 years (2020 – 2024). The details were reviewed by Council at their May 2019 meeting and have been reviewed and updated annually.

### Business Plan Background

The Business Plan incorporates Council's priorities and the six strategic pillars from the "old" Strategic Action Plan:

	<p><b>Quality Mandate</b></p> <p>This strategy has two key elements:</p> <ul style="list-style-type: none"> <li>• To ensure all physicians meet minimum standards expected of the profession.</li> <li>• To foster and support the highest quality of medical/health care through collaboration and cooperation with key stakeholders.</li> </ul>
	<p><b>Organization Presence &amp; Influence</b></p> <p>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.</p>
	<p><b>Digital Health</b></p> <p>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.</p>
	<p><b>Business Intelligence</b></p> <p>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</p>

areas of the CPSA that need data informed results/decisions (e.g. Continuing Competence, Research & Evaluation Unit (REVU), Organizational Risk, etc.). This will be a unified model for all areas of the CPSA that not only looks at what we currently have and how to use it, but also future needs and scalability in the systems that will support it.



### **Organizational Culture and Capacity**

To develop a culture where our people are intrinsically invested in our work, our teams, and each other. To develop a capacity and mix of staff to meet current and adaptable future needs to address a changing regulatory landscape



### **Learning Organization**

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

Management developed the business plan highlighting activity for 2023. The plan also highlights the budget implication for the actions/tactics planned for 2023, and management's risk assessment of not carrying out the action/tactic.

From the internal risk assessment, management prioritized the activity to include in the business plan. The items listed on the business plan, that have not been listed as deferred, have been incorporated into the draft budget for 2023.

Management updated the performance targets by year for each key performance indicator (KPI) under the business pillars. Two of the business pillars (Digital Health and Business Intelligence) no longer have KPI as the targets have been reached in 2021/2022.

Two appendices complement this document:

### **a) Appendix A - Business Plan 2023 – KPI and targets only**



The document summarizes each of the six pillars, the desired outcome along with the key performance indicators (KPI) and targets for 2023.

#### **b) Appendix B - Business Plan 2023**

The document lists the actions/tactics that are planned for 2023 along with the KPI and targets.

#### **Recommendation #1**

FAC has reviewed the draft 2023 Business Plan and recommends Council approve the plan.

#### **Budget Background**

In preparing the 2023 budget the following principles are of importance:

- Meeting the statutory purpose of the CPSA.
- Enacting the strategic directions of the Council strategic plan and the more specific actions/tactics flowing from it in the 2023 business plan; and supporting/completing previous Council-approved activities that could not be cancelled or deferred for 2023.
- Complying with the CPSA's policy of net assets.

*The CPSA will continue to plan for an accumulated general surplus with a target of 60% of one year's operating expenses.*

- Complying with CPSA's *Total Compensation Philosophy* to attract and retain skilled, qualified staff to carry out the business plan.

#### **Draft 2023 budget**

The draft 2023 budget incorporates continued operation of many of the planned actions/ tactics from the business plan, all resuming considering the new reality of living with Covid-19. This includes continuing elements of virtual and in-person activity throughout CPSA. The full proposed 2023 budget is shown in Appendix C, Budget Spreadsheet but highlights are described below.

The draft 2023 budget, with a physician annual fee of \$2,200 reflects a net loss of \$330,000 which results in a planned draw down of the unrestricted surplus.

Physician Assistant annual fees are based on 25% of physician annual fees. No change to the formula is planned for 2023. For 2023, that equates to \$550. Changes to Physician Assistant fees have been incorporated into the 2023 budget.

	<b>2023 Budget</b>
Revenues	36,343,000
Expenses	36,273,000
<b>Income from operations</b>	<b>70,000</b>
Development costs	113,000
<b>Subtotal after development costs</b>	<b>43,000</b>
Amortization & rental inducements	540,000
Other income	0
Accreditation programs, net	<253,000 >
<b>Net Loss</b>	<b>330,000</b>

There are many assumptions behind the draft 2023 budget. Key assumptions are included in Appendix D, Fee Changes and Appendix E, Budget Process and Risks & Assumptions for 2023.

Included in the 2023 budget are the following CPSA honorarium rates and overnight expenses.

Honorarium rates:

Honorarium rates will increase for 2023.

<b>Rates per day</b>	2018-2021	2022	<b>2023 Budget *</b>
Council member	\$960	\$960	<b>\$140/ hour to a maximum of \$1,000/ day</b>
Committee chair	\$960	\$960	<b>\$140/ hour to a</b>

			<b>maximum of \$1,000/ day</b>
Committee member	\$864	\$864	<b>\$115/ hour to a maximum of \$900/ day</b>
Note: Travel time applicable for committee members. CPP also applicable		Rates to match above based on distance traveled.	

\*Daily maximum is reached after working 6 hours.

In 2021, the CPSA finance team engaged an external consultant to review the per diem rates. The consultant's recommendation was to increase the CPSA rates and provide the daily maximum after 6 hours. FAC did not make any changes at that time but decided that a change was appropriate for the 2023 proposed budget.

#### Expenses:

No changes in mileage or overnight expenses are planned for 2023.

<b>Expenses</b>	<b>2021</b>	<b>2022</b>	<b>2023 Budget</b>
Mileage	\$0.55/km	\$0.59/km *  For first 5000 km, \$0.53/km subsequent	<b>\$0.59/km *</b>  For first 5000 km, \$0.53/km subsequent
Overnight expenses (includes hotel, meals and reasonable incidentals)	\$300	\$310	<b>\$310</b>

\*CRA limit \$.59/ km for the first 5,000 km driven, \$0.53/ km subsequent.

Five appendices complement this document relating to budget:

1. **Appendix C: Budget spreadsheet** – itemizes revenues and expenses by program areas, including actual results for recent past years.
2. **Appendix D: Fee changes** – a list of the program fee changes incorporated into the draft budget.
3. **Appendix E: Budget Process and Risks & Assumptions for 2023** – a summary document highlighting the process followed to develop the 2023 budget, the assumptions and highlights behind the budget, and potential uncertainties that could affect our financial results.
4. **Appendix F: Budget Charts** – graphs summarizing the financial activity for the CPSA
  - a) Financial results 2010 – 2022 plus draft 2023 budget
  - b) Breakdown of Expenses
5. **Appendix G: New Priority Costs 2023** – a summary of the new costs included in the 2023 business plan.

FAC has reviewed the process used by management to develop the 2023 business plan and budget, and the assumptions incorporated into the budget details. FAC supports the budget, the fees, and honorarium recommendations included in the draft 2023 budget.

#### **Recommendation #2**

FAC recommends Council approve 2023 CPSA budget with a physician annual fee of \$2,200.

#### **Recommendation #3**

FAC recommends Council approves Program fee changes contained in Appendix D: Fee Changes for 2023.

- Therapeutic Decision Making (TDM) exam admin and recheck fee
- Practice readiness fees
- Non-Clinical Register annual fees
- Physician health monitoring fees
- Radiation equipment annual and registration fees

#### **Recommendation #4**

FAC recommends Council approved Honorarium rates for 2023.

#### Next Steps:

- 1) Business plan  
CPSA will report to Council quarterly in 2023 on the progress towards the targets identified for the key performance indicators.
- 2) Budget
  - a. The physician Renewal Information Return (RIF) for 2023 to be prepared
  - b. Communication of fees to the applicable audiences.

#### List of Attachments:

[Appendix A - Business Plan 2023 – KPI and targets only](#)  
[Appendix B - Business Plan 2023](#)  
[Appendix C - CPSA Draft 2023 Budget](#)  
[Appendix D - Fee Changes 2023](#)  
[Appendix E - Budget Process and Risks & Assumptions for 2023](#)  
[Appendix F - Budget Financial Charts](#)  
[Appendix G - New Priority Costs 2023](#)

# CPSA Business Plan for 2023

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## Key Performance Indicators (KPI) and Targets Only

**Updated: June 13, 2022**



## 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.



**CPSA Council Strategic Goals Supported:** 1, 3, and 4.

Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
1. CPSA has confirmation that all AB physicians are engaging in high quality and relevant CQI. 2. At risk physicians are assessed by CPSA and, when necessary, are elevated to minimum standards. 3. Practice enhancement/remediation is outsourced to faculties of medicine and other outside educational bodies. 4. All physicians prescribe antibiotics appropriately. 5. All physicians prescribe benzodiazepine and opioids appropriately. 6. All physician practices reprocess medical devices to medical device reprocessing (MDR) standards. 7. Public has confidence their physicians are providing good care.	• CPSA has engaged regulated members in QI	Engage up to 20% of regulated members in clinical practice  [ 27% at the end of 2020]	40% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement  [84%  10,589 regulated members self-reported of being engaged in quality improvement and/or personal development initiatives.]	60% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement	80% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement
	• Higher risk individual physicians are assessed in QA	200 annually from 2020 onwards (2% of membership)  [2% of membership at the end of 2020]	200 regulated members assessed (2% of membership)  [2% 48 referrals + 146 PAF + 30 Factors]	200 regulated members assessed (2% of membership)	200 regulated members assessed (2% of membership)
	• Practice enhancement assessment/remediation is outsourced	Up to 30% QA IPR (individual practice review) files outsourced  [15% of files membership at the end of 2020]	Up to 45% QA IPR outsourced  [28% 55 IPR physicians or 28% have been referred to external CPSA partners this year for assessment and/or remediation work. Most outsourced assessment/remediation	Up to 60% QA IPR outsourced	Up to 70% QA IPR outsourced

			n work applies to referral IPR physicians. In 2021, the number of referred IPR physicians from Complaints and Prescribing decreased significantly in comparison to previous years.]		
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<b>Organization Presence &amp; Influence Strategy</b> <b>Definition:</b> CPSA is a respected and credible organization that promotes high quality healthcare for all Albertans and is recognized as a key stakeholder in the Alberta and Canadian healthcare scene. As an innovative and forward thinking regulator, CPSA is and is sought out to participate in health related initiatives provincially, nationally and internationally.					
CPSA Council Strategic Goals Supported: all					
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target
1. Through PRO-Active, CPSA has collaborated with stakeholders to improve the healthcare workplace for physicians in all sectors. PRO-Active - A multi-stakeholder action plan to support the advancement of professional behaviour among physicians, learners and leaders in Alberta. 2. The CPSA through a brand strategy will be recognized as an organization that supports, guides and mentors physicians, empowering them to deliver quality health care. CPSA will be seen as an organization that promotes a collaborative approach to profession-led regulation that adapts to the complexities of front line care delivery. 3. CPSA is an organization recognized for establishing cultural awareness and understand the unmet health needs for vulnerable populations. 4. In collaboration with stakeholders, CPSA has advanced the vision of physician integration and quality described in the 2017 Office of the Auditor General (OAG) report – Better Healthcare for Albertans. 5. Council/CPSA effectively uses public input. 6. The public has confidence that CPSA influence stakeholders to adopt processes and policies to advance high quality care for all Albertans.	<ul style="list-style-type: none"> <li>Improve media sentiment score</li> </ul> <p>Sentiment Score is calculated: A positive story is scored as 3, neutral at 2 and negative at 1. We take the average of all articles each month that related to CPSA. A 67% score means an average of neutral</p>	Average media sentiment score of 67%  [Average 67.3% at the end of 2020]	Average media sentiment score of 68%  Average score 65% at the end of 2021]	Average media sentiment score of 68%	Average media sentiment score of 69%

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

<b>Business Intelligence Strategy</b> <b>Definition:</b> Clear understanding and governance around the confidentiality, integrity and availability of the data that are required to fulfill the CPSA mandate in all areas. Development of analytics infrastructure to manipulate and report for all areas of the CPSA that need data informed results/decisions (e.g. Continuing Competence, Research & Evaluation Unit (REVU), Organizational Risk, etc.). This will be a unified model for all areas of the CPSA that not only looks at what we currently have and how to use it, but also future needs and scalability in the systems that will support it.					
CPSA Council Strategic Goals Supported: 1, 2, 3 and 4					
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
1. CPSA has developed the capacity to understand and evaluate where its physician members lie on a continuum of performance and quality. 2. CPSA uses data and analytics to inform all regulatory processes.	Physicians are assigned a risk score that is refreshed annually with the most current available data and evidence.	33% complete by end 2020  [33% by the end of 2020 REVU continues to validate physician risk scores by performing various analyses and modelling of current data, including 2020 RIF data.]	66% 2021  [Models adapted and finalized.]	n/a  Completed in 2021	N/A

<b>Organizational Culture and Capacity Strategy</b> <b>Definition:</b> To develop a culture where our people are intrinsically invested in our work, our teams, and each other. To develop a capacity and mix of staff to meet current and adaptable future needs to address a changing regulatory landscape.					
CPSA Council Strategic Goals Supported: all					
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
<b>1. All CPSA staff feel valued for their commitment and contribution to the organization</b> <b>2. CPSA is a high-functioning organization – best-in-class not only as a regulator but a benchmark beyond its sector.</b> <b>3. CPSA has a well-trained, capable and adaptive workforce.</b>	Exemplary Employee engagement as reported on the employee engagement survey	Solicit feedback and identify priorities actions  [ Completed by the end of 2020]	Pulse survey to ensure progress  [50%  New approach for employee survey is being considered and implemented in 2022 since 2020 data is now out of date.  Two Registrar Rounds sessions held in 2021 (Spring and November). These sessions provided an opportunity for Scott to connect with CPSA team members in small group settings, to provide information and hear feedback face-to-face.]	80% score on survey	Pulse survey to ensure progress

<div> <div> <b>Learning Organization Strategy</b> </div> <div> <b>Definition:</b> A learning organization is an innovative organization that anticipates future trends and takes pro-active steps to prepare. A learning organization takes calculated risks and uses learnings from past successes and failures to continually improve processes. </div> <div>  </div> </div>					
CPSA Council Strategic Goals Supported: all					
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
All CPSA functional areas engage in high quality CQI	<ul style="list-style-type: none"> <li>Departments are engaged in CQI</li> </ul>	25%  [10% at the end of 2020]	33% [25% Interviews with Registration completed. Modeling has begun. Consultant is working on report for CQI stages to be rolled out in 2022]	66%	75%

# CPSA Business Plan for 2023

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**Updated: August 2, 2022**



## Our Vision

The highest quality medical care for Albertans through regulatory excellence

## Our Mission

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

## Goals

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

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

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

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

### Quality Mandate

This strategy has two key elements:

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



### Organization Presence & Influence

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



### Digital Health

Digital health refers to the use of information technology/electronic communication tools, services and processes to deliver health care services or to facilitate better health (definition from Canada Health Infoway).



### Business Intelligence

Clear understanding and governance around the confidentiality, integrity and availability of the data that are required to fulfill the CPSA mandate in all areas. Development of analytics infrastructure to manipulate and report for all areas of the CPSA that need data informed results/decisions (e.g. Continuing Competence, Research & Evaluation unit (REVU), Organizational Risk, etc.) This will be a unified model for all areas of the CPSA that not only looks at what we currently have and how to use it, but also future needs and scalability in the systems that support it.



### Organizational Culture & Capacity

To develop a culture where our people are intrinsically invested in our work, our teams, and each other. To develop a capacity and mix of staff to meet current and adaptable future needs to address a changing regulatory landscape.



### Learning Organization

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



## Brand Characteristics

Approachable

Collaborative

Consistent

Informed

Thorough

Transparent

## Our Values

We do the right thing

We make informed decisions

We empower people

We collaborate

We are innovators

## Evaluation Criteria

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

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

#### Risk Level:

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

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

### Priority Definitions

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

## 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.





**CPSA Council Strategic Goals Supported:** 1, 3, and 4.

Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
1. CPSA has confirmation that all AB physicians are engaging in high quality and relevant CQI. 2. At risk physicians are assessed by CPSA and, when necessary, are elevated to minimum standards. 3. Practice enhancement/remediation is outsourced to faculties of medicine and other outside educational bodies. 4. All physicians prescribe antibiotics appropriately. 5. All physicians prescribe benzodiazepine and opioids appropriately. 6. All physician practices reprocess medical devices to medical device reprocessing (MDR) standards. 7. Public has confidence their physicians are providing good care.	• CPSA has engaged regulated members in QI	Engage up to 20% of regulated members in clinical practice [ 27% at the end of 2020]	40% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement [84% 10,589 regulated members self-reported of being engaged in quality improvement and/or personal development initiatives.]	60% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement	80% of regulated members in clinical practice self-report as engaging in Physician Practice Improvement
	• High risk individual physicians are assessed in QA	200 annually from 2020 onwards (2% of membership) [2% of membership at the end of 2020]	200 regulated members assessed (2% of membership) [2% 48 referrals + 146 PAF + 30 Factors]	200 regulated members assessed (2% of membership)	200 regulated members assessed (2% of membership)
	• Practice enhancement assessment/remediation is outsourced	Up to 30% QA IPR (individual practice review) files outsourced [15% of files at the end of 2020]	Up to 45% QA IPR outsourced [28% 55 IPR physicians or 28% have been referred to external CPSA partners this year for assessment and/or remediation work. Most outsourced assessment/remediation work applies to referral IPR physicians. In 2021,	Up to 60% QA IPR outsourced	Up to 70% QA IPR outsourced


			the number of referred IPR physicians from Complaints and Prescribing decreased significantly in comparison to previous years.]		
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	Global Name	2023 Action/Tactics 	Expected Results	Budget	Priority Level	2022 Risk Assessment				
						Categorization	Likelihood	Impact	Level	Rating
	Accredit newly opening community medical clinics	SOP requiring non-accredited community medical clinics to register at CPSA approved by Council and ready for implementation. Communication plan begins to ensure SOP and expectations are recognized and understood by membership. Begin to trial adherence and monitoring process. (Year 2 of 2)	Membership recognizes SOP and expectations. Collaborative partners such as AH support SOP and agree to contribute to success. Trial begins using online tool.	Contractor (Information Mgmt)  \$52,000	Strategically Required	Operational/ Strategic	Low	High	Medium	8
	Members Participate in QI Programs	100% membership reports on CQI engagement using RIF. CPSA continues to provide CQI support to member physicians with our QI programs. Implement and evaluate a process for auditing 20% of membership annually on adherence to quality mandate.	Auditing process proven effective. 80% members engage in CQI.		Strategically Required	Operational/ Strategic	Low	High	Medium	8
	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 QA programs in total.		Strategically Required	Operational/ Strategic	Low	Very High	Medium	10
	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.	Tools and courses to support Physician Practice Improvement are accessible for all Alberta physicians through U of C.	\$65,000 program and course development by U of C.	Strategically Required	Operational/ Strategic	High	High	High	16


	Global Name	2023 Action/Tactics 	Expected Results	Budget	Priority Level	2022 Risk Assessment				
						Categorization	Likelihood	Impact	Level	Rating
	High Functioning Members	Recognize high functioning members and seek their support for colleagues.	Engage high performers based on continuum in our quality mandate work.		Nice to Have	Operational/ Strategic	Low	High	Medium	8
	Alberta Surgical Initiative	Develop framework/strategic plan for NHSF program management of Alberta Surgical Initiative (ASI)  Phase 3 - 2022-2023 (expansion of procedures to new NHSFs)	Program able to manage all Phase 3 service increases	\$95,600 - new ASI Program Coordinator position  Recruitment and funding dependent on increased revenue from new facility fees	Must have	Operational/ Strategic	Low	High	Medium	8
	Systematic Review - physician health factors	Continue literature review of health conditions relevant to the Physician Health Monitoring program (year 3 of 3)	Extraction of identified literature; Creation of review document	\$100,000	Nice to Have	Operational/ Strategic	Low	High	Medium	8

Organization Presence & Influence Strategy						
<b>Definition:</b> CPSA is a respected and credible organization that promotes high quality healthcare for all Albertans and is recognized as a key stakeholder in the Alberta and Canadian healthcare scene. As an innovative and forward thinking regulator, CPSA is and is sought out to participate in health related initiatives provincially, nationally and internationally.						
<b>CPSA Council Strategic Goals Supported: all</b>						
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target	2022 Target	2023 Target	
1. Through PRO-Active, CPSA has collaborated with stakeholders to improve the healthcare workplace for physicians in all sectors. PRO-Active - A multi-stakeholder action plan to support the advancement of professional behaviour among physicians, learners and leaders in Alberta.	<ul style="list-style-type: none"> <li>Improve media sentiment score</li> </ul> <p>Sentiment Score is calculated: A positive story is scored as 3, neutral at 2 and negative at 1. We take the average of all articles</p>	Average media sentiment score of 67%  [Average 67.3% at the end of 2020]	Average media sentiment score of 68%  Average score 65% at the end of 2021]	Average media sentiment score of 68%	Average media sentiment score of 69%	

<p>2. The CPSA through a brand strategy will be recognized as an organization that supports, guides and mentors physicians, empowering them to deliver quality health care. CPSA will be seen as an organization that promotes a collaborative approach to profession-led regulation that adapts to the complexities of front line care delivery.</p> <p>3. CPSA is an organization recognized for establishing cultural awareness and understand the unmet health needs for vulnerable populations.</p> <p>4. In collaboration with stakeholders, CPSA has advanced the vision of physician integration and quality described in the 2017 Office of the Auditor General (OAG) report – Better Healthcare for Albertans.</p> <p>5. Council/CPSA effectively uses public input.</p> <p>6. The public has confidence that CPSA influence stakeholders to adopt processes and policies to advance high quality care for all Albertans.</p>	<p>each month that related to CPSA. A 67% score means an average of neutral</p>				
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	Global Name 	2023 Action/Tactics	Expected Results	Budget	Priority Level	2022 Risk Assessment				
						Categorization	Likelihood	Impact	Level	Rating
	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	\$50,000	Strategically Required	Reputational	High	High	High	16
	Choosing Wisely (new)	Support provincial initiative for Choosing Wisely.	Establish physician practice improvement expectations alignment among provincial partners and stakeholders.	\$50,000	Strategically Required	Operational/Strategic	Medium	Very High	High	15
	Provincial Quality Work	Contribute to provincial initiative to promote physician quality improvement.  Collaboration with AHS, AH, University faculties.	Operationalize the actions from the implementation plan.	\$100,000	Strategically Required	Operational/Strategic	Medium	Very High	High	15



	Global Name 	2023 Action/Tactics	Expected Results	Budget	Priority Level	2022 Risk Assessment				
						Categorization	Likelihood	Impact	Level	Rating
	Communication/ Brand Strategy	Continue Communications Strategy Brand Strategy, engagement, media and marketing	Media monitoring, brand implementation projects for all depts, ongoing communications support and Physician and Albertan engagement initiatives.	\$10,000	Nice to have	Reputational	Medium	Low	Medium	6
	Project Bluebird - overview	Project Bluebird - transformation of Complaints Process Three Year Strategy; establishment of appropriate metrics and measurements for ongoing measurement into the future of the department;	Improved and transparent metrics established; improved engagement with public and members; identification and transparency around processes related to discipline and other remedial activities.	Staff Time	Must Have	Operational/ Strategic	Very High	Very High	Very High	25

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


No further actions in 2023 under Digital Health Strategy.


<b>Business Intelligence Strategy</b> <b>Definition:</b> Clear understanding and governance around the confidentiality, integrity and availability of the data that are required to fulfill the CPSA mandate in all areas. Development of analytics infrastructure to manipulate and report for all areas of the CPSA that need data informed results/decisions (e.g. Continuing Competence, Research & Evaluation Unit (REVU), Organizational Risk, etc.). This will be a unified model for all areas of the CPSA that not only looks at what we currently have and how to use it, but also future needs and scalability in the systems that will support it.					
CPSA Council Strategic Goals Supported: 1, 2, 3 and 4					
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
1. CPSA has developed the capacity to understand and evaluate where its physician members lie on a continuum of performance and quality. 2. CPSA uses data and analytics to inform all regulatory processes.	Physicians are assigned a risk score that is refreshed annually with the most current available data and evidence.	33% complete by end 2020  [33% by the end of 2020 REVU continues to validate physician risk scores by performing various analyses and modelling of current data, including 2020 RIF data.]	66% 2021  [Models adapted and finalized.]	n/a  Completed in 2021	


No further actions in 2023 under Business Intelligence Strategy.


<b>Organizational Culture and Capacity Strategy</b> <b>Definition:</b> To develop a culture where our people are intrinsically invested in our work, our teams, and each other. To develop a capacity and mix of staff to meet current and adaptable future needs to address a changing regulatory landscape.					
CPSA Council Strategic Goals Supported: all					
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
<b>1. All CPSA staff feel valued for their commitment and contribution to the organization</b> <b>2. CPSA is a high-functioning organization – best-in-class not only as a regulator but a benchmark beyond its sector.</b> <b>3. CPSA has a well-trained, capable and adaptive workforce.</b>	Exemplary Employee engagement as reported on the employee engagement survey	Solicit feedback and identify priorities actions  [ Completed by the end of 2020]	Pulse survey to ensure progress  [50%  New approach for employee survey is being considered and implemented in 2022 since 2020 data is now out of date.	80% score on survey	Pulse survey to ensure progress


			Two Registrar Rounds sessions held in 2021 (Spring and November). These sessions provided an opportunity for Scott to connect with CPSA team members in small group settings, to provide information and hear feedback face-to-face.]		
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					2022				
	Global Name	2023 Action/Tactics	Expected Results	Budget	Risk Assessment				
					Priority	Categorization	Likelihood	Impact	Level
									Rating
	Performance Management	Adjust performance management to drive behaviors we need/align with HR Philosophy and Total Compensation Philosophy	Alignment of staff with required competencies	Dependent on the new salary recommendations.	Defer/Delay	Operational/ Strategic	Medium	Medium	Medium
	Performance Management (New)	Crucial conversations training		\$20,000	Nice to have	Operational/ Strategic	Low	Low	Low
	Talent Pipeline	Review internal job classification structure. (Accountability Banding Scoring Guide)	Improved succession planning and career growth pathway for team members.	Original request \$10,000	Defer/Delay	Operational/ Strategic	Low	Medium	Medium


	Global Name	2023 Action/Tactics 	Expected Results	Budget	2022					
					Risk Assessment					
					Priority	Categorization	Likelihood	Impact	Level	Rating
	Talent Pipeline (New)	Leadership development, talent pipeline training		\$20,000	Nice to Have	Operational/ Strategic	Medium	Medium	Medium	9
	Staff training (new)	Equity, Diversity & Inclusion special events		\$5,000	Nice to Have	Reputational	Medium	Medium	Medium	9
	Mentorship Program (New)	Develop mentorship program	Mentoring program completed.		Nice to Have	Operational/ Strategic	Medium	Medium	Medium	9
	Employee Engagement/Living our culture (Every 3 years)	Follow-up on employee engagement survey result.- Follow-up based on results	Follow up completed.		Strategically Required	Operational / Strategic	High	High	High	16
	Staff Professional Development Fund	Continuation of Supplemental PD funding		\$50,000	Nice to Have	Operational/ Strategic	Medium	Medium	Medium	9
	Total Compensation Review (Every 3 years)	Review impact to salaries following total compensation survey results.	Total compensation in line with CPSA compensation philosophy.	\$1,100,000	Strategically Required	Operational / Strategic	Very High	High	Very High	20
	Employee Benefits (New)	Roll out possible changes in employee benefits	Total compensation in line with CPSA compensation philosophy.	\$400,000	Strategically Required	Operational/ Strategic	Medium	High	High	12

	Global Name	2023 Action/Tactics 	Expected Results	Budget	2022					
					Risk Assessment					Rating
					Priority	Categorization	Likelihood	Impact	Level	
	License Portability Framework for MRAs	Measure the effectiveness and impact of the framework for improved license portability and fast track license option. This is turning into the Labour Mobility Act but details to follow.	Framework proven to be effective.		Must Have	Legal	Very High	Very High	Very High	25
	Bill 21 Compliant (Alberta Health Care Insurance Act)	Implement any changes required due to Bill 21 ( <i>Alberta Health Care Insurance Act</i> )	Compliant with Bill 21 <i>Alberta Health Care Insurance Act</i> by Jan 1, 2022		Must Have	Legal	Very High	Very High	Very High	25
	Fair Registration Act	Continue implementation of Field Law review suggestions for compliance - begins in 2021	Compliant with Fair Registration Act and mobility act		Must Have	Legal	Very High	Very High	Very High	25
	Document Drop Zone	Continue work from 2021: Develop tool for document submission.  1) XML functionality required to import document properties from website online forms to be reviewed by dept and uploaded into QUEST. (reduce manual data entry by Admin team supporting departments)  2) XML functionality required to import data entered by customers on website online forms to be reviewed by dept and uploaded into DOC. (reduce manual data entry by departments)  3) Centralizing and standardizing how external documents are submitted to CPSA uploading document properties into QUEST.	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.	IT Consultant \$30,000	Nice to Have	Operational/Strategic	Medium	Low	Medium	6
	Complaint Portal	Ongoing software development and training (iSight) for complaints	Case Management tool for improved reporting allow a portal for complainants to view the status of their complaint.	\$39,000	Strategically Required	Operational/Strategic	Very High	Very High	Very High	25

	Global Name	2023 Action/Tactics 	Expected Results	Budget	2022					
					Risk Assessment					Rating
					Priority	Categorization	Likelihood	Impact	Level	
	Project Bluebird – External reviewers	External Investigator Program (Medical and Non-Medical) and transcription services - scalable contract resources to facilitate high volume periods to process investigations in a timely fashion and to incorporate transcription services for interviews and social media as part of investigation. Focused on boundary or high risk medical matters to eliminate backlog.	Improved timeliness of boundary and complex medical investigations. Clean up of backlogged investigation files not yet assigned an investigator.	\$230,000	Must Have	Legal	Very High	Very High	Very High	25
	Project Bluebird - consultants	Project Bluebird - Quality Improvement Specialist support required; currently sharing same QI individual with REVU	To continue to support the change management of the department as part of the Bluebird Project.	\$24,000	Nice to have	Operational/ Strategic	Medium	Medium	Medium	9
	Project Bluebird – Transition LTC roles to permanent	Transition LTC roles to perm (one LTC remaining; SMA 0.8 FTE and complaint navigator deferred to 2024)	Continued efforts in addressing complaint backlog and to meet established KPI's for 2023	\$125,000	Must Have	Operational/ Strategic	High	High	High	16
	Customer service initiative (new)	Implement new Customer Relationship Management and Knowledge Management systems to support the front line team responding to phone calls and general emails to CPSA.	Improve access to information for CPSA's team so they can provide a better customer experience.	\$60,000 (software, supplies, travel, meals, staff training)	Strategically Required	Operational/ Strategic	High	High	High	16
	Physician App	Development of a CPSA Physician app	Development of a CPSA physician app to improve physician communication and access to information.	Original request \$75,000	Defer	Operational/ Strategic	Low	Low	Low	4
	Software enhancements - committee expenses (new)	Develop an expense portal to align with the Committee Administration Program (CAP) to streamline submission of committee expenses.	Streamlined processing of committee expenses	\$15,000	Nice to have	Operational/ Strategic	Low	Low	Low	4

	Global Name	2023 Action/Tactics	Expected Results	Budget	2022					
					Risk Assessment					
					Priority	Categorization	Likelihood	Impact	Level	Rating
										
	Software enhancements - staff expenses (new)	Implement the expense module to streamline processing of CPSA team member expenses	Streamlined processing of staff expenses	\$20,000	Nice to have	Operational / Strategic	Medium	Low	Medium	6
	Software enhancements - Business intelligence & analytics software	Increase licenses for CPSA business intelligence & analytics software to allow development of interactive dashboard, department KPI, risk reporting.	Enhanced reporting capabilities	Original request \$60,000	Defer/Delay	Operational / Strategic	Low	Low	Low	4
	Software enhancements - SP committee sites	Enhance SharePoint committee sites to integrate reporting on key performance indicators.	Enhanced reporting capabilities	\$10,000	Nice to have	Operational / Strategic	Low	Low	Low	4
	Staffing - Assessment coordinator (registration) + SMA (New)	New 1.0 FTE LTC assessment coordinator role for the registration dept.; new 0.5 FTE SMA	Engaged staff; balanced work load	\$233,100	Strategically Required	Operational / Strategic	Very High	Very High	Very High	25
	Staffing - Programmer role moving permanent (New)	Contract programmer role moving permanent.	Engaged & retained staffing.	\$17,800	Strategically Required	Operational / Strategic	Very High	Very High	Very High	25
	Staffing - SMA increase FTE (AIR) (New)	Increase existing SMA from 0.6 FTE LTC to 0.7 FTE perm; existing SMA from 0.4 FTE to 0.5 FTE	Engaged & retained staffing.	\$100,500	Strategically Required	Reputational	High	High	High	16
	Staffing - SMA increase FTE + Admin support (PHM) (New)	Increase SMA 0.6 FTE; not renewing program manager 1.0 FTE; increase Admin support 0.5 FTE	Engaged & retained staffing.	\$114,700	Strategically Required	Reputational	High	High	High	16
	Staffing - People & Culture (New)	Hire People & Culture Assistant on perm basis.	To manage the recruitment and People & Culture regular operations and projects.	\$32,000	Strategically Required	Operational / Strategic	Medium	High	High	12



					2022					
	Global Name	2023 Action/Tactics	Expected Results	Budget	Risk Assessment					
					Priority	Categorization	Likelihood	Impact	Level	Rating
										
	Staffing - Continuing Competence <i>(New)</i>	Program Manager retiring (0.8 FTE) and replace with one administrator (1.0 FTE)	To provide program support for the administration and delivery of clinic registration under IPAC and also the delivery of PAF.	Cost savings \$38,300	Nice to have	Operational /Strategic	Low	Medium	Medium	6

<b>Learning Organization Strategy</b> <b>Definition:</b> A learning organization is an innovative organization that anticipates future trends and takes pro-active steps to prepare. A learning organization takes calculated risks and uses learnings from past successes and failures to continually improve processes.					
<b>CPSA Council Strategic Goals Supported:</b> all					
Desired Outcome (2024)	KPI's	2020 Target [Actual]	2021 Target [Actual]	2022 Target	2023 Target
<b>All CPSA functional areas engage in high quality CQI</b>	<ul style="list-style-type: none"> <li>Departments are engaged in CQI</li> </ul>	25%  [10% at the end of 2020]	33% [25% Interviews with Registration completed. Modeling has begun. Consultant is working on report for CQI stages to be rolled out in 2022]	66%	75%

	Global Name	2023 Action/Tactics	Expected Results	Budget	Priority Level	2022 Risk Assessment				
						Categorization	Likelihood	Impact	Level	Rating
	CPSA CQI	CQI of all processes ongoing – start stretching goals	Regular reporting on results and action plans Processes improve across CPSA		Nice to Have	Operational/ Strategic	Medium	Medium	Medium	9
	Bluebird Project – Skill Enhancement	Integration of Informal Resolution techniques in the Early Resolution Workstream. Training is part of a 3 year plan to improve the communication and mediation skills of the existing staff. Ongoing investigator training to improve quality of investigations.	Enhanced mediation skills to negotiate and support both the public and physicians to consensually resolve concerns (new process) and complaints in a timely fashion with minimal investigation. To improve investigator quality of investigations.	\$30,000	Strategically Required	Operational/ Strategic	Medium	High	High	12
	History of CPSA	Roll out and implementation of the history project.	Final vehicle of history project determined.	Consultant \$30,000 Committee \$4,200	Strategically Required	Operational/ Strategic	Low	Medium	Medium	6
	Governance Review	Governance Review implementation (Year 2)	Revised processes and structure based on the outcome of the review in 2022.	Consultant for implementation Total \$55,000	Strategically Required	Operational/ Strategic	Medium	Very High	High	15

College of Physicians & Surgeons of Alberta  
Income Statement  
One Year Financial Budget  
2023 Budget

One Year Financial Budget		Covid year	Covid year			Prior Covid	Prior Covid	
2023 Budget		2020	2021			2019	2018	
		ACTUAL	ACTUAL	2022 BUDGET	2022 Q2 Forecast	2023 BUDGET	ACTUAL	ACTUAL
Revenues								
Physician Annual Fees		(26,185,373.13)	(26,319,114.39)	(21,830,000.00)	(22,835,301.48)	(27,614,800.00)	(23,399,995.00)	(22,810,798.12)
Physician Registration		(734,600.00)	(721,200.00)	(566,600.00)	(870,000.00)	(837,000.00)	(783,000.00)	(783,259.52)
Professional Corporation Fees		(1,858,890.48)	(1,876,100.00)	(1,803,000.00)	(1,920,000.00)	(1,841,400.00)	(1,863,650.00)	(1,405,350.00)
Continuing Competence Fees		(164,178.46)	(272,946.32)	(550,000.00)	(554,229.72)	(550,000.00)	(288,855.77)	(238,538.94)
Analytics, Innovation & Research		0.00	(1,850.00)	0.00	0.00	0.00	0.00	0.00
Practice Readiness Fees		(1,696,030.11)	(2,444,662.02)	(1,986,985.00)	(3,721,933.00)	(2,534,570.00)	(1,662,010.28)	(2,263,465.19)
Grant Funding		(766,279.23)	(721,929.39)	(916,941.00)	(770,324.67)	(991,955.00)	(867,893.65)	(832,327.67)
Recovery of Investigation & Hearing Expenditures		(459,862.54)	(308,434.69)	(290,492.00)	(652,533.60)	(360,000.00)	(283,882.93)	(539,679.31)
Physician Health Monitoring Fees		(104,111.36)	(92,075.24)	(150,849.00)	(83,898.11)	(158,148.00)	(99,987.50)	(99,125.00)
Physician Assistant Fees		0.00	0.00	(20,700.00)	(28,200.00)	(21,800.00)	0.00	0.00
Miscellaneous		(614,104.93)	(590,328.55)	(577,780.00)	(740,755.02)	(740,900.00)	(618,588.54)	(624,458.09)
Investment Income		(898,641.29)	(799,705.74)	(657,000.00)	(1,104,863.76)	(692,000.00)	(871,502.03)	(781,373.88)
Rental Income		0.00	0.00	0.00	0.00	0.00	0.00	(92,129.40)
Total Revenue		(33,482,071.53)	(34,148,346.34)	(29,350,347.00)	(33,282,039.36)	(36,342,573.00)	(30,739,365.70)	(30,470,505.12)
Expenditures								
	Schedule							
CPSA Activities	A	17,356,590.49	18,715,602.62	20,900,782.00	22,149,005.59	23,312,756.00	17,845,463.04	16,973,868.79
Administration		4,922,272.78	3,471,505.47	4,004,909.00	3,653,991.08	4,433,832.00	5,324,828.03	5,124,193.48
Salaries - vacancy		0.00	0.00	0.00	0.00	(365,000.00)	0.00	0.00
People & Culture		551,706.87	596,200.27	732,688.00	806,211.86	930,798.00	0.00	0.00
Information Management & Priva		2,693,576.18	3,162,000.89	3,339,473.00	3,183,380.26	3,374,758.00	2,617,184.98	2,395,748.51
Governance		1,167,850.67	1,089,665.96	1,515,218.00	1,403,632.47	1,538,611.00	1,205,447.27	1,411,774.67
Office of the Registrar		1,246,869.56	1,373,441.25	1,749,669.00	1,666,242.97	1,700,259.00	1,466,070.45	1,329,250.08
Communications		1,098,294.43	1,064,571.26	1,175,557.00	1,026,867.86	1,213,512.00	1,095,732.08	703,435.81
Government Relations		130,600.90	75,548.83	137,423.00	43,154.59	133,254.00	332,751.85	498,812.53
Total Expenditures		29,167,761.88	29,548,536.55	33,555,719.00	33,932,486.68	36,272,780.00	29,887,477.70	28,437,083.86
Income From Operations		(4,314,309.65)	(4,599,809.79)	4,205,372.00	650,447.32	(69,793.00)	(851,888.00)	(2,033,421.26)
Development Costs								
Analytics Portal		0.00	0.00	0.00	0.00	0.00	0.00	246,750.00
Physician Factors Stratification Tool		0.00	0.00	0.00	0.00	0.00	0.00	90,562.44
Factor-based IPR Pilot		0.00	0.00	0.00	0.00	0.00	18,353.36	84,508.29
Assessment Program Advisory Committee (APAC)		19,622.61	8,868.62	48,060.00	15,870.47	48,060.00	69,785.87	58,882.52
Practice Review-Pilot Development Project		0.00	0.00	0.00	0.00	0.00	1,390.23	2,693.84
Clinic Pre-Open Assessment Pilot		0.00	0.00	0.00	0.00	0.00	7,657.71	8,921.78
Competency Enhancement Development Cost		80,000.00	200,000.00	185,000.00	185,000.00	65,000.00	0.00	0.00
Summative Assessments		0.00	0.00	0.00	0.00	0.00	33,485.88	6,373.91
DOC Development		205,672.50	25,170.37	0.00	0.00	0.00	191,233.74	185,469.26
Subtotal Development Costs		305,295.11	234,038.99	233,060.00	200,870.47	113,060.00	321,906.79	684,162.04
Sub-total after development costs		(4,009,014.54)	(4,365,770.80)	4,438,432.00	851,317.79	43,267.00	(529,981.21)	(1,349,259.22)
Amortization & Rental Inducements		553,915.30	554,207.26	553,284.00	580,684.08	540,284.00	581,428.28	453,025.42
Sub-total		(3,455,099.24)	(3,811,563.54)	4,991,716.00	1,432,001.87	583,551.00	51,447.07	(896,233.80)
Fair value changes in investments		(634,641.83)	(2,333,267.51)	(300,000.00)	3,640,342.94	0.00	(1,635,693.12)	687,936.99
Investment Income Building Fund		(389,823.14)	(1,126,350.78)	0.00	0.00	0.00	(377,514.31)	(91,110.06)
Accreditation Programs								
Revenues		(2,674,951.92)	(3,454,318.49)	(3,448,076.00)	(3,432,884.78)	(3,840,323.00)	(3,279,708.26)	(2,655,085.36)
Expenses		2,448,515.28	2,944,602.42	3,251,407.00	3,184,532.89	3,587,057.00	3,255,092.40	2,825,800.02
Net Accreditation Program		(226,436.64)	(509,716.07)	(196,669.00)	(248,351.89)	(253,266.00)	(24,615.86)	170,714.66
<NET INCOME> LOSS		(4,706,000.85)	(7,780,897.90)	4,495,047.00	4,823,992.92	330,285.00	(1,986,376.22)	(128,692.21)

College of Physicians & Surgeons of Alberta  
CPSA Activities  
One Year Financial Budget  
2023 Budget

					Schedule A		
	2020	2021				2019	2018
	ACTUAL	ACTUAL	2022 BUDGET	2022 Q2 Forecast	2023 BUDGET	ACTUAL	ACTUAL
CPSA Activities							
Expenditures							
Register Physicians							
Registration	2,357,727.23	2,505,463.17	2,678,297.00	2,584,760.43	2,825,181.00	2,401,057.72	2,245,412.94
Practice Readiness	1,838,512.70	2,250,233.36	1,976,893.00	3,304,170.93	2,693,078.00	1,793,522.29	2,400,739.03
	4,196,239.93	4,755,696.53	4,655,190.00	5,888,931.36	5,518,259.00	4,194,580.01	4,646,151.97
Investigate Complaints							
Professional Conduct	4,116,905.40	4,047,783.85	5,427,440.00	5,171,233.39	5,690,505.00	3,987,413.54	3,624,760.00
Hearings Director Office	770,437.98	1,023,435.65	800,888.00	993,110.09	902,932.00	591,021.64	606,283.29
	4,887,343.38	5,071,219.50	6,228,328.00	6,164,343.48	6,593,437.00	4,578,435.18	4,231,043.29
Provide Clinical Review							
Continuing Competence	3,371,467.22	3,868,394.34	4,500,396.00	4,519,130.55	4,826,046.00	4,072,099.12	3,469,428.79
Analytics, Innovation & Research	2,111,591.55	2,235,758.93	2,411,713.00	2,474,388.86	2,866,413.00	2,186,348.26	1,967,589.80
TPP Alberta	906,803.95	890,055.86	993,961.00	939,851.87	1,068,975.00	1,015,028.49	918,380.90
	6,389,862.72	6,994,209.13	7,906,070.00	7,933,371.28	8,761,434.00	7,273,475.87	6,355,399.49
Monitor Physicians							
Physician Health Monitoring	1,656,025.10	1,628,949.08	1,826,439.00	1,868,911.17	2,071,760.00	1,651,379.61	1,557,351.50
Practice Conditions Monitoring	227,119.36	265,528.38	284,755.00	293,448.30	367,866.00	147,592.37	183,922.54
	1,883,144.46	1,894,477.46	2,111,194.00	2,162,359.47	2,439,626.00	1,798,971.98	1,741,274.04
Total Expenditures excluding Accreditation	17,356,590.49	18,715,602.62	20,900,782.00	22,149,005.59	23,312,756.00	17,845,463.04	16,973,868.79

**2023 Budget  
Fee Changes**

<b>Department</b>	<b>Group</b>	<b>2022</b>	<b>2023</b>
<b>Registration</b>			
	TDM Exam Admin Fee	\$2190 + GST	<b>\$2405 + GST</b>
	TDM Exam Recheck Fee	\$256 + GST	<b>\$256 + GST (Jan-Mar) \$270 + GST (Apr-Dec)</b>
	Practice Readiness		
	SPA only admin fee	\$5,650 + GST	<b>\$5,650 + GST</b>
	PRA admin fee	\$7,470 + GST	<b>\$7,885 + GST (Jan-Mar) \$7,995 + GST (Apr-Dec)</b>
	PCA per week	\$2,000/ week	<b>\$2,000/ week</b>
	SPA per hour	\$200/ hour	<b>\$200/ hour</b>
	Non-Clinical Register Annual Fee	n/a	<b>25% of the physician annual fee</b>
<b>Physician Health Monitoring</b>			
	Physicians	\$3,996	<b>\$4,188</b>
	Resident physicians	\$1,998	<b>\$2,094</b>
	Medical students	\$999	<b>\$1,047</b>
<b>Accreditation</b>			
Radiation	Equipment	Registration fee per piece of laser or x-ray equipment	<b>\$51.50 + GST</b>
		Annual renewal fee per piece of laser or x-ray equipment	<b>\$51.50 + GST</b>

## Budget Process and Risks & Assumptions for 2023

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CPSA leadership has prepared the 2023 budget within the following framework:

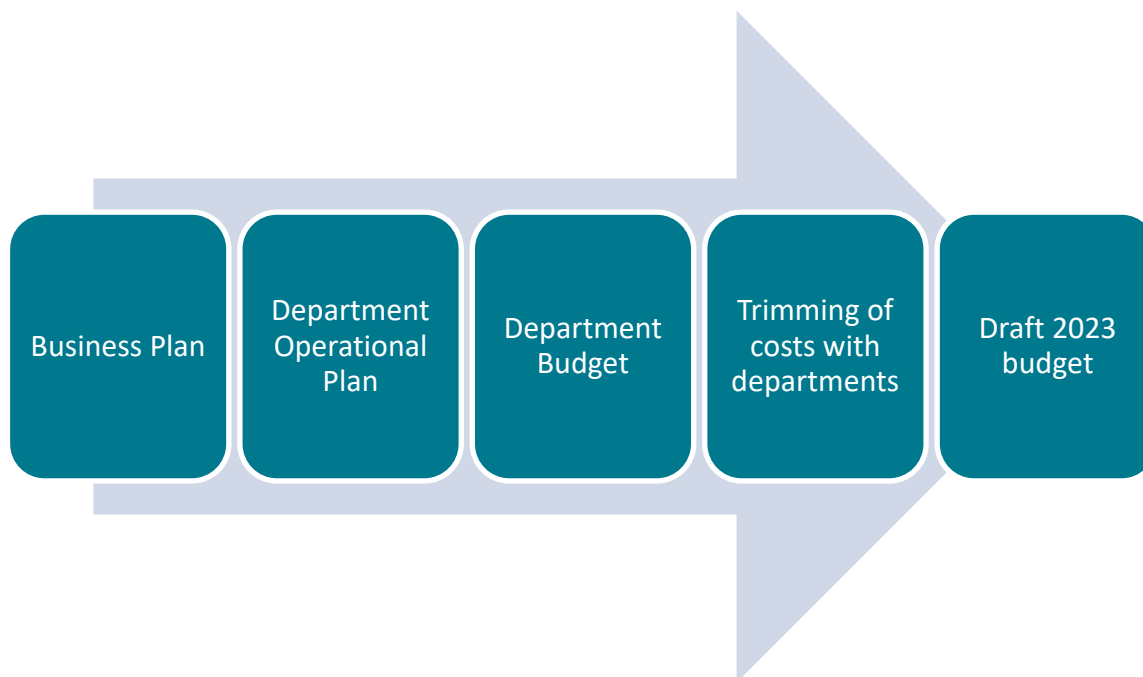
- Meeting the statutory purpose of the CPSA.
- Enacting the strategic directions of the Council strategic plan and the more specific actions/tactics flowing from it in the 2023 business plan; and supporting/completing previous Council-approved activities that could not be cancelled or deferred for 2023.
- Complying with the CPSA's policy of net assets.

*The CPSA will continue to plan for an accumulated general surplus with a target of 60% of one year's operating expenses.*

- Complying with CPSA's *Total Compensation Philosophy* to attract and retain skilled, qualified staff to carry out the business plan.

### Budget Process

Leadership has assembled the draft 2023 budget using the following approach.



### Business Plan

The leadership team developed the draft Business Plan based on the six business pillars. New program costs were identified, and initiative summaries were prepared

for each new priority cost. The initiative summary outlined the goal and business pillar alignment, outcomes expected, measures, risks of not completing the initiative, and resources required (both dollars and staffing), and the method of measuring progress.

The CPSA directors and chiefs had several meetings to understand the initiatives and the support departments had input to assess any capacity issues to support the initiatives.

The team then identified the risks of not including the activity in the business plan and ranked the priority of the initiative between the following:

1. Must have
2. Strategically required
3. Nice to have
4. Defer/delay

The team then further ranked the Nice to Have items from most important to least important.

### **Department Operational Plan**

The leadership team next developed their department operational plans incorporating their program activity and the new priority activity from the business plan. The operational planning included what activity could stop or what new approaches could be taken for existing work.

### **Department Budget**

The leadership team then prepared the cost of their operational plans.

### **Trimming of Costs with Departments**

The CFO or Senior Accountant/Financial Analyst met with each department to review budget assumptions and challenge costs proposed for 2023.

New for 2023, each director/chief was provided with a three-year historical analysis of their budget vs actual results for their program. The analysis was reviewed with each leader to identify where their budgeting could be tightened up based on actual costs to run the program.

The Registrar, Deputy Registrar and CFO met to review the consolidated budget and reviewed the new priority costs compared to the priority ranking prepared by leadership. The lower ranked Nice to Have items on the list were then flagged as defer/delay for a future year.

In reviewing the global history of budget vs actual, staffing costs have continued to be an area where there are delays in hiring resulting in lower costs than planned. New for 2023, based on an average of 2% lower salary costs compared to budget over the past 7 years (excluding 2020 and 2021 covid years), an overall reduction of \$365,000 in salary costs has been incorporated into the draft budget which represents a more reflective picture of the average vacancy rate for the year. This approach was thought to be a better reflection of total actual staffing costs.



### FAC review and feedback

The draft budget was presented to FAC for their review in June with a final draft budget reviewed in August. The August draft budget included a detailed presentation on the Total Compensation Review conducted by Western Compensation Benefit Consultants (WCBC) and the changes proposed for 2022 and 2023.

FAC also reviewed CPSA's net assets concluding the budget was in line with the net asset policy.

### Draft 2023 Budget

The draft budget is presented to Council for approval.

## Assumptions & Risks that Impact CPSA's Business and Financial Performance

### Significant Assumptions in the 2023 draft budget:

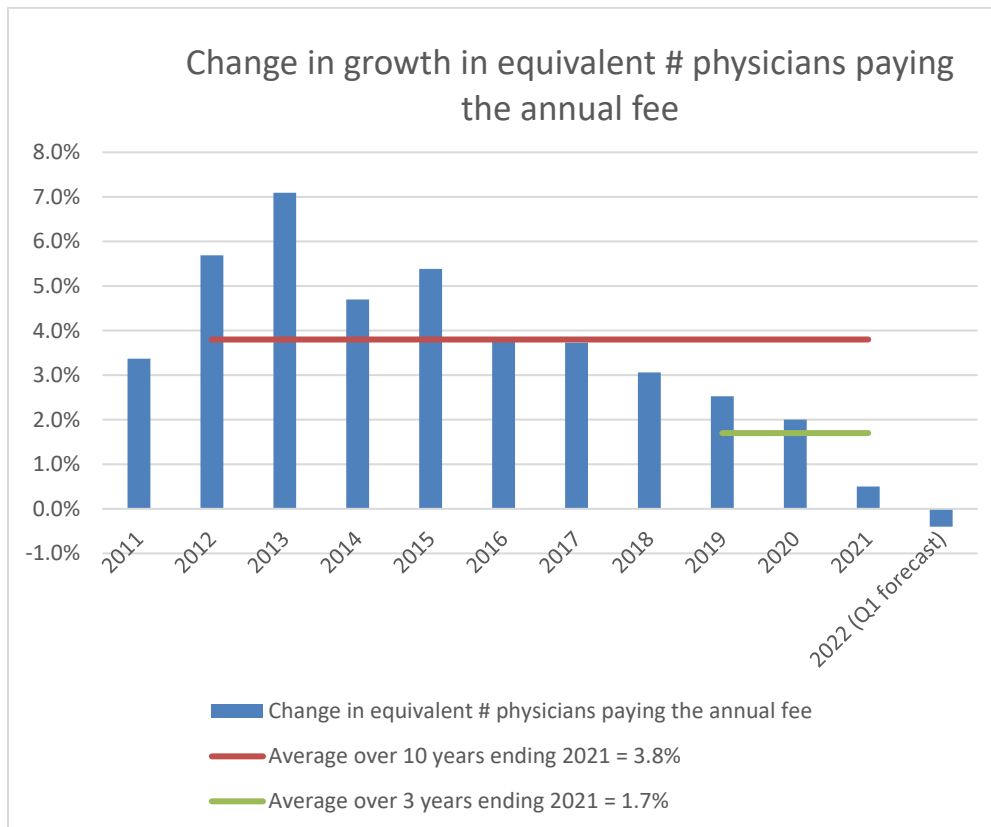
- 1) **Number of physicians** - The rate of growth in the number of physicians in Alberta has been decreasing over the past years. The number of physicians registered at CPSA and paying annual fees is based on 0% increase in members for 2023.

Year	Growth in physician member equivalents paying the annual fee (excluding post grads & students)
2015 actual	5.1%
2016 actual	3.9%
2017 actual	3.9%
2018 actual	3.1%
2019 actual	2.8%
2020 actual	2.4%
2021 actual	0.3%
2022 budget	0%
2022 forecast Q1	<0.8%>
2022 forecast Q2	3.8%
<b>2023 budget</b>	<b>0%</b>

Physician member equivalents is calculated as the total physician annual revenue (excluding the post grads and students) divided by the physician annual fee for that year.

The growth in number of physicians registered at CPSA has been decreasing since 2015. In 2022, there has been an increase in the number of physicians paying the annual fee in Q2. It is unknown if this trend will continue for the remainder of the year. The assumption for 2023 is the physician numbers will stay constant.

The chart below includes post-grads and students.



Physician membership growth occurs each year. The actual rate of growth varies from a low of 0.5% in 2021 to a high of 7.1% in 2013.

The equivalent number of physicians is determined by taking the total physician member annual revenue divided by the annual fee. The annual revenue includes member, student and postgraduate fees.

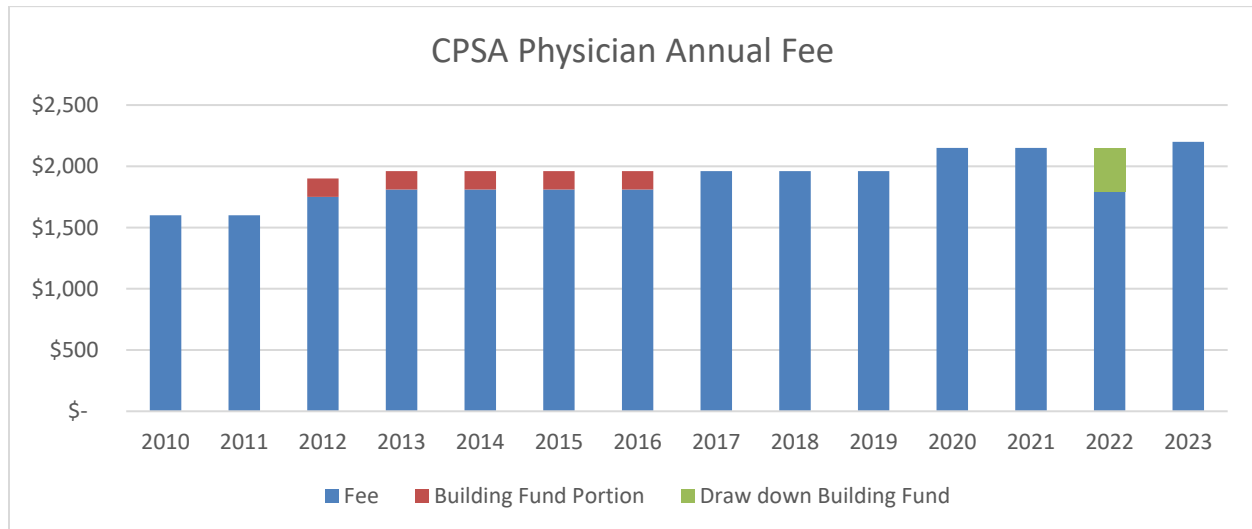
The average growth over the past 10 years is 3.8% (down from 4.1% the prior year); the average growth over the last 3 years is 1.7% (down from 2.5% in the prior year).

Based on total revenues recorded Jan - Mar 2022, the forecasted growth for 2022 (including student and postgrads) is -0.4%, yet the forecasted growth by Q2 (including student and postgrads) is 4.1%.

The assumption included in the 2023 budget is a growth of 0% in the number of physicians registered in Alberta.

- 2) **Physician annual fee** - The physician annual fees are proposed to increase to \$2200 for 2023. This is an increase of \$50 or 2.3% compared to the effective annual fee for 2022.

When the \$2150 annual fee was recommended to Council for 2020, it was proposed to remain at that level for three years.



The total fee collected for years 2013 – 2019 was \$1960; the fee increased to \$2150 for years 2020 and 2021.

\$150 of the annual fee was collected for the building fund from 2012 to 2016. For 2022, \$358/physician from the building fund will be allocated to operations. The effective annual fee in 2022 is \$2150.

With costs increasing and new program activity planned for 2023, a 2.3% increase is planned for the physician annual fee for 2023. The fee proposed is \$2,200.

- 3) **Physician Registration Fees** – Physician registration fee revenue is based on 0% change in revenues for 2023.

Year	Growth in Registration fees over prior year
2015 actual	2.9%
2016 actual	<10.0%>
2017 actual	4.3%
2018 actual	<12.0%>

<b>Year</b>	<b>Growth in Registration fees over prior year</b>
2019 actual	0.0%
2020 actual	<6.2%>
2021 actual	<1.8%>
2022 forecast Q1	16.1%
2022 forecast Q2	20.3%
<b>2023 budget</b>	<b>0%</b>

The physician registration fees are proposed to remain at \$800 for the General Register for 2023.

#### **4) Non-clinical register – new register for 2023**

The Registration department is working on the criteria for the new non-clinical register. The annual fees proposed for the new register is planned at 25% of the annual physician fee.

It is estimated 250 physicians would be registered under the new category in 2023. Based on an annual fee of \$2200, the total revenue collected from the new non-clinical register is \$138,000 and is included in the draft budget.

#### **5) Professional Corporations – Professional corporation revenue is based on 1% decrease in revenues for 2023.**

<b>Year</b>	<b>Growth in PC fee over prior year</b>
2015 actual	11.9%
2016 actual	6.3%
2017 actual	0.7%
2018 actual	0.0%
2019 actual	32.6% (fee increase from \$150 to \$200)
2020 actual	< 0.3%>
2021 actual	0.9%
2022 forecast Q1	< 0.9%>
2022 forecast Q2	2.3%
<b>2023 budget</b>	<b>&lt; 1.0%&gt;</b>

There is no change in the PC initial permit and registration fee of \$500 + GST or the annual fee of \$200 + GST.

### 3) **Number of files – Assessments**

<b>Department</b>	<b>Program</b>	<b># new files for 2023</b>
Registration	Summative Assessments	12
	Other (return to practice, change in scope)	3
Practice Readiness	Preliminary Clinical Assessments (PCA)	62
	Supervised Practice Assessments (SPA)	24
Continuing Competence	Multisource feedback (MSF)	500 physicians + 100 buffer
	Individual practice review (IPR) - cost recovery	50 visits between PC and PAF referrals
	Physician Assessment & Feedback (PAF)	200
	Group practice review (GPR)	50 clinics initiated
	Infection Prevention & Control (IPAC) Includes medical device reprocessing (MDR) and general IPAC assessments	150 medical device review

### 4) **Physician Assistants** – CPSA began regulating physician assistants (PA) in April 2021.

The assumption in numbers of PA registered are as follows:

<b>Year</b>	<b># PA registered</b>
2022	37
2023 budget	41

### 5) **Accreditation funding** –The budget assumes we will accredit public sector laboratory, imaging, pulmonary and neurophysiology facilities.

The contract with Alberta Health Services (AHS) for public facility accreditation was signed in 2019 for a 4-year contract. The contract includes laboratory, imaging, neuro & pulmonary facilities. Accreditation of public sleep facilities started in years 3 & 4 of the contract. It is assumed the contract will be renewed for 2023 at the same fees.

CPSA accredits private facilities under the authority in the *HPA*.

The program fees were developed analyzing all the facility assessment programs together over the 4 year assessment cycle. The same program fees are charged for the public and private facilities. The billing period for the facility accreditation programs is April 1<sup>st</sup> to March 31<sup>st</sup>.

The net program activity will continue to be displayed as non-operating income.

- 6) **Grant funding** - CPSA has a three-year grant agreement for TPP Alberta program with Alberta Health. The three year period is April 1, 2020 to March 30, 2023. The budget assumes an agreement will be renewed for 2023.

Total grant funding included in the budget for 2023 is \$516,000. This funding level results the program breaking even.

- 7) **TPP partner funding** – CPSA will continue to engage its TPP partners. TPP partner contributions total \$131,400 for 2022 and increase to \$135,400 in 2023.

History of contribution rates:

<b>Years</b>	<b>CPSA contribution rate per physician</b>
2010 – 2018	\$15
2019 – 2022	\$16
<b>2023 budget</b>	<b>\$16</b>

- 8) **Professional Conduct** –CPSA continues its investigation work for out-of-province activity for other medical regulators. Funding continues as per the contract with each organization.

Total out of province funding for 2023 = \$215,000

- 9) **CPSA staffing** – The total full time equivalent (FTE) staff is 159.85 for the 2023 budget.

Permanent roles	157.85
Contract roles	2.0
Senior medical advisor	1.0
Coordinator	<u>1.0</u>
Total	2.0
Total FTE	159.85
2022 budget = 160.65 FTE	

## 10) **Salary grids**

CPSA's total compensation philosophy recognizes that people are essential to the function and success of the organization, and the leadership team is committed to attracting and retaining the right talent to fit CPSA's business needs and meet our mandate to protect the public.

The leadership team supports retention efforts by providing a supportive corporate culture, a productive work environment, and salaries and benefits that are competitive in the marketplace and in line with CPSA's Total Compensation Philosophy while also considering the fiscal responsibility lens.

CPSA reviews total compensation every 3 years to assess salary and benefits paid to staff is in line with the CPSA Total Compensation Philosophy. The last time the total compensation was reviewed was 2019. No adjustments were made to the salary grids following that review.

### **Philosophy for Total Compensation**

In 2019, CPSA developed a Total Compensation Philosophy which was reviewed and approved by Council, which acted as the compass for this review in 2022. Total compensation is comprised of salaries, benefits, pension, perquisites, and paid time off (PTO). When determining the total compensation package:

- CPSA strives to provide a salary range that aligns with the market median (P50) and takes into account tenure and overall performance.
- CPSA strives to provide a total compensation that aligns with the market at P65. Total compensation takes into account salary and benefits.
- CPSA recognizes that the talent pool for many positions is varied and uses general Alberta market data to determine median. However, secondary industry specific data may be used as comparison for salary and benefits.

CPSA reviewed the pension plan offered to staff in 2018-2020. As a result of that review, the defined benefit plan had a soft close on December 31, 2020 and a defined contribution plan was offered starting January 1, 2021. There are no plans to change the pension offered during this total compensation review.

### **Total Compensation Survey**

In 2022, CPSA engaged Western Compensation & Benefits Consultants (WCBC) to complete a comprehensive total compensation review for benchmark positions. Two elements reviewed were:

- 1) Industry specific (target market) total compensation valuation data
- 2) General market data

CPSA also participated in the Spring of 2022 in WCBC's survey on inflation and impact on salaries.



## **Advisory Committee**

To ensure integrity of process and objectivity in reviewing total compensation, CPSA engaged an advisory committee to review and provide feedback on the process followed and endorse the recommendations for 2022 and the changes for the 2023 total compensation.

The advisory committee was comprised of:

- Stacey Strilchuck, Council President
- Levonne Louie, FAC Chair
- Margaret Munsch, former Councillor, FAC member and pension sub-committee member with extensive human resources experience

The CPSA working group sought to balance the needs of our staff while still aligning with the Total Compensation Philosophy. They looked at total compensation through two lenses: people & culture (recruitment and retention) and finance (fiscal responsibility).

The results of the Total Compensation review and the changes proposed were reviewed in further detail with the FAC. Highlights of the results were:

## **Salary Findings**

- The Total Compensation survey showed that not all positions were at P50; the recommended changes incorporated in the 2023 budget moves towards this target in 2023.
- On average, 77% of WCBC Impact of Inflation survey participants indicated they would give their teams 2%-5% salary increases related to inflation. The record increase in the rate of inflation, with the Consumer Price Index (CPI) change being 5.9% in Alberta by April 2022.<sup>1</sup>

Note: The Consumer Price Index (CPI) for Alberta for June 2022 is 7.7%.

## **Benefits Findings**

- Although CPSA is generous in providing paid time off for staff below the leadership level, the other benefits components (other than pension) need to be increased to reach the P65 target for total compensation.

## **Financial Impact**

The following recommendations have been incorporated into the 2022 financial forecast for Q4, and the 2023 budget.

- 1) All salary bands receive a market adjustment for inflation of 3.5% as of October 1, 2022. (The last cost of living adjustment to the salary grids was 1% in 2019.)
- 2) Applicable salary bands have been adjusted as of January 1, 2023 to align with the results of the Total Compensation review.

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<sup>1</sup> [Consumer Price Index Change \(alberta.ca\)](https://www.alberta.ca/consumer-price-index-change.aspx)

- 3) \$400,000 has been included in the 2023 CPSA budget as a placeholder for staff benefits (excluding pension) to continue to move towards the P65 target.

The allocation of the benefit between bands as a percentage of pay may be different to achieve the targeted P65 target. The details of this differential benefit application will be further analyzed and determined based on team member input this fall and early 2023.

The initial financial impact in 2022 will provide a market adjustment to our salary grids due to inflation. The majority of the impact will be higher staffing costs in 2023.

	2022	2023 (annual cost)
Salary	\$167,000	\$1,063,000
Benefits		\$400,000
<b>TOTAL</b>	<b>\$167,000</b>	<b>\$1,463,000</b>

The 2022 costs representing market adjustments for inflation have been included in the Q2 2022 forecast and are not a request of new funding. The costs have been absorbed within existing budget.

The 2023 salary and benefit impacts are ongoing costs to support the program activity included in the 2023 budget which supports fulfilling CPSA's mandate.

#### **Results achieved**

- The majority of CPSA team members receive compensation in line with CPSA's Total Compensation Philosophy.
- Engaged staff due to providing input into the CPSA benefit package offered which is within budget.
- CPSA is able to attract new staff for vacant positions by offering a more competitive total compensation package.
- CPSA is able to retain existing staff by offering a more competitive total compensation package.
- CPSA has the skilled, qualified staff to carry out the business plan.

- 11) **Treatment & Counseling Costs** - \$205,500 in costs are included in the 2022 budget for the treatment and counseling fund.

Under the HPA starting in April 2019, CPSA is required to create and administer a fund for therapy and counselling for patients who allege sexual abuse or sexual misconduct by a physician. An applicant will become eligible to apply for the program as soon as a formal complaint is made to CPSA.

Under the HPA, eligible complainants can access up to \$22,500 over a five year period.

<b>Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2022 budget</b>	<b>2023 budget</b>
# new cases	6	13	10	2 to end of May	15	15
Open cases as of 2022	6	11	7			

Other costs include legal, physician education courses, staff, councilor and committee panel training.

### **Uncertainties and Risk Mitigation:**

Our business is affected by the needs and demands of Albertans and government. A change in how health services are delivered in Alberta can impact the number of physicians who practice in Alberta and the type and volume of services that we provide. Predicting the future climate of the health care delivery in Alberta with certainty continues to present a challenge. Shifts in care delivery will impact our lines of business and will bring with it both challenges and opportunities. The following is a list of potential risks identified in developing the 2023 budget:

- 1) **Physician Annual fees** – Net growth in physician numbers is not achieved. If it is lower, we will experience reduced operating income that may result in a deficit and a further drawn down of the unrestricted surplus. If the actual growth is higher than 0%, then the additional income generated will continue to build CPSA's unrestricted surplus or could be used towards development costs or new initiatives that may arise with the new action plan in 2024.
- 2) **Accreditation Contract** –CPSA's current contract with Alberta Health Services (AHS) for accreditation of laboratory, diagnostic imaging and clinical services in AHS facilities was renewed in 2019 for a four-year period which expires in March 2023. The 2023 budget assumes the existing contract will be renewed for April 2023.

There is an option to terminate the contract early with 120 days notice. Since a percentage of this revenue supports fixed costs, termination of the contract early or not renewing the contract requires a re-balancing of the budget to cover fixed costs in the short-term and possibly a review of programming in the long term.

CPSA along with the other western regulators continue to participate in the Western Canadian Diagnostic Accreditation Alliance which strengthens our accreditation program by establishing consistent accreditation standards for western Canada, dealing with conflict of interest issues, and identifying efficiency issues.

- 3) **Practice Readiness fees** – CPSA collects an admin fee from each assessment to cover the staff salary and fixed costs of the program. An increase in the

number of assessments will result in greater admin fee revenue. Alternatively, AHS could sponsor considerably fewer physicians than we have predicted. This would result in lower admin fee revenue and would result in a deficit budget for the Practice Readiness program.

If the number of assessments initiated in 2023 is more than planned, there would be higher consulting expenses incurred which will be offset by fees which are recovered from the sponsor, AHS.

- 4) **Continuing Competence assessments** – the Continuing Competence team had incorporated virtual assessment features into their assessments starting in 2020. Some virtual activity will continue into 2023. An increase in the number of assessments required will increase the costs for the program.

For the Individual practice review (IPR) referrals, a fee is charged for the assessment. An increase in the number of these assessments will generate additional revenue to offset the higher costs.

- 5) **TPP Alberta Grant** – TPP Alberta grant funding will not be renewed beyond March 2023 or the contract is terminated early. CPSA staff continue to work at developing relationships with Alberta Health and to promote the benefits of the TPP Alberta program.

- 6) **Professional Conduct transformation** – The Professional Conduct department falls behind in the department transformation under the Project Bluebird three year strategy. This would result in a delay in complaint files being processed and pose a risk to the organization.

- 7) **External providers terminate their contracts** - CPSA relies on an external provider for development and support of its TPP, prescribing and data analytics portal. We currently have had a good relationship with the vendor for over seventeen years. Should the vendor decide to terminate the relationship, considerable time would be required for our internal information management department to take over the technical support and programming for the programs. CPSA does have access to the source code for the programming should the relationship with the vendor cease.

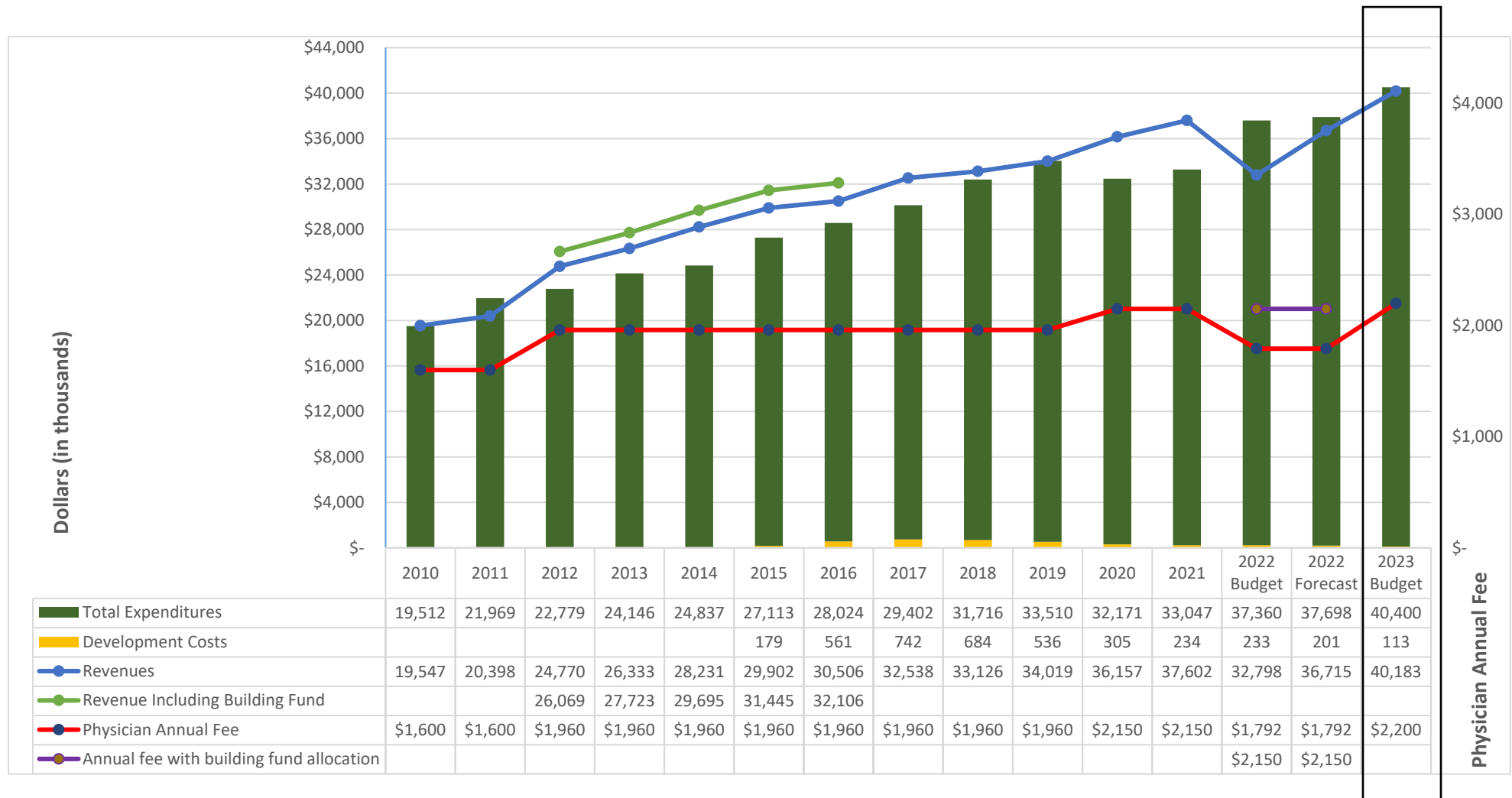
- 8) **Physician recruitment for CPSA key staff positions, committees and contracts** - CPSA will not be able to hire/recruit the physician resources needed to carry out our business plan because:
- a. High demand on physician services will continue in 2023 and,
  - b. Our honoraria rates do not provide comprehensive remuneration for their time.
  - c. For key staff positions, compensation may not be comparable to compensation in clinical practice. No retirements are planned within the leadership team in the next year.
  - d. Senior Medical Advisor (SMA) positions require physicians to commit to part-time positions. This may deter some suitable candidates from applying.

We anticipate that we will be successful in our recruitments. A longer than expected time frame for recruiting may result in variances from budget.

- 9) **Alberta labour market** – maintaining appropriate staffing levels has been challenging through the end of 2020 into 2022. In an effort to recruit and retain staff, CPSA has a *Total Compensation Philosophy* that guides our compensation. If we are too slow to adjust our salary and/or benefits, CPSA may see staff leaving the organization resulting in further delays to have adequate staff to carry out the activity in the Business Plan. This could lead to burn out off existing staff and a decrease in employee engagement.
- 10) **Covid-19 pandemic continues with new variants** – CPSA must respond to a changing environment, prioritize and adapt resulting in additional costs that were not planned for 2023.
- 11) **Inflation** - Alberta is seeking record statistics for inflation. The inflation could translate into higher operating expenses resulting in additional costs that were not planned for 2023.

**Chart A - Financial Results 2010 – 2022 + Budget 2023**

## Appendix F Budget 2023 Financial Charts



**Chart A** displays the financial results of the CPSA for 2010 through 2021 with the forecasted twelve months of activity for 2022, and the draft 2023 budget.

The green bars display the gross operating expenses, and the yellow bars display the development cost. The blue line displays the CPSA revenues. The green line for the years 2012 through 2016 is the additional revenue collected for the building fund. The building fund portion collected in years 2012 through 2016 was internally restricted revenue, not used towards general operations.

The space between the blue line and the green bar is the CPSA's net income after development costs.

The red line displays the physician annual fee. The annual fee of \$1960 was collected from physicians from 2012 through the 2019. The fee increased to \$2,150 in 2020 and 2021. The effective physician annual fee included in the 2022 budget was \$2150, with \$1792 of new money and \$358 allocated from the building fund.

The draft 2023 budget, the column outlined by the black box, includes \$40.5 million in expenses (operating expenses + development costs + amortization + accreditation expenses), an increase of \$2.6 million or 7% over the 2022 forecasted activity.

Total revenues included in the 2023 budget are \$40.1 million based on an annual physician fee of \$2,200.

Development costs are displayed in yellow and are separated from operating expenses. Total development costs for 2023 are \$113,000.

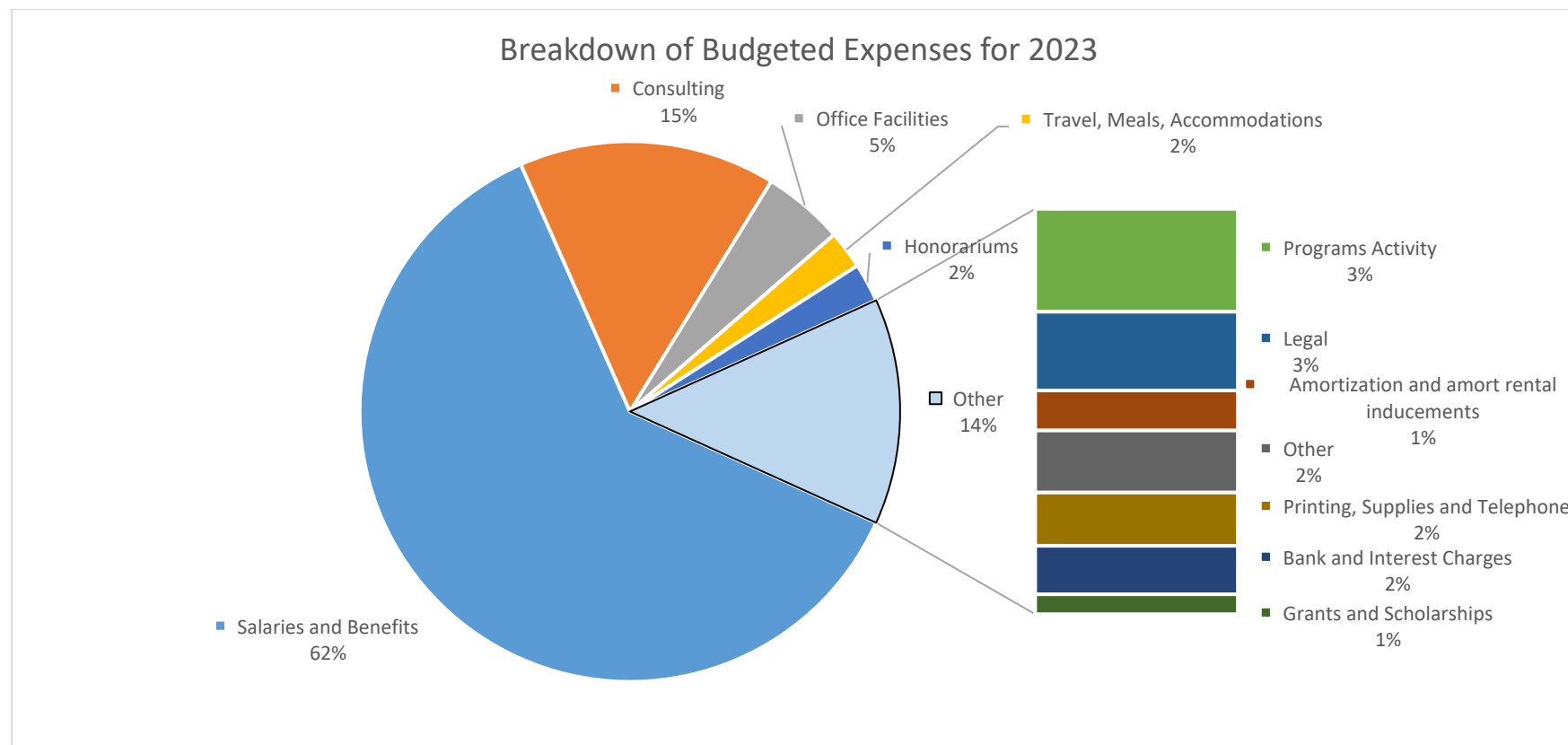
The net loss, excluding other income, is \$330,285 for 2023.

**The proposed physician annual fee for 2023 is \$2,200 which is an increase of \$50 or 2.3% compared to the effective annual fee for 2022. The 2023 budget plans a shortfall which will reduce the unrestricted net assets.**



#### Chart B - Budgeted Expenses

This chart B1 displays a breakdown of the operating, development costs, amortization and accreditation expenses in the 2023 draft budget.

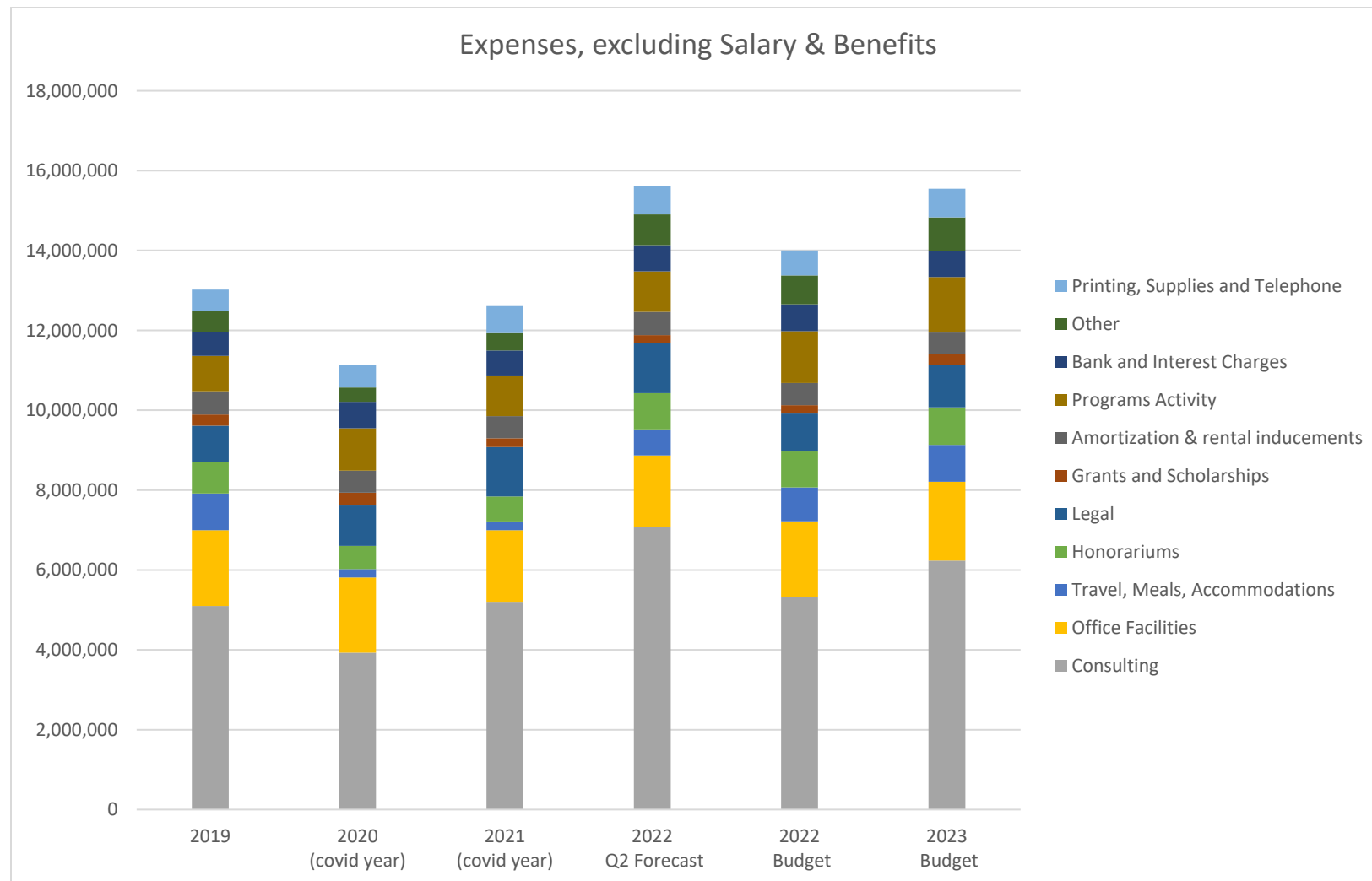


Salaries and benefits continue to be the largest expense in the budget.

## Budget 2022 – Financial Charts



The chart B2 below shows the expenses, excluding salaries & benefits, from 2019 through 2023.



Charts B and B2 show a breakdown of expenses.

The **consulting** costs reflect the largest component in cost (excluding salaries) over the years. The practice readiness assessment consulting costs, the analytics consulting, and the physician practice assessments consulting contribute the largest portion of consulting expenses. The practice readiness assessment consulting costs are primarily recovered through fees charged to the sponsor; the physician practice assessment consulting costs are recovered from fees to the physician.

The **amortization and rental inducement** costs include the office renovations and furniture and equipment purchased along with the rental inducement received when the office lease was renewed. The cost of the building renovations and rental inducement are amortized over the term of the office lease (10 years). The furniture and equipment are amortized over its useful life (computers & software = 3 - 5 years; furniture = 10 years).

The **program activity** costs include the treatment & counseling costs as required under the *HPA*. 2023 costs are budgeted at \$205,500.

The **travel, meals & accommodation** and **honorarium** costs include general increased activity across the programs including committee and assessment activity as more in-person activity will continue in 2023.

The remaining expenses for 2023 are in line with the forecasted 2022 expenses.

2023 Budget  
New priorities

1-Aug-22

			Priority A	Priority B	Total Net Expense	Priority Level	Ongoing Costs
Pillar	Global Name	Priority Item	Dept	Expense	Expense	Revenue	
Quality	Accredit newly opening community medical clinics	Information Mgmt	52,000.00			Strategically required	ongoing
Quality	Alberta Surgical Initiative	NHSF	95,600.00			Must have	ongoing
Quality	Alberta Surgical Initiative - offsetting additional revenues	Accreditation			(95,600.00)	Must have	ongoing Year 4 of 3 (prior year 2023 not fully funded)
Quality	CQI support for physicians	Continuing Competence	65,000.00			Strategically required	
Quality	Systematic review of health factors	PHM		100,000.00		Nice to have	Year 3 of 3
Organizational Presence	Disruptive physicians	Office of the Registrar	50,000.00			Strategically required	
Organizational Presence	Choosing Wisely	Office of the Registrar	50,000.00			Strategically required	Year 1 of 4
Organizational Presence	Provincial quality work	Continuing Competence	100,000.00			Strategically required	
Organizational Presence	Communication brand strategy	Communications	10,000.00			Nice to have	
Digital Health	None	None					
Business Intelligence	None	None					
Organizational Culture and Capacity	Talent Pipeline - review internal job classification structure	People & Culture				Defer	
Organizational Culture and Capacity	Staff training - Sept 30 consultant & EDI special events	People & Culture		5,000.00		Nice to have	
Organizational Culture and Capacity	Performance management - Crucial conversations training	People & Culture		20,000.00		Nice to have	
Organizational Culture and Capacity	Leadership development, pipeline training	People & Culture		20,000.00		Nice to have	
Organizational Culture and Capacity	Staff PD fund	People & Culture	50,000.00			Nice to have	ongoing
Organizational Culture and Capacity	Document Drop Zone	Information Mgmt	30,000.00			Nice to have	3 years
Organizational Culture and Capacity	Complaint portal	Information Mgmt	39,000.00			Strategically required	ongoing
Organizational Culture and Capacity	Bluebird - External investigation services	Professional Conduct	230,000.00			Must have	ongoing
Organizational Culture and Capacity	Bluebird - external resources to facilitate project work	Professional Conduct	24,000.00			Nice to have	
Organizational Culture and Capacity	Bluebird staffing - transition LTC roles into perm (one LTC remaining; SMA 0.8 FTE and complaint navigator deferred to 2024)	Professional Conduct	125,000.00			Must have	ongoing
Organizational Culture and Capacity	Customer service initiative	Information Mgmt	39,000.00			Strategically required	ongoing
Organizational Culture and Capacity	Customer service initiative	People & Culture	15,000.00			Strategically required	ongoing
Organizational Culture and Capacity	Customer service initiative	Admin	6,000.00			Strategically required	ongoing

2023 Budget  
New priorities

1-Aug-22

			Priority A	Priority B	Total Net Expense	Priority Level	Ongoing Costs
Pillar	Global Name	Priority Item	Dept	Expense	Expense	Revenue	
Organizational Culture and Capacity	Organizational Culture and Capacity	Software enhancements - committee expenses (expanding the committee administration portal to include expense claims)	Information Mgmt		15,000.00		Nice to have
Organizational Culture and Capacity	Organizational Culture and Capacity	Software enhancements - staff expenses	Operations		20,000.00		Nice to have
Organizational Culture and Capacity	Organizational Culture and Capacity	Software enhancements - SP committee sites	Information Mgmt		10,000.00		Nice to have
Organizational Culture and Capacity	Organizational Culture and Capacity	Staffing - Assessment Coordinator (LTC) ; SMA (0.5 FTE)	Registration / Practice Readiness	233,100.00			Strategically required ongoing
Organizational Culture and Capacity	Organizational Culture and Capacity	Staffing - Programmer moving permanent	Information Mgmt	17,800.00			Strategically required ongoing
Organizational Culture and Capacity	Organizational Culture and Capacity	Staffing - AIR Dept SMA increase 0.6 FTE LTC to 0.7 FTE permanent; SMA increase 0.4 FTE to 0.5 FTE	AIR	100,500.00			Strategically required ongoing
Organizational Culture and Capacity	Organizational Culture and Capacity	Staffing - PHM dept SMA increase 0.6 FTE and not renew program manager 1.0 FTE; Admin role increase 0.5 FTE	PHM	114,700.00			Strategically required ongoing
Organizational Culture and Capacity	Organizational Culture and Capacity	Staffing - 1.0 LTC moving permanent	People & Culture	32,000.00			Strategically required ongoing
Organizational Culture and Capacity	Organizational Culture and Capacity	Staffing - 0.8 FTE Program Manager retiring, replace with 1.0 FTE administrator = cost savings	Continuing Competence	(38,300.00)			Nice to have ongoing
Learning Organization	Learning Organization	Bluebird - skill enhancement	Professional Conduct	30,000.00			Strategically required
Learning Organization	Learning Organization	CPSA History Governance review (including consulting costs + per diems for Council members)	Governance	34,200.00			Strategically required
Learning Organization	Learning Organization		Governance	55,000.00			Strategically required
Total				1,559,600.00	190,000.00	(95,600.00)	1,654,000.00
				1,654,000.00			
Sub-total payroll				555,400.00	-	-	555,400.00
Remaining dept costs				1,004,200.00	190,000.00	(95,600.00)	1,098,600.00
				1,559,600.00	190,000.00	(95,600.00)	1,654,000.00
One-time							638,200.00
Ongoing							1,015,800.00
							1,654,000.00
Must have						355,000.00	
Strategically required						1,033,300.00	
Nice to have						265,700.00	
Defer						-	
						1,654,000.00	

Submission to:	<b>Council</b>
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Meeting Date:	Submitted by:		
September 9, 2022	Laurie Steinbach		
Agenda Item Title:	Governance Review Implementation Plan		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Governance Committee Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

#### AGENDA ITEM DETAILS

Recommendation:	<p>That Council approve the following:</p> <ol style="list-style-type: none"> <li>1) the <i>Governance Review Implementation Plan</i>;</li> <li>2) a Communications Strategy is developed to inform and educate regulated members and the public about the governance changes resulting from the Governance Review; and</li> <li>3) CPSA's Executive Committee has overall responsibility for the <i>Governance Review Implementation Plan</i>.</li> </ol>
Background:	<p>CPSA's RFP issued in November 2021 describes the purpose of the Governance Review as follows:</p> <p>"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."</p> <p>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 <i>Governance Framework</i> (Attachment 1) and <i>Governance Review Final Report</i> with recommendations.</p> <p>Council members were invited to participate in one of three Governance Review Feedback Sessions on June 20 and June 21 (Attachment 2 is a Summary of the Feedback Sessions).</p>

	<p>At its August 11, 2022 meeting, the Governance Review Committee reviewed an Analysis Package which included feedback from the June sessions, and the CPSA Team’s analysis and recommendations about the Governance Review Final Report. The Committee agreed on a set of recommendations that have been converted into the Governance Review Implementation Plan, and a revised Committee Structure (Attachment 3). The Committee also discussed and agreed to recommend that Executive Committee take on responsibility for seeing the Implementation Plan through to completion.</p> <p>The biggest changes to CPSA’s governance in the Implementation Plan recommended by the Committee are:</p> <ul style="list-style-type: none"> <li>• developing and adopting a governance vision, principles and decision-making framework that is focused on the public interest;</li> <li>• using Council member assessments more methodically, as part of individual and Council-as-a-whole performance;</li> <li>• removing the elections model of physician member selection to Council, and replacing it with a nominations model that uses a skills/competency matrix; and</li> <li>• a Committee structure that aligns with the accountability for the tasks of the Committees: <ul style="list-style-type: none"> <li>○ governance and strategic priority committees would report to Council; and</li> <li>○ committees concerned with the operations and regulatory function of CPSA would report to Council through the Registrar and CEO (see Appendix to Attachment 3).</li> </ul> </li> </ul> <p>One of the recommendations that is not included in the Implementation Plan was to move towards a Council that does not have 2 “classes” of Council members (voting and non-voting). Council may wish to discuss the role of the non-voting education/learner Council members, and consider further analysis of this, or include direction on this matter in the Implementation Plan.</p>
Next Steps:	<ul style="list-style-type: none"> <li>• Following Council approval of a Governance Review Implementation Plan, the Plan will be implemented, with Executive Committee providing updates to Council, and working through high level implementation issues.</li> <li>• Minor revisions to the Governance Framework document submitted by John Dinner (to reflect the approved Implementation Plan).</li> </ul>



- Development of a Communications Strategy.

List of Attachments:

1. [Governance Framework \(developed by John Dinner, May 2022\)](#)
2. [Summary of June 2022 Council Feedback Sessions on the Governance Review](#)
3. [Governance Review Implementation Plan](#)



# Governance Framework

May 2022



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## Council is mission driven:

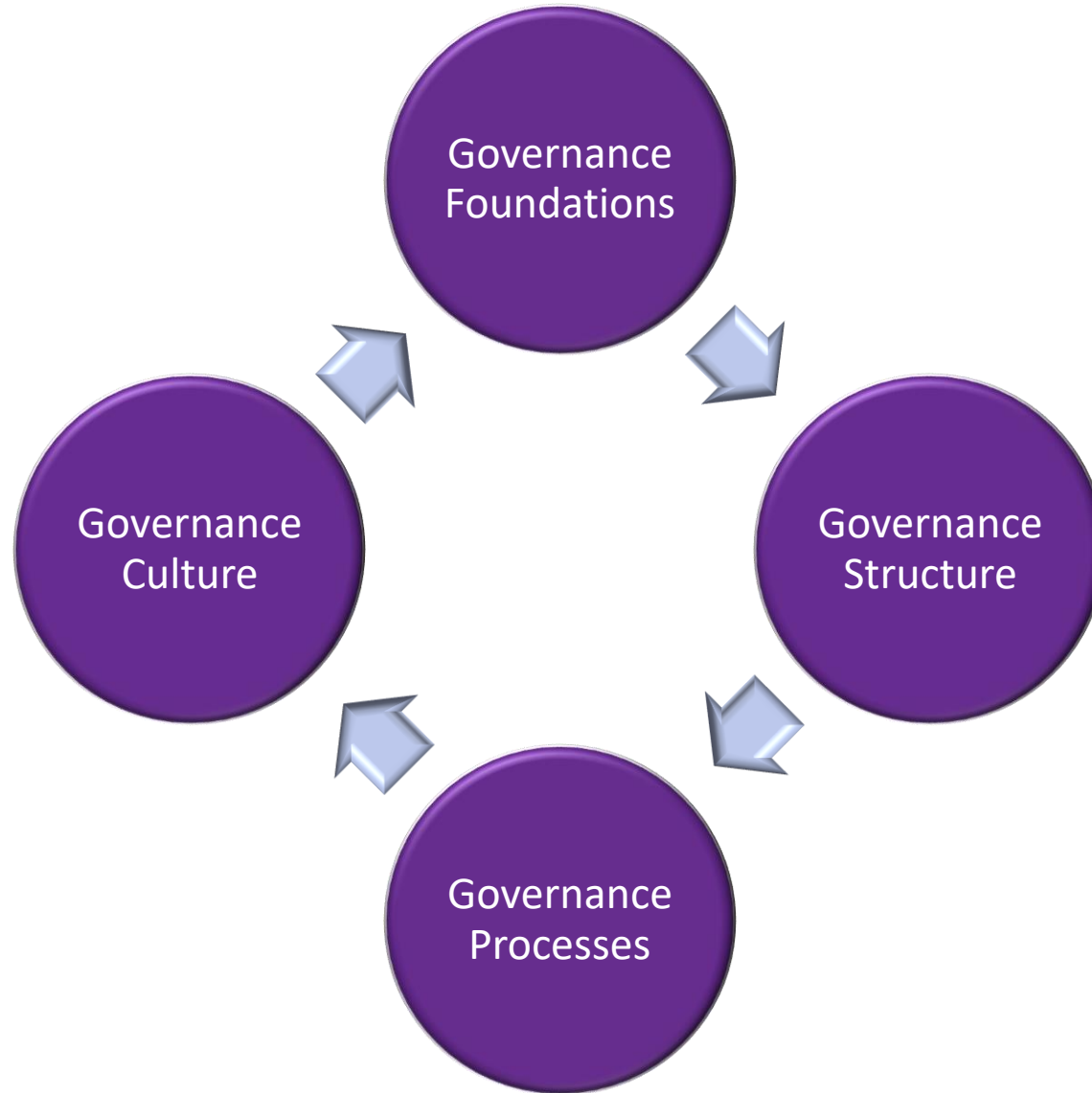
- To protect the public and ensure trust by guiding the medical profession.

## Protecting the public means:

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



# CPSA Framework Overview



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# CPSA Framework Overview

<b>Governance Foundations</b>	<ul style="list-style-type: none"><li><i>Governance Defined</i></li><li><i>Governance Outcomes</i></li><li><i>Governance Principles</i></li><li><i>Governance Vision</i></li></ul>	5 6 7 8
<b>Governance Structure</b>	<ul style="list-style-type: none"><li><i>Governance Structure</i></li><li><i>Governance Roles</i></li><li><i>Council / Staff Partnership</i></li></ul>	12 13 17
<b>Governance Processes</b>	<ul style="list-style-type: none"><li><i>Council Member Life Cycle</i></li><li><i>Decision-making Process</i></li><li><i>Decision-making Support</i></li></ul>	18 19 20
<b>Governance Culture</b>	<ul style="list-style-type: none"><li><i>Values-driven</i></li><li><i>Relational Dynamics</i></li><li><i>Meeting Dynamics</i></li></ul>	21 22 23



# Governance Defined

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



# 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.





# Governance Principles

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



# Governance Principles

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



# Governance Principles

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



# Governance Principles

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



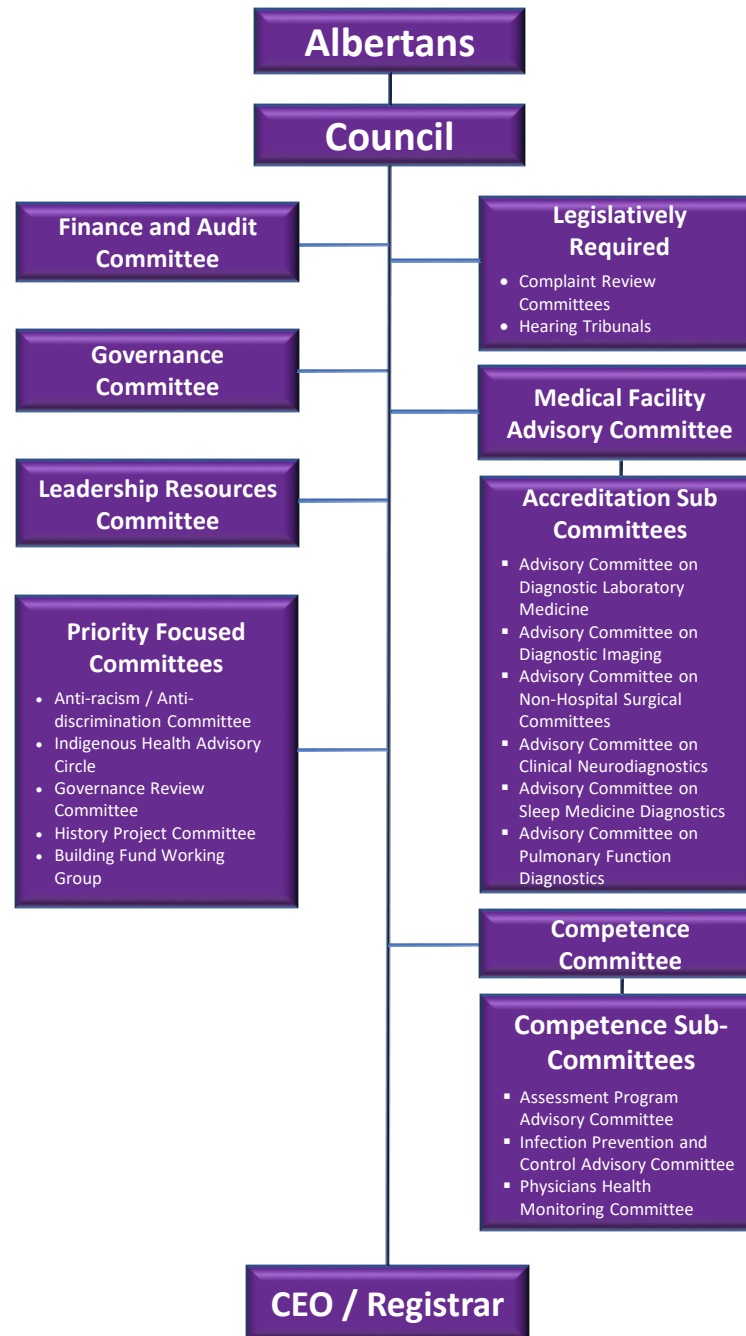
## Governance Vision

- Centering every Council decision on protecting the public.



# Governance Structure

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## 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





## 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





# 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.



## 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.



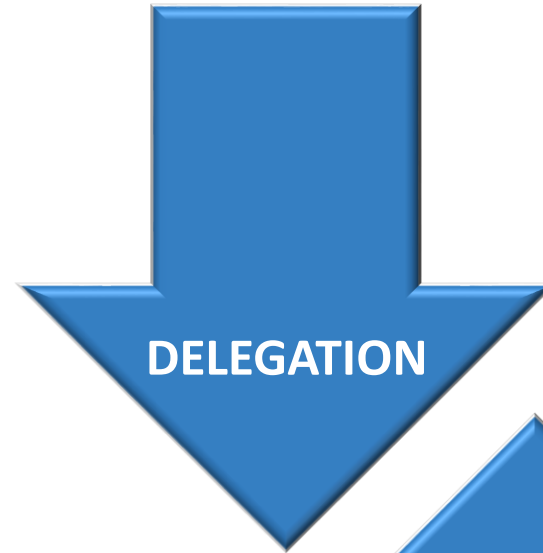
## CPSA Council Oversight Focus

- **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.

# Council

## OVERSIGHT

Governance Committees  
Accreditation Committees  
CPSA Committees  
CEO/Registrar



Council /  
Staff  
Partnership

CEO / Registrar

## OPERATIONS

CPSA Staff

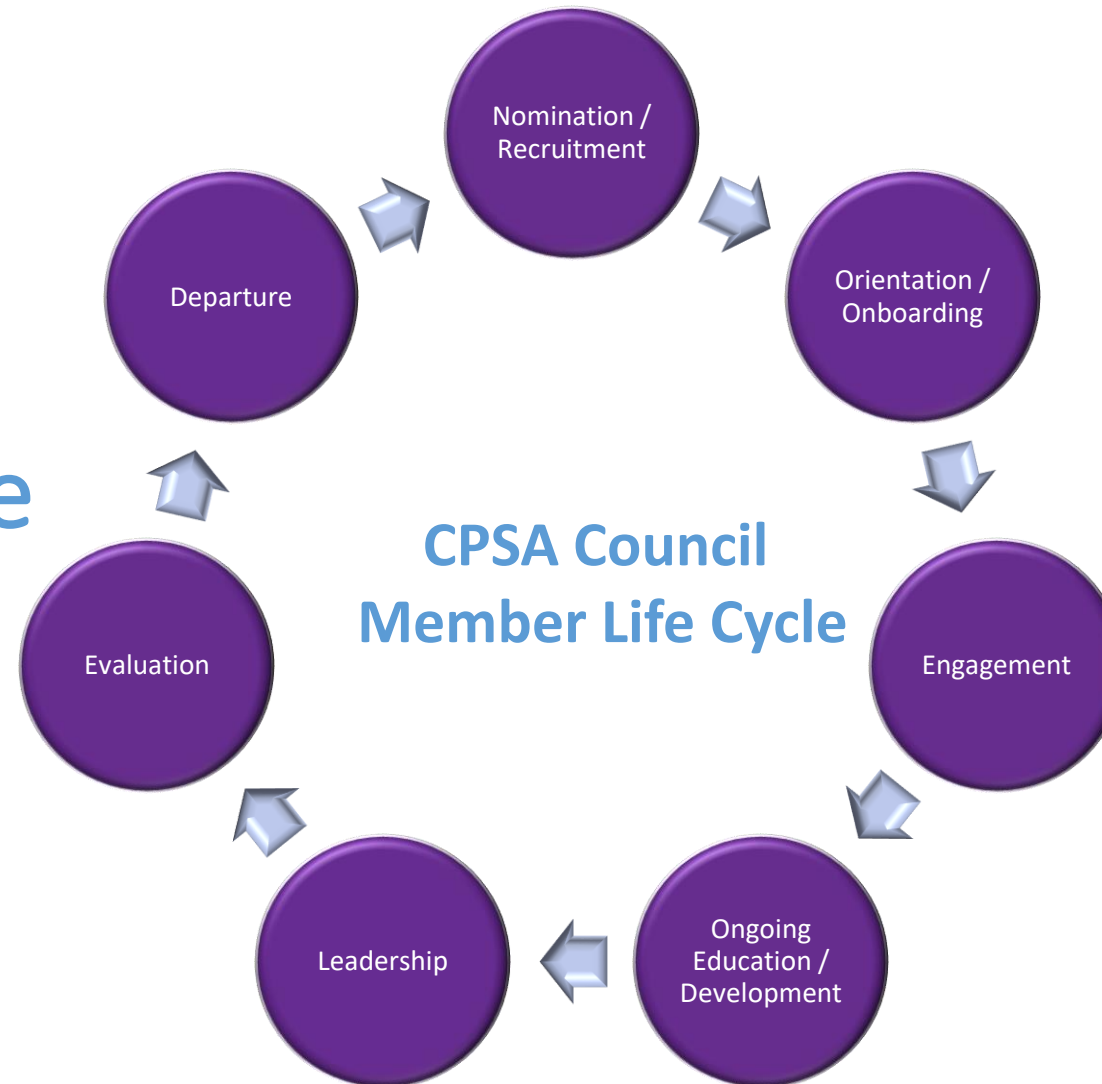


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# CPSA Governance Processes



## 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).



# 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.



# 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





## Values-driven

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



## 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.



# 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



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# Governance Review Feedback: Summary

DRAFT: July 7, 2022

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## **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."

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.

On June 20, and 21, 2022, three (3) Council Feedback Sessions were held to obtain and discuss feedback and ideas about the Governance Review recommendations. The following themes/recommendations from John Dinner's Governance Review were presented, and each Session voted on which were most important to discuss:

1. Council culture (*discussed at all 3 Feedback Sessions*)
2. Acting in the public interest (*discussed at 2 of 3 Feedback Sessions*)
3. Role/selection of president (not chosen for discussion at Feedback Sessions)
4. Council composition (*discussed at all 3 Feedback Sessions*)
5. Council member life cycle – engagement (*discussed at 1 of 3 Feedback Sessions*)
6. Council's responsibilities and decision-making process (*discussed at 1 of 3 Feedback Sessions*)
7. Council Committee Structure (*discussed at 2 of 3 Feedback Sessions*)
8. Delegation of Authority from Council to CEO (not chosen for discussion at Feedback Sessions)
9. Council Outcomes Performance Evaluation (*discussed at 1 of 3 Feedback Sessions*)

Further, a Governance Review Feedback Worksheet was circulated to collect Council member feedback in writing – for those who wanted to provide additional ideas and feedback, and/or could not attend a Feedback Session. As of June 30, 2022, 3 Council members submitted a completed worksheet.

The Feedback Sessions also included some time to discuss anti-racism and anti-discrimination, using the following questions:

- What barriers does CPSA’s governance present to Albertans for their current and future participation and engagement with CPSA?
  - How does CPSA and the governance structure reinforce or create the perception there are barriers?
  - What ideas or actions can be taken to reduce or remove these barriers?
  - Thinking about becoming an anti-racist and anti-discrimination organization, what actions should be included or considered when finalizing and implementing the Governance Review?
- Do you feel you have the skills to assess systemic racism and discrimination as part of this or other CPSA initiatives?
- What training or support do you think is necessary to facilitate this?

### **Feedback Summary**

- There is support for the concept of a Council “Covenant”, with some considerations:
  - Preference for the term “Contract”.
  - There must be a mechanism to enforce a breaking of the “Covenant/Contract”, and hold Council members accountable for adhering to the “Covenant/Contract”.
  - It may be better to focus on the vision and values and the definition of the public interest, than it would be to have a Council “Covenant/Contract”.
- There was a lack of support for the recommendation to discuss Council business at Council meetings only. Most participants felt that relationships with mentors and Council colleagues were important to maintain discussions and learning from peers outside of Council meetings.
- More participants felt it was important to have staff present and available at Council meetings. Some felt that some separation (either away from the Council Table, or online participation) may help to build the governing Council as a separate team with a different role from senior staff. Some indicated a preference that staff attend only for the Agenda items to which they need to speak. One participant felt that staff attendance - and the format of their attendance - is a decision that should be left to the CEO/Registrar.
- A number of participants indicated that they are not clear on the purpose of in camera meetings, and that if there were a better understanding of the in camera portions of

meetings, they could better contribute to the meeting. There was support for taking time in camera to assess how Council members and Council as a whole is:

- maintaining focus on the public interest,
  - adhering to the Council Covenant/Contract, including working towards anti-discrimination and anti-racism and authentic relationships with Indigenous peoples.
- There was a moderate level of support for a nominations model using a tool such as a skills/competency matrix instead of the current regulated member elections process, with the following considerations:
  - The matrix must be well-designed, with some support for seeking an outside, objective, expert consultant to assist with the matrix. We need to watch out for unconscious bias, and carefully consider definitions and the skills/competencies that are used.
  - To ensure diversity on Council, the matrix must allow for Council members that are currently building up skills and competencies. There is a risk that only experienced, skilled candidates are considered, with the result that Council becomes less diverse.
  - Pros to elections are that they have a built-in accountability mechanism in that people are voted in or out by their peers, and theoretically involve a wider group of peers that vote and make the decision on who is on Council. If a nominations model is chosen, there should be consideration given to ensure accountability and also to expand interest in nominations and candidacy.
  - The recommendation that there is no need to include physician specialties as part of the skills matrix had quite a bit of discussion. Some felt that this could create an urban bias on Council and that this is to be avoided.
- There was strong support for targeting 2, 3-year terms for physician members, in which the 2<sup>nd</sup> term is based on performance and not on re-election. It is believed that this would bring greater stability to Council. A few considerations:
  - Not all physicians would want to commit to 6 years. An idea was put forward to have the first term at 3 years, with the 2<sup>nd</sup> term being an option of 1, 2 or 3 years.
  - Must be targeted to skills
  - Must include the meaningful assessment at the 3-year mark.
- For Committee structure, none of the proposed changes were supported by a majority.
  - Combining Governance and Legislation and Bylaws Committee – it was felt that there is too much work at this time, but perhaps it could be considered in about 1 year's time.
  - Eliminating Executive Committee – the participants felt it was important for:
    - succession planning,
    - covering off if/maintenance if the President were to leave mid-year, and
    - spreading out the influence and not having it too concentrated in the President's role.
- There was support for the development of governance outcomes and a performance framework to measure progress towards the outcomes.



- When discussing Anti-Racism and Anti-Discrimination in relationship to the Governance Review, the following points were raised, and actions will be built into the Governance Review Implementation Plan:
  - The Circle has suggested that Anti-Racism and Anti-Discrimination statements and policy be translated into First Nations languages (for example, CPSA's Position Statement on Racism and Discrimination)
  - There is a need to build safety into the culture of Council, and be able to get past the challenge of calling out racism and discrimination.
  - We will never be experts in this – it is a learning journey and changes as we go along on the journey.
  - Actively invite specific/diverse segments of society/the public to attend Council meetings
  - To create more diversity on Committees, allow greater external membership on committees.
  - Greater transparency/accessibility and more frequent and effective communications are important for CPSA to address racism and discrimination. Without transparency, assumptions and fear are prevalent. Greater engagement with communities and Albertans would help.
  - Everything should run through the Circle and ARADAAC.
  - There should be regular education sessions or common readings about anti-racism and anti-discrimination. One way of learning that doctors are accustomed to is to look at concrete examples of errors, and come up with solutions and work through the errors so they don't occur again.
  - Longer term lengths might help with the need for more education.
  - People may come to Council and Committees with limited background in this, but a competency we could seek is "cognitive framing skills" which would help in their learning and growing once on Council.

# CPSA Governance Review

## IMPLEMENTATION PLAN

FOR CPSA COUNCIL REVIEW/APPROVAL: August 22, 2022

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**Reference Documents:** [Governance Framework](#) and [Final Report and Recommendations](#) and [GR Final Report Analysis Package](#)

Summary of Governance Framework:



Actions in the Implementation Plan fall under the categories in the Governance Framework.

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
<b>Council Culture</b>				
<b>1.a. Systematize Council's culture at CPSA by embracing, developing, adopting and committing to:</b> <ul style="list-style-type: none"> <li>• a Council Agreement;</li> <li>• In camera sessions are used to routinely assess how Council, and individual Council members, live up to the Agreement;</li> <li>• prioritize the Agreement over personal opinion and preferences;</li> <li>• Council President fosters the environment and accountability to uphold the Agreement.</li> </ul>	Governance Culture	<ul style="list-style-type: none"> <li>• Beginning January 2023 (Council Retreat)– create the Agreement</li> <li>• March 2023 Council Meeting – In Camera Meetings Policy for approval</li> <li>• December 2023 Council Meeting – present the Agreement to Council for adoption</li> <li>• March 2024 Council meeting (and annually thereafter) – present and review the Council Agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Bylaw revisions</li> <li>• Council Agreement</li> <li>• In Camera Meetings Policy</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Council Member Code of Conduct policy</i></li> <li>• <i>Principles to Guide Council Interactions</i></li> <li>• <i>Council Conflict of Interest Policy</i></li> <li>• <i>Councillor's Oath</i></li> <li>• <i>CPSA Values</i></li> </ul>
<b>1.b. Clarification of the role and responsibilities of Council members, including the Physician / Public perspective relative to these roles.</b>	Governance Structure	<ul style="list-style-type: none"> <li>• Sept 2023 Council meeting – adopt roles and responsibilities policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Councillor Roles and Responsibilities Policy <ul style="list-style-type: none"> <li>○ Council Member Roles and Responsibilities</li> <li>○ President Roles and Responsibilities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <i>CPSA Policy to Measure Council Effectiveness and Self Evaluation</i></li> <li>• <i>CPSA Council Learning Plan</i> (approved annually)</li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
			<ul style="list-style-type: none"> <li>○ Vice President Roles and Responsibilities</li> <li>○ Executive Member-at-Large Roles and Responsibilities</li> <li>○ Committee Chair Roles and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Council Orientation materials</li> <li>• Committee Terms of Reference</li> </ul>
<b>1.c. CEO/Registrar attendance at Council meetings – other staff sit separate from Council Table except when presenting to Council.</b>	Governance Structure	September 2022	N/A	N/A
<b>Acting in the Public Interest</b>				
<b>2.a. Adopt a governance vision that centres every Council decision on protecting the public.</b>	Governance Foundations	Aim for adoption at September 2023 Council meeting.	<ul style="list-style-type: none"> <li>• Governance Vision</li> <li>• Definition of Public Interest</li> <li>• Governance Principles</li> <li>• Decision-making Framework</li> <li>Possible Tools: Checklist, Report to Council/ Committee Template</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Health Professions Act</i></li> <li>• 2022-2026 Strategic Plan</li> <li>• Governance Review Final Report, by John Dinner, April 2022</li> </ul>
<b>2.b. Define “public interest”.</b>	Governance Foundations	Aim for adoption at September 2023 Council meeting.	<ul style="list-style-type: none"> <li>• Governance Vision</li> <li>• Definition of Public Interest</li> <li>• Governance Principles</li> <li>• Decision-making Framework</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Health Professions Act</i></li> <li>• 2022-2026 Strategic Plan</li> <li>• Governance Review Final</li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
			Possible Tools: Checklist, Report to Council/ Committee Template	Report, by John Dinner, April 2022
<b>2.c. Council materials include public interest implications.</b>	Governance Foundations	Aim for adoption at September or December 2023 Council meeting.	<ul style="list-style-type: none"> <li>• Governance Vision</li> <li>• Definition of Public Interest</li> <li>• Governance Principles</li> <li>• Decision-making Framework</li> </ul> Possible Tools: Checklist, Report to Council/ Committee Template	<ul style="list-style-type: none"> <li>• <i>Health Professions Act</i></li> <li>• 2022-2026 Strategic Plan</li> <li>• Governance Review Final Report, by John Dinner, April 2022</li> </ul>
<b>2.d. President is expected to focus Council on the public interest.</b>	Governance Foundations	Developed through 2023, with adoption at December 2023 Council meeting.	<ul style="list-style-type: none"> <li>• Governance Vision</li> <li>• Definition of Public Interest</li> <li>• Governance Principles</li> <li>• Decision-making Framework</li> </ul> Possible Tools: Checklist, Report to Council/ Committee Template	<ul style="list-style-type: none"> <li>• <i>Health Professions Act</i></li> <li>• 2022-2026 Strategic Plan</li> <li>• Governance Review Final Report, by John Dinner, April 2022</li> </ul>
<b>Role and Selection of President</b>				
<b>3.a. President's role is clearly defined, and focusses on overall effectiveness of Council.</b>	Governance Structure	Summer 2023	<ul style="list-style-type: none"> <li>• Councillor Roles and Responsibilities Policy               <ul style="list-style-type: none"> <li>○ Council Member Roles and Responsibilities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• President's Orientation materials</li> <li>• <i>CPSA Policy to Measure Council</i></li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
			<ul style="list-style-type: none"> <li>○ President Roles and Responsibilities</li> <li>○ Vice President Roles and Responsibilities</li> <li>○ Executive Member-at-Large Roles and Responsibilities</li> <li>○ Committee Chair Roles and Responsibilities</li> </ul>	<i>Effectiveness and Self Evaluation</i>
<b>3.b. Councillor best equipped for the President's role is appointed as President.</b>	Governance Structure	Complete for beginning of 2024	<ul style="list-style-type: none"> <li>● Revise Bylaws</li> <li>● Revise Executive Elections Policy</li> <li>● President/Chair Selection Process</li> <li>● President/Chair Selection Criteria</li> <li>● Councillor Roles and Responsibilities Policy               <ul style="list-style-type: none"> <li>○ Council Member Roles and Responsibilities</li> <li>○ President Roles and Responsibilities</li> <li>○ Vice President Roles and Responsibilities</li> <li>○ Executive Member-at-Large Roles and Responsibilities</li> <li>○ Committee Chair Roles and Responsibilities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <i>Bylaws</i></li> <li>● <i>Executive Elections Policy</i></li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
<b>3.c. Extend President's term to 2 terms of one year, performance assessed annually.</b>	Governance Structure	Complete for beginning of 2024	<ul style="list-style-type: none"> <li>• Revise Bylaws</li> <li>• Revise Executive Elections Policy</li> <li>• President/Chair Selection Process</li> <li>• President/Chair Selection Criteria</li> <li>• Councillor Roles and Responsibilities Policy               <ul style="list-style-type: none"> <li>○ Council Member Roles and Responsibilities</li> <li>○ President Roles and Responsibilities</li> <li>○ Vice President Roles and Responsibilities</li> <li>○ Executive Member-at-Large Roles and Responsibilities</li> <li>○ Committee Chair Roles and Responsibilities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <i>Bylaws</i></li> <li>• <i>Executive Elections Policy</i></li> </ul>
<b>3.d. Rename the President title: Council Chair.</b>	Governance Structure	Complete by mid-2023	<ul style="list-style-type: none"> <li>• Revise Bylaws</li> <li>• Revise Policies (swap "President" with "Chair")</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Health Professions Act</i></li> <li>• <i>CPSA Bylaws</i></li> <li>• <i>CPSA Policies</i></li> </ul>
<b>3.e. Eliminate the Past President role.</b>	Governance Structure	By end of 2022	<ul style="list-style-type: none"> <li>• Revise Bylaws</li> <li>• Revise Policies</li> </ul>	<ul style="list-style-type: none"> <li>• <i>CPSA Bylaws</i></li> </ul>



Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
			<ul style="list-style-type: none"> <li>Revise Committees' Terms of Reference</li> </ul>	<ul style="list-style-type: none"> <li>Committees' Terms of Reference</li> </ul>
<b>Council Composition</b>				
<b>4.a Construct a tool (e.g. "skills matrix") that reflects the optimal Council.</b> <ul style="list-style-type: none"> <li>Use the tool to assess Council candidates.</li> <li>Include diversity as part of the tool. (all aspects of diversity, including rural/urban).</li> </ul>	Governance Structure	Summer 2023 (for use as the Selection Method for 2024 Council)	<ul style="list-style-type: none"> <li>Create Skills/Competency Policy</li> <li>Create Skills/Competency Matrix</li> </ul>	<ul style="list-style-type: none"> <li><i>CPSA Bylaws</i></li> </ul>
<b>4.b. That the current elections model of regulated member Council population be replaced by a nominations model that is developed by an external expert, and includes the tool that helps to choose the optimal Council (e.g. "Skills matrix").</b>	Governance Structure	Summer 2023 (for use as the Selection Method for 2024 Council)	<ul style="list-style-type: none"> <li>Revise Bylaws</li> <li>Create Nominations Policy/Process</li> <li>Create Skills/Competency Matrix</li> </ul>	<ul style="list-style-type: none"> <li>Bylaws (Elections Process)</li> </ul>
<b>4.c. Target 6 years as the term for high performing regulated member Council members, with 3-year assessment tool.</b>	Governance Structure	Summer 2023 (in place for 2024 Council)	<ul style="list-style-type: none"> <li>Revise Bylaws</li> <li>Council member Assessment Tool for 2nd term</li> </ul>	<ul style="list-style-type: none"> <li><i>CPSA Bylaws</i></li> </ul>
<b>Council Member Life Cycle - Engagement</b>				
<b>5. Two steps to Orientation – Introduction and Follow-up after attending meetings.</b>	Governance Processes	Early 2023 for draft Orientation Manual, with learnings incorporated into the 2024 final Orientation Manual.	<ul style="list-style-type: none"> <li>Orientation Manual <ul style="list-style-type: none"> <li>Orientation Process</li> <li>CPSA governance information</li> <li>CPSA department information</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Orientation materials</li> <li><i>CPSA Policy to Measure Council Effectiveness and Self Evaluation</i></li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
			<ul style="list-style-type: none"> <li>• Councillor Roles and Responsibilities Policy</li> <li>• Update <i>CPSA Policy to Measure Council Effectiveness and Self Evaluation</i></li> <li>• Assessment Tool for Council members</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Council Learning Plan</li> </ul>
<b>6.a. Formalize expectations for individual Council members.</b>	Governance Structure	September 2023	<ul style="list-style-type: none"> <li>• Councillor Roles and Responsibilities Policy</li> <li>• Update Council Evaluation Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation materials</li> <li>• <i>CPSA Policy to Measure Council Effectiveness and Self Evaluation</i></li> <li>• Annual Council Learning Plan</li> </ul>
<b>6.b. Structure meetings for maximum effectiveness from each Council member.</b>	Governance Culture	Implement in 2024 (possibly with a pilot period)	<ul style="list-style-type: none"> <li>• Revised Council Agenda Template</li> <li>• New Report to Council/Committee template</li> <li>• Councillor Roles and Responsibilities Policy</li> <li>• Update Council Evaluation Policy</li> <li>• Assessment Tool for Council members</li> <li>• Orientation Manual</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation materials</li> <li>• <i>CPSA Policy to Measure Council Effectiveness and Self Evaluation</i></li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
<b>6.c. Build understanding of CPSA's core values and how they show up in governance.</b>	Governance Culture	Ongoing and in tandem with the activities and policy development of "Governance Foundations"	<ul style="list-style-type: none"> <li>• Governance Vision</li> <li>• Definition of Public Interest</li> <li>• Governance Principles</li> <li>• Decision-making Framework</li> </ul> Possible Tools: Core Values Checklist and Process (could be piloted then discussed as part of an in-Council education session), Report to Council/ Committee Template	<ul style="list-style-type: none"> <li>• 2022-2026 CPSA Strategic Plan</li> <li>• CPSA Values</li> </ul>
<b>7. Council to take ownership of the Council education process, and a broader focus on good governance. The Council education process will include an Annual Report of the progress made through the past year's learning plan when developing the plan for the coming year.</b>	Governance Processes	February 2023 Governance Committee meeting and March 2023 Council meeting	<ul style="list-style-type: none"> <li>• Council Governance and Leadership Learning Policy <ul style="list-style-type: none"> <li>○ Annual report on the results of the Education/Learning Plan</li> <li>○ Annual Education/Learning Plan</li> </ul> </li> </ul>	Council Learning Plan (approved annually)
<b>8. Process to identify members to become Council Chair and Committee Chairs.</b>	Governance Processes	Complete for 2024 Council to align with other Council composition changes	<ul style="list-style-type: none"> <li>• Revise Bylaws</li> <li>• Revise Executive Elections Policy</li> <li>• President/Chair Selection Process</li> </ul>	<ul style="list-style-type: none"> <li>• Bylaws</li> <li>• Executive Elections Policy</li> <li>• Governance Committee TOR</li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
			<ul style="list-style-type: none"> <li>President/Chair Selection Criteria</li> <li>Councillor Roles and Responsibilities Policy</li> </ul>	
<b>9. Undertake and report on regular Council member assessments.</b>	Governance Processes	Implement for 2024 Council	<ul style="list-style-type: none"> <li>Update <i>Policy to Measure Council Effectiveness and Self Evaluation</i></li> <li>Council member Assessment Tool.</li> </ul>	<i>Policy to Measure Council Effectiveness and Self Evaluation</i>
<b>10. Council members self-assess and voluntarily resign if they do not or cannot meet objective requirements.</b>	Governance Processes	Governance Committee review of self-assessment tools – 2023. Pilot in 2023. Updates to Policy – early 2024.	<ul style="list-style-type: none"> <li>Review of individual Council member self-assessment tools (including the current Public Member self-assessment which is used for all Council members).</li> <li>Pilot (if desired) of Council member Self-Assessment Tool.</li> <li>Update <i>Policy to Measure Council Effectiveness and Self Evaluation</i></li> </ul>	<i>Policy to Measure Council Effectiveness and Self Evaluation</i>
<b>Council's Responsibilities and Decision-Making Process</b>				
<b>11. Adopt governance principles and a decision-making framework based on the principles.</b>	Governance Foundations	Developed through 2023, with adoption	<ul style="list-style-type: none"> <li>Governance Vision</li> </ul>	<ul style="list-style-type: none"> <li><i>Health Professions Act</i></li> </ul>

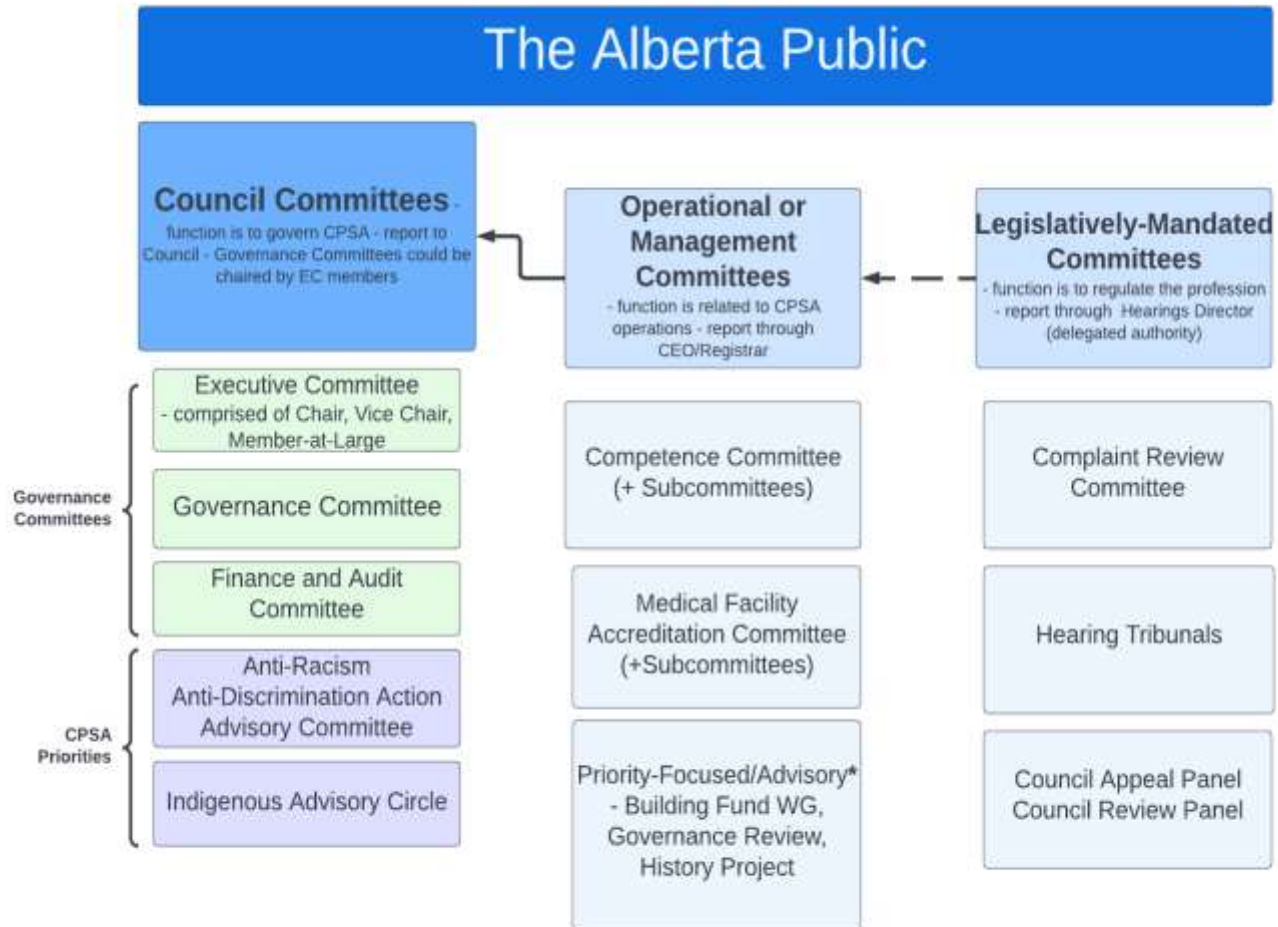
Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
		at December 2023 Council meeting.	<ul style="list-style-type: none"> <li>Definition of Public Interest</li> <li>Governance Principles</li> <li>Decision-making Framework</li> </ul> Possible Tools: Checklist, Report to Council/ Committee Template	<ul style="list-style-type: none"> <li>2022-2026 Strategic Plan</li> <li>Governance Review Final Report, by John Dinner, April 2022</li> </ul>
<b>Council Committee Structure</b>				
<b>12. Adopt new Committee structure (see Appendix A)</b> <b>Features:</b> <ul style="list-style-type: none"> <li><b>Limited number of Council Committees: Executive Committee, Governance Committee, Finance and Audit Committee, ARADAAAC, Indigenous Circle.</b></li> <li><b>Operational/Management/Priority-focused Committees report to Council through the CEO/Registrar or delegate.</b></li> </ul>	Governance Structure	For 2023 Council	<ul style="list-style-type: none"> <li>Bylaw revisions</li> <li>Committee Structure graphic</li> <li>TOR Template and revised Committee TORs (all Committees).</li> <li>Revised Committee information on CPSA Website</li> <li>Councillor Roles and Responsibilities Policy</li> <li>Report and analysis regarding <i>Delegation of Authority</i> for certain committee recommendations that would no longer require Council approval.</li> </ul>	<ul style="list-style-type: none"> <li>All Committee TORs</li> <li>Committee TOR Template</li> <li>CPSA Committees Webpage</li> </ul>

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
<b>12.d. Provide Committee Chairs with orientation and training.</b>	Governance Processes	Begin in early 2023	<ul style="list-style-type: none"> <li>• Education/Learning Plan (approved annually)</li> <li>• Orientation Manual</li> <li>• Contract with a training provider (budget implications)</li> </ul>	<ul style="list-style-type: none"> <li>• Education/Learning Plan (approved annually)</li> <li>• Orientation Materials</li> <li>• Individual Learning List (appended to Council Agendas)</li> </ul>
<b>Delegation of Authority from Council to CEO</b>				
<b>13.a. Delegation of authority should be made as formal resolution, reflecting the CEO/Registrar's role description.</b> <b>13.b. President is public face on governance-related matters. CEO/Registrar represents CPSA on all other matters.</b> <b>13.c. CEO/Registrar is accountable for implementation/execution of Council directives.</b> <b>13.d. The CEO/Registrar takes direction from Council only.</b>	Governance Processes	Draft Policy for Executive Committee in late 2022 recommendation to Council in either December 2022 or March 2023	<ul style="list-style-type: none"> <li>• Report to Council and Council Motion: CEO/Registrar Delegation of Authority</li> <li>• Refresh Policy: Registrar's Performance Evaluation</li> </ul>	<i>Process for Registrar's Performance Evaluation (November 2018)</i>
<b>13.e. that the CEO/Registrar monitor the interdependence of Council and Staff, looking for challenges and/or ideas from the leadership team, and make adjustments as needed.</b>	Governance Processes	Ongoing	<ul style="list-style-type: none"> <li>• Councillor Roles and Responsibilities Policy</li> <li>• Orientation Manual</li> </ul>	
<b>Council Outcomes Performance Evaluation</b>				

Governance Review Committee Recommendations for Action	Governance Framework	Estimated Timeline	Policies, tools and processes to be developed include:	Reference
<b>14.a. Approve governance outcomes and create a performance framework around the outcomes.</b>	Governance Processes	Early 2023: Draft Performance Measures Framework Performance Measures Framework Recommendation to Council for March 2023.	<ul style="list-style-type: none"> <li>Performance Measures Framework               <ul style="list-style-type: none"> <li>Performance Measures</li> <li>Measurement Process</li> <li>Data sources and data collection</li> </ul> </li> <li>Revise <i>Policy to Measure Council Effectiveness and Self Evaluation</i></li> </ul>	<ul style="list-style-type: none"> <li>2022-2026 Strategic Plan</li> <li><i>Policy to Measure Council Effectiveness and Self Evaluation</i></li> </ul>
<b>14.b. Individual councillor performance feeds into the nomination process for regulated member Council members.</b>	Governance Processes	Begin with the 2024 Council	<ul style="list-style-type: none"> <li>Council member Assessment Tool</li> <li>Revise Bylaws (Elections Procedure)</li> <li>Develop Skills/Competency Matrix</li> <li>Develop Nominations Process</li> </ul>	<ul style="list-style-type: none"> <li>CPSA Bylaws</li> <li><i>Policy to Measure Council Effectiveness and Self Evaluation</i></li> </ul>



**Proposed CPSA Committee Structure**  
**(Recommended by Governance Review Committee)**



\*Some Priority-Focused/Advisory Committees may fit better as Sub-Committees of a Council Committee