Making a Oikterence 2017 Annual Report



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How we are... Making a difference

BENDING THE CURVE ON OPIOID PRESCRIBING

Recent data show physicians are prescribing opioids in lower doses and to fewer patients. While generally the trend we want to see, what's most important to the College is making sure the reductions are happening in a safe and compassionate way. (see page 2)

USING DATA TO IMPROVE PATIENT CARE

Giving Alberta doctors more science to use in their practice is the idea behind Practice Checkup, a new annual report for all physicians produced by the College under the MD Snapshot banner. (see page 4)

NEW SAFETY STANDARDS FOR DIAGNOSTIC AND MEDICAL SERVICES

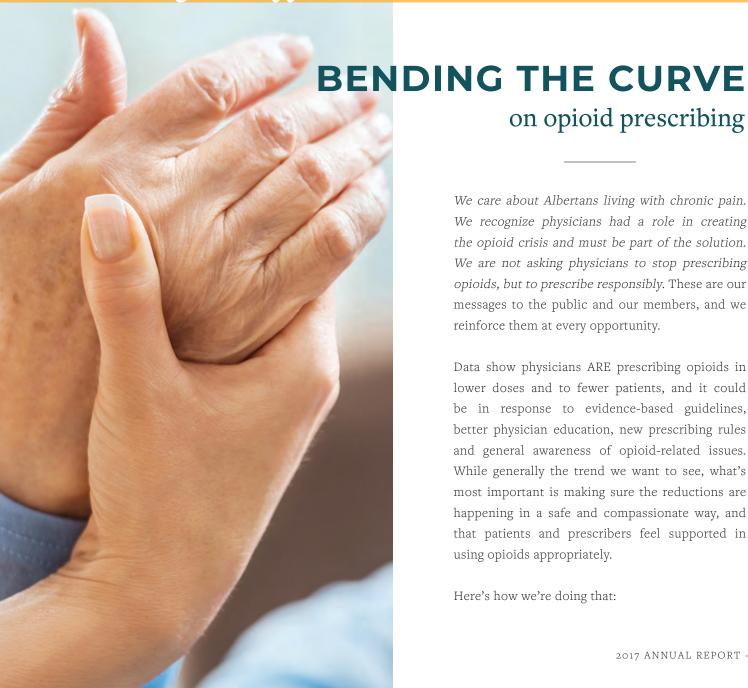
When you walk in to an accredited facility, you shouldn't have to guess if the testing or medical care is held to the highest standards – you should know. That's why we're revitalizing our facility accreditation standards and bringing previously unmonitored sleep medicine into our accreditation program. (see page 6)

HEALTHY WORKPLACE, BETTER CARE

A new partnership aims to boost morale and teamwork among healthcare professionals. (see page 9)



Making a difference ...



on opioid prescribing

We care about Albertans living with chronic pain. We recognize physicians had a role in creating the opioid crisis and must be part of the solution. We are not asking physicians to stop prescribing opioids, but to prescribe responsibly. These are our messages to the public and our members, and we reinforce them at every opportunity.

Data show physicians ARE prescribing opioids in lower doses and to fewer patients, and it could be in response to evidence-based guidelines, better physician education, new prescribing rules and general awareness of opioid-related issues. While generally the trend we want to see, what's most important is making sure the reductions are happening in a safe and compassionate way, and that patients and prescribers feel supported in using opioids appropriately.

Here's how we're doing that:

New prescribing standard

The *Prescribing: Drugs with Potential for Misuse or Diversion* standard of practice and advice document support physicians in prescribing responsibly, with specific safeguards for long-term opioid treatment for chronic non-cancer pain. Find them at *cpsa.ca/standards-practice*.

Monitoring & mentoring

Data from Alberta's Triplicate Prescription Program are used to identify physicians prescribing a very high dose or quantity of opioids, prescribing an opioid concurrently with a benzodiazepine (a high-risk combination), or prescribing for a patient showing signs of an addiction disorder. Physicians receive targeted support to improve their prescribing practice and safely manage their patients' care.

Opioid safety fact sheets

New patient-focused opioid safety fact sheets developed in collaboration with Alberta's pharmacists and nurses give patients the information they need to be partners in their own safe care. These are available to physicians and the public at *cpsa.ca*.

More resources

Physicians have one-stop access to a growing resource bank of opioid prescribing practice guidelines, practice support tools, research articles and community links at *cpsa.ca/prescribing-resources-tools*.

MD Snapshot reports

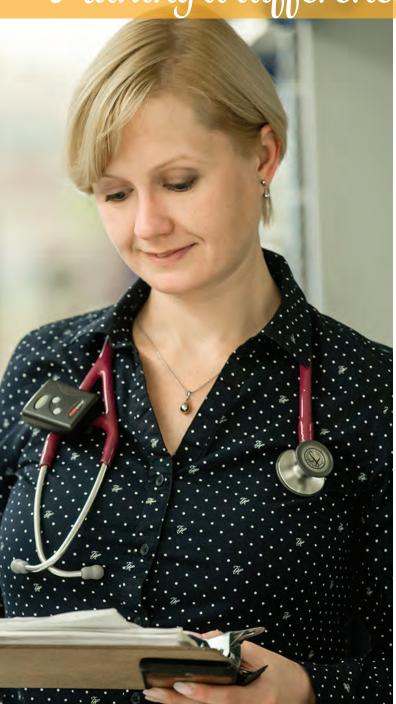
Regular MD Snapshot reports give physicians prescribing opioid medications practice-specific data to help them assess their prescribing and relate it to best practice.

Partnerships

We're working with educators, government and other healthcare professionals to improve training, collaborate on provincial and national strategies, develop harm-reduction guidance and identify gaps in resources for this area of practice.



Making a difference ...



USING DATA

to improve patient care

"The practice of medicine is an art, based on science," said Dr. William Osler, a famous Canadian physician often called the Father of Modern Medicine.

Giving Alberta doctors more science to use in their practice is the idea behind Practice Checkup, a new tool produced by the College under the MD Snapshot banner.

Last fall, every Alberta physician received a confidential Practice Checkup in their mailbox, full of practice-specific data pulled from College databases. Alongside was information about research-based risk factors to help physicians recognize and manage any potential risks in their practice.

Designed as a tool for self-reflection and quality improvement, the first Practice Checkup report received decidedly mixed reviews. "I thought the process was well intentioned and the referenced data was interesting, but as a tool upon which to base my future practice decisions and direction, it was not helpful," offered one physician.

The College hit closer to the mark with MD Snapshot prescribing reports, which gave physicians who prescribe opioids and benzodiazepines their own prescribing data and related it to best practice guidelines.

Physicians liked that the reports were detailed and readily applicable: "MD Snapshot helps us easily identify which patients are on the higher end of narcotic prescribing and may need additional follow-up," said one physician in a feedback survey.

More than 65% of physicians surveyed agreed the reports were useful, and more than half said they plan to use the data in the reports to improve their prescribing.

"These reports are part of a new approach to selfregulation," says CPSA Deputy Registrar Dr. Karen Mazurek. "We want to be more proactive in helping doctors provide the best possible care by giving them good information and supporting them in making any necessary changes."

"Having access to their own prescribing data was very helpful for our members," she notes. "We want Practice Checkup to be just as useful."

"To get there, we need to go through the feedback carefully and use what we learn to improve both reports for 2018. We also need to continue working with Alberta Health and other stakeholders to gather more data that will ultimately help physicians improve patient outcomes."



C These reports are part of a new approach to selfregulation...

> Dr. Karen Mazurek **CPSA** Deputy Registrar

Making a difference ...



NEW SAFETY

standards for diagnostic & medical services

New standards will give rigour to about 150 previously unmonitored sleep medicine facilities.

In 2017, the College ramped up efforts to revitalize facility accreditation standards that were becoming out of date with rapidly changing medical environments.

"Change in medicine happens so quickly, but at the end of the day, we need all Alberta patients to be confident they can walk into any CPSA-accredited facility and get consistent treatment or testing, every time," says Sandra Hanington, Director of Accreditation. "Implementing best practice and internationally-accepted research into our expectations of facilities is the only way to ensure that confidence. It's what patients expect and deserve."

We updated three facility accreditation standards in 2017. All the new standards will improve the consistency of testing and treatment in their respective facilities. New diagnostic imaging standards have been applied to 30 facilities in the six months since the standards were approved.

By and large, the biggest change will be for sleep medicine facilities. New sleep medicine accreditation standards were approved in December 2017 to give rigour to approximately 150 previously unmonitored facilities that provide home testing.

The support from industry has been significant – facilities are signing up for assessment, Alberta's sleep medicine experts are getting involved as CPSA assessors and third-party payers are preparing to make CPSA facility accreditation a condition of reimbursement for testing and treatment. Our message to physicians: refer your patients to accredited sleep medicine facilities for safe, consistent care.

When you walk in to an accredited facility, you shouldn't have to guess if the testing or medical care is held to the highest standards – you should know.

Sandra Hanington, RN, RPN Director, Accreditation

ACCREDITATION HIGHLIGHTS 2017

Diagnostic imaging

- Standards approved May 31, 2017.
- By the end of 2017, 30 facilities had been accredited to the new standards.
- 18 diagnostic imaging experts became assessors for the College. Assessors help ensure safe and consistent care across all Alberta DI facilities.
- Over 80% of facility stakeholders who responded to a post-assessment survey said they felt prepared for their assessment.

Pulmonary function testing

- Standards approved Dec. 1, 2017.
- The new patient-centric approach ensures by mid-2018, all facilities in Alberta will use the same criteria to measure patient test results.

Sleep medicine

- Standards approved Dec 1, 2017.
- By Dec. 31, 2017, nine new facility groups had signed up for assessment.
- Two sleep medicine experts have successfully applied to become assessors, with more to apply in 2018.
- Assessments will start mid-2018. We estimate that over 150 Alberta sleep medicine facilities will be accredited by the end of 2020.

Stem cell therapy

- Standards approved Dec. 1, 2017.
- Alberta is the first Canadian province to develop standards for stem cell regenerative therapy.
- The standards are a sub-set of the nonhospital surgical facility standards.
- The College will start accepting applications for assessment in February 2018.

Making a difference ...

HEALTHY

workplace, better care

It's a common scene in TV hospital dramas: a senior physician berates a young resident for a trivial mistake, or rudely dismisses a nurse's concerns about a patient's treatment. Unfortunately, scenes like this do sometimes happen in real life and there's no 60-minute solution.

Demeaning co-workers is disruptive to a healthy workplace. It erodes morale and sows seeds of self-doubt and resentment that can undermine the functioning of the whole team and ultimately the care patients receive.

To examine the scope of the problem, in fall 2017 the College called together 65 physician and administrative leaders from Alberta Health Services, the Alberta Medical Association, the Health Quality Council of Alberta and Primary Care Networks.

At the end of a day-long symposium, the CEOs of participating organizations and the Deans of Alberta's two medical schools agreed to commit funding and action to building a more positive workplace culture. Planning starts in early 2018.



Our year in numbers ...



PRACTISING PHYSICIANS

611 New physician registrants (-5.1%)

11,119 Physicians on an independent practice register (+3.6%)

5,034 Physicians registered as Family Medicine specialists, Family Physicians (non-specialists) and General Practitioners at Dec. 31 (+3.0%)

STANDARDS OF PRACTICE

1 New standard of practice - Prescribing: Drugs with Potential for Misuse or Diversion

2 Amended standards of practice - *Job Action* and *Supervision of Restricted Activities*

IN THE COMMUNITY

5 Alberta communities visited on Regional Tour

PHYSICIAN COMPETENCE

121 New-to-Alberta physicians started practice readiness assessments (-33.5%)¹

95.4% Pass rate for completed practice readiness assessments

43 Physicians referred for Individual Practice Review

50 Clinics participated in Group Practice Review, involving 450 physicians

500 Physicians started MSF+, a new assessment process offering multi-source feedback and other data to improve practice quality

158 Infection Prevention and Control assessments conducted

100% of Alberta physicians providing direct patient care required to be enrolled in CPD²

147 Physician health monitoring files opened

COMPLAINTS

826 New complaints received (-0.6%)

709 Complaint files closed (-3.7%)

ACCREDITED FACILITIES

 $\mathbf{2}$ New sets of accreditation standards for sleep medicine and stem cell therapy³

2 Revised sets of accreditation standards for diagnostic imaging and pulmonary function testing



8,647 MD Snapshot prescribing reports sent to physicians who prescribed opioids⁴

^{1.} Through the Provincial Physician Assessment Program (PPAP).

^{2.} Excludes physicians exclusively in a training program.

^{3.} Stem cell therapy standards are a sub-set of the non-hospital surgical facility standards.

^{4.} Reports provided practice-specific data to physicians who had, in the previous quarter, prescribed for at least one patient: a high dose of an opioid (> 90 OME), an opioid and benzodiazepine medication concurrently, or a long-acting opioid for a patient who'd never taken an opioid before. Some physicians received more than one report.



Our promise...

QUALIFIED PHYSICIANS: Registration & membership

Alberta's physician population reflects the diversity of our communities and that's as it should be. Whether physicians receive their education and training in our province, elsewhere in Canada or far beyond our borders, it's our job to make sure they have the right qualifications and professional attributes to provide Albertans with safe and effective care.

About 11,000 physicians are registered to practise in Alberta today, including 611 new registrants in 2017. Every applicant goes through a rigorous process that includes careful assessment of their application, verification of credentials and reference checks. Because medical education varies around the world, International Medical Graduates who meet eligibility criteria for Alberta are also required to successfully complete a practice readiness assessment before entering independent practice.

To keep knowledge and skills current, all Alberta physicians who provide patient care must be enrolled in one of two approved Continuing Professional Development programs and meet credit requirements: Mainpro+ (College of Family Physicians of Canada) or Maintenance of Certification (Royal College of Physicians and Surgeons of Canada).



Registration statistics on p.28





Our promise...

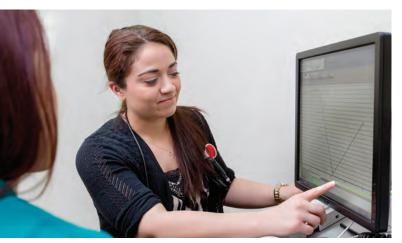
SAFE & EFFECTIVE CARE: Continuing competence

Helping Alberta physicians provide the best possible care throughout their careers is an important role for the College.

Our multi-faceted approach includes:

- MD Snapshot reports that provide individual physicians with practice-specific data for self-directed quality improvement, including an annual Practice Checkup for all physicians.
- Individual Practice Review, targeted support customized to meet the needs of individual physicians.
- Group Practice Review, a collaborative process that supports clinics in meeting the *CPSA Standards of Practice* and identifying opportunities to improve practice quality.
- MSF+, a multi-source feedback tool to help physicians reflect on their roles as communicator, collaborator and professional, with facilitation by a peer physician.
- Infection Prevention and Control (IPAC) inspections, to ensure safe environments for patient care.
- Physician Prescribing Practices program, to support physicians in improving their prescribing through education, resources and mentorship. Uses data from Alberta's Triplicate Prescription Program and Pharmaceutical Information Network.







Physician Health Monitoring Program

The PHMP provides confidential monitoring of physicians with health issues that may affect their practice. The program is managed separately from the College's disciplinary processes and works closely with the Alberta Medical Association's Physician and Family Support Program and other professionals as needed.

Every physician's work and health situation is unique, so the approach of the PHMP is customized. The physician's medical condition, type of practice and work environment all need to be carefully considered. We may require additional information from health providers to ensure physicians have the support they need to balance their personal health needs with their clinical responsibilities to their patients. More than 80% of physicians involved in the PHMP are currently in practice.



MD SNAPSHOT

Gives physicians a picture of their practice.

Practice Checkup is an annual MD Snapshot report sent to every Alberta physician, full of practice-specific data and information on potential risk factors to help physicians identify opportunities to improve their practice.

MD Snapshot prescribing reports are also sent to physicians who meet specific criteria to help them self-assess their prescribing practice and compare it with best-practice guidelines.

Our promise...

COMPLAINT OR COMMENDATION? Tell us.

In the complex world of health care, physicians' professional judgment is constantly being tested. In the vast majority of cases, they make the right call. But physicians are human, and mistakes happen. When patient care is impacted, we want to know. Our approach is education-focused: we aim to help physicians learn from mistakes and grow good practice.

Some complaints require investigation, while others are more straightforward. Often what the complainant wants most is an apology or acknowledgment of the error, and if the physician agrees and the complaint isn't serious, it can be resolved informally between the two parties. Sometimes the College will work with physicians to make

practice changes or require the physician to complete specific training.

In a small number of cases where a physician isn't willing to change or the breach is very serious, a formal disciplinary hearing will be held before a Tribunal. Most hearings are public and the decisions are posted on the College's website. An appeal process is available to complainants and physicians unsatisfied with a complaints decision.

We also want to know when a physician provides exceptional care. It's important to recognize and acknowledge the many great doctors in Alberta, and we welcome commendations at info@cpsa.ab.ca.





We ask every complainant and every physician involved in a complaint for

FEEDBACK

Was the complaint handled fairly? Did you feel informed throughout the process? Were College staff courteous and respectful?

While complaints can be difficult, we want to make the process as fair and easy to navigate as possible.

Complaints statistics on p.34

Our promise...

PROFESSIONAL, ETHICAL PRACTICE

Physicians in Alberta are expected to conduct themselves according to the *Canadian Medical Association Code of Ethics*, CPSA Code of Conduct and CPSA Standards of Practice.

These foundational documents apply to every physician throughout their career, in all facets of medicine and in all methods of care delivery. Any amendments require prior consultation with physicians, government and other interested parties.

After extensive consultation with our members, pharmacists, patient advocates, social agencies and others, we introduced a new standard in 2017, *Prescribing: Drugs with*

Potential for Misuse or Diversion, which includes specific safeguards for long-term opioid treatment for chronic pain. A companion advice document provides physicians with additional guidance.

Council also approved minor changes to the *Job Action* and *Supervision of Restricted Activities* standards of practice after a formal consultation process.

Finally, we gathered feedback on draft amendments to the *Direction and Control of a Medical Practice* and *Sexual Boundary Violations* standards in the fall, for consideration by Council in early 2018.



Go to cpsa.ca/standardspractice





ACCREDITED FACILITIES

The College's Accreditation program assesses facilities that provide diagnostic and medical services to ensure they are meeting the quality and safety standards Albertans expect.

We accredit privately-operated facilities for diagnostic imaging, diagnostic laboratory testing, neurophysiology, non-hospital surgical services, cardiac exercise stress testing, hyperbaric oxygen therapy, sleep medicine and pulmonary function testing. We also accredit some hospital-based diagnostic facilities through contract with Alberta Health Services.

Accreditation standards are developed in collaboration with industry experts, and expert advisory committees ensure physicians have the necessary training and skills to perform specific services in accredited facilities.

We also administer the Electrocardiogram Interpretation Examination to physicians who want to provide ECG interpretation as an insured service.

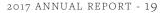


Accreditation statistics on p.35

CONNECTED TO COMMUNITY

From Crowsnest to High Level, Alberta communities have welcomed our Regional Tour for the past 5 years. Council members and College staff reach out to local physicians, community leaders and citizens, making connections, learning about local healthcare concerns and exploring how we might work together on solutions. In 2017, we visited Fort McMurray, Lac La Biche, St. Paul, Wainwright and Cold Lake.

Access to care continues to be a top issue across rural Alberta. In Wainwright the discussion turned to telemedicine as a possible remedy, an idea the College will explore with its partners as part of a new initiative studying the opportunities digital health technologies may offer in enhancing patient care.





Governance...

SELF-REGULATION: A valued privilege.

Self-regulation is a promise we make as physicians to hold ourselves to the highest standards of professionalism in serving Albertans. As the representative body granted this privilege through Alberta's *Health Professions Act*, the College is supported primarily by physician fees and governed by a Council of elected and appointed members. Seated at the Council table are 11 elected physicians, four public members appointed by Alberta's Lieutenant-Governor in Council, two medical school deans, a resident

physician observer, a medical student observer and Past President of Council, each bringing a unique perspective to Council decisions.

Staff members attend Council as well, to provide background, answer questions, receive direction and report on how Council decisions are carried out. Council meets four times each year, with the public gallery open to anyone interested in the work of the College.

Physician Members

Dr. Pauline Alakija
Dr. John Bradley
Dr. Graham Campbell
Dr. Louis Hugo Francescutti
Dr. Carrie Kollias
Dr. Richard Martin
Dr. Tarek Motan
Dr. Maeve O'Beirne
Dr. John O'Connor
Dr. Patrick (PJ) White
Dr. Norman Yee

Council 2017

Medical Faculty Deans

Dr. Richard Fedorak, University of Alberta Dr. Jon Meddings, University of Calgary

President

Ms. Kate Wood

Past President

Dr. James Stone

Public Members

Ms. Janet Blayone (Jan-Oct)
Ms. Levonne Louie (Nov-Dec)
Ms. Cathy MacDonald
Ms. Margaret Munsch
Ms. Kate Wood (President)

Observers

Dr. Hilary Kornder, Professional Association of Resident Physicians of Alberta Ms. Stephanie Smith, medical student

Committees and Tribunals required by regulation:

Competence Committee, Complaint Review Committee, Council Appeals Committee and Hearing Tribunals.



See Statistics for detailed information about 2017 activities

COUNCIL PRESIDENT MS. KATE WOOD Q.C.

We work with physicians, for Albertans.

That's the pact we have with the province – in return for the privilege of selfregulation granted by legislation, Council recognizes its greatest responsibility is to the public.

As a non-physician, I'm tremendously impressed by the dedication of our physician members to this pact. All Council members are acutely aware the decisions we make are felt by every patient in Alberta, and work hard to find the right balance between Albertans' right to competent, compassionate and ethical medical care and setting reasonable expectations for our members.

The wide-ranging topics Council considered this year included the College's ongoing response to the opioid crisis, new tools to support quality in group practice, improved safety standards for medical and diagnostic facilities and a new partnership to advance professionalism in the healthcare workplace. Making health care better for Albertans is the common thread running through all

This report, approved by Council, tells the story of how we made a difference in 2017.

Messages...

COUNCIL'S PUBLIC MEMBERS

At its best, the practice of medicine is a partnership between physicians and their patients: when doctors understand their patients' point of view they can provide better care, and that leads to better outcomes.

As the public's representatives on Council, we help physicians, College staff and others see the view from the other side of the stethoscope. Discussions with our physician colleagues are mutually respectful, and the contributions of public members help shape every Council decision.

While representing patients is our most important role, we also bring extensive business, legal, governance, human resource and education expertise to our work on Council and Council committees.

We believe a strong public voice is essential to effective self-regulation and appreciate the opportunity to do this work on behalf of all Albertans.

L-R: Ms. Cathy MacDonald, Ms. Levonne Louie (Nov-Dec), Ms. Margaret Munsch, Ms. Kate Wood (Council President) | Missing: Ms. Janet Blayone (Jan-Oct)



Messages...

REGISTRAR: Dr. Scott McLeod

I joined the College first and foremost to help the team build on the great work they're doing. This report highlights some of that work, from bending the curve on opioid prescribing to a broader focus on providing physicians with more data to support them in improving their practices.

I'm also excited about the chance to help the College and the profession meet new challenges. We face greater scrutiny than ever, driven by demands that physicians be more accountable for their quality of care and use of resources. The Auditor General of Alberta highlighted those issues in his report last year, "Better Healthcare for Albertans." The report didn't make specific recommendations, but articulated a growing sense in government and among the public that medicine as a self-regulated profession needs to change with the times.

Physicians need to work with the rest of the health system more closely, make more frequent and better use of clinical information, measure our practices more and use data to improve. Are we up to the challenge, as a profession and as a regulator? Absolutely we are.

Alberta's doctors are as good as any in the world; the strength of our profession comes from the integrity and commitment of every one of our 11,000+ regulated members. And I believe self-regulation is a strength of our publicly funded healthcare system; it helps maintain public confidence by assuring patients their doctor puts their interests first

But self-regulation doesn't mean freedom from accountability. We depend on the trust of patients and the public; we need to earn that trust every day by serving patients better, in our own practices and with all our partners.





Alberta's doctors are as good as any in the world; the strength of our profession comes from the integrity and commitment of every one of our 11,000+ regulated members.

Our leadership team ...





We depend on the trust of patients and the public; we need to earn that trust every day...

(L-R) Dr. Jeremy Beach, Mr. David Kay, Dr. Susan Ulan, Dr. Scott McLeod (Registrar), Dr. Karen Mazurek (Deputy Registrar), Dr. Michael Caffaro



Statistics ...

Registration & Membership

	2017	2016	Variance
Applications issued*	899	957	-6.1%
New physician registrations**			
Graduates from Alberta universities	238	236	+0.8%
Graduates from other Canadian universities	184	189	-2.1%
USA and other	189	219	-13.7%
Total new physician registrations	611	644	-5.1%
Reactivated registrations	75	64	+17.2%
TOTAL	712	708	+0.6%

^{*}Applications for independent practice registration issued by the College to qualified candidates via physiciansapply.ca.

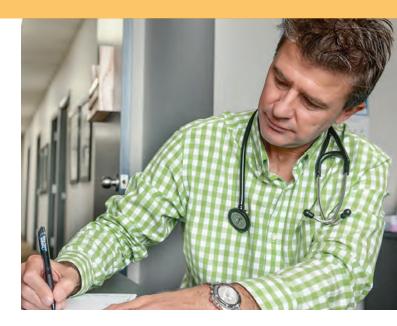
^{**}Includes registrations from applications issued in prior years.

Members on an independent practice register*	2017	2016	Variance
General Register	10,048	9,680	+3.8%
Provisional Register Conditional Practice	1,071	1,056	+1.4%
TOTAL	11,119	10,736	+3.6%

^{*}Unique individuals, active at any time during the year.

General Register, by category*	2017	2016
Family Physician**	3,443	3,258
General Practitioner	1,250	1,266
Non-Specialist, Defined Practice	42	46
Specialist	5,313	5,110
TOTAL	10,048	9,680

^{*}Unique individuals, active at any time during the year.



Provisional Register Conditional Practice, by category*	2017	2016
Family Physician**	134	132
General Practitioner	598	583
Non-Specialist, Defined Practice	46	44
Specialist	293	297
TOTAL	1,071	1,056

^{*}Unique individuals, active at any time during the year.

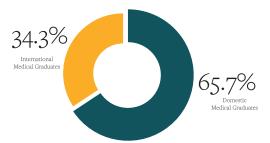
^{**}Certification by the College of Family Physicians of Canada.

	Registrants		Averag	e Days*
Courtesy Register	2017	2016	2017	2016
Clinicians	18	38	4	3
Instructors	4	5	8	5
Learners	30	20	43	26
TOTAL	52	63	N/A	N/A

^{**}Based on total days, which may include multiple registrations for one individual.

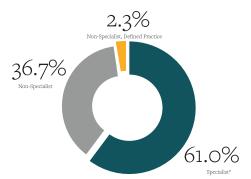
^{**}Certification by the College of Family Physicians of Canada.

Medical graduates on an Independent Practice Register*



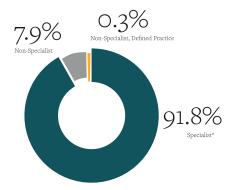
*General Register and Provisional Register Conditional Practice combined.

International Medical Graduates by Nature of Practice



*Includes Family Medicine specialists.

Domestic Medical Graduates by Nature of Practice



*Includes Family Medicine specialists.

Practice permits denied, restricted or not renewed	2017	2016
Denied	13	9
Restricted (see breakdown)	162	153
Not renewed (see breakdown)	381	352
TOTAL	556	514

Practice permits restricted* by category	2017	2016
General Register		
Family Physician	37	30
General Practitioner	45	44
Non-Specialist, Defined Practice	6	6
Specialist	42	36
Provisional Register		
Family Physician	2	2
General Practitioner	12	14
Non-Specialist, Defined Practice	7	7
Specialist	11	14
TOTAL	162	153

^{*}Any condition on practice other than the standard restrictions on provisional practice.

	Ret	ired	Inacti	vated*
Practice permits not renewed, by category	2017	2016	2017	2016
General Register				
Family Physician	22	22	85	76
General Practitioner	39	32	18	18
Non-Specialist, Defined Practice	0	4	0	1
Specialist	64	51	130	125
Provisional Register				
Family Physician	0	0	4	2
General Practitioner	0	1	9	9
Non-Specialist, Defined Practice	0	0	1	1
Specialist	0	1	9	11
TOTAL	125	111	256	243

*Inactivated for any reason other than retirement (e.g., withdrew from practice, moved out of province, etc.).

Statistics ...

Practice Readiness Assessments

Provincial Physician Assessment Program (PPAP)	2017	2016
Initiated	121	182
Supervised practice assessment only	41	58
Preliminary clinical assessment plus supervised practice assessment	80	124
Completed*		
Passed	87	165
Failed	4	8
Withdrawn	3	2
In progress at Dec. 31	31	7
Pass rate	95.4%	95.0%

^{*}Completed assessments may have been initiated in a prior year.

Return to Practice assessments	2017	2016
Initiated	1	1
Completed*	0	21
In progress at Dec. 31	1	12

^{*}Completed assessments may have been initiated in a prior year.

Change in Scope of Practice assessments	2017	2016
Initiated	2	1
Completed*	31	11
In progress at Dec. 31	0	1

^{*}Completed assessments may have been initiated in a prior year.

Reviews by Council

Registration appeals	2017	2016
Registration denied due to character/reputation	11	0
Registration denied due to failed assessment	11	3 ¹
Practice conditions imposed	0	12 13
TOTAL	2	5

1. Decision upheld. | 2. Decision overturned. | 3. Review adjourned.

^{1.} Approved for full return.

Closed with no return to practice assessment.

^{1.} Approved for full change.

Continuing Competence

Individual Practice Review (IPR)	2017	2016
Physician referrals received	43	83
Files closed ^{1,2}	45	111
Referred to Professional Conduct ³	3	2
In progress at Dec. 31	32	13

1.	May	have	been	opened	in	а	prior	year.
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^{2.} Closed after competence concerns were resolved through appropriate support(s) or other (e.g., physician retired, health concern, etc.).

^{3.} In a small number of cases where IPR is unsuccessful at helping a physician meet a minimum standard, the file is referred to Professional Conduct.

MSF+	2017
Initiated	500
In progress at Dec. 31 ¹	500

1. Inaugural year for MSF+. Participants will receive facilitated review of their results in 2018.

Group Practice Review (GPR)	2017	2016 ¹
Clinic reviews initiated	50	8
Completed ²	49	8
In progress at Dec. 31	1	0

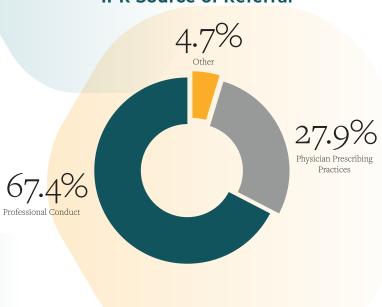
^{*}Completed assessments may have been initiated in a prior year.

Practice Checkup provides every physician in Alberta with practice-specific data annually for self-reflection and quality improvement. IPR, MSF+ and GPR provide customized assessments to individual physicians or group practices.

Fitness to Practice assessments	2017	2016
Initiated	0	0
Completed	0	0
In progress at Dec. 31	1	1

Members assessed under Section 118, Health Professions Act (incapacity)	2017	2016
Files opened	0	0
Assessments completed	0	0

IPR Source of Referral



^{1.} Inaugural year for Group Practice Review.

^{2.} Facilitation report sent and action plan submitted.

Statistics ...

Physician Prescribing Practices Program

	High Risk Patient Identification project ¹		3-plus Benzodiazepines 3-plus Opioids ²		5-plus Benzodiazepines ³	
Prescribing notification letters	2017	2016	2017	2016	2017	2016
Physicians notified of at least one patient who met criteria	98	266	215	361	135	366

^{1.} Physician alerted when a patient on a high oral morphine equivalent (OME) dose has attended multiple physicians and pharmacies within a three-month period. This initiative is an ongoing collaboration with the Alberta College of Pharmacists. In 2017, the College implemented a better process for identifying physicians who provide palliative and oncology care, resulting in a significant drop in the number of notifications sent.

${\bf Daily\ Oral\ Morphine\ Equivalent\ (DOME)\ project}^{\bf 1}$	2017	2016
Opened	3	5
Closed	4	4
In progress at Dec. 31	14	12

^{1.} Physicians with patients receiving ≥ 3,000 mg Oral Morphine Equivalent (OME)/day over a 3-month period are paired with a chronic pain specialist mentor to help them improve their prescribing and safely reduce dose levels for these patients. Threshold will be reduced to 2,000 mg OME/day in 2018.

Methadone exemptions ¹	2017
For dependence treatment	
General	124
Patient-specific	19
For analgesia	
General	260
Patient-specific	273
Suboxone® prescribers ²	535

To prescribe methadone, physicians must apply to the College for a Methadone Exemption under section 56 of the Controlled Drugs and Substances Act and meet specific requirements for initiating or maintaining methadone treatment.

Infection Prevention & Control

Medical office assessments	2017	2016
Medical Device Reprocessing (MDR)	99	61
Follow-up assessments	25	21
Public concerns	31	22
By request	3	4
Hair transplantation	0	1
TOTAL	158	109
Reports to the Medical Officer of Health	3	3

Practice Conditions Monitoring

Monitored in 2017	Physicians	Conditions*
Opened	47	75 ¹
Closed	21	28

^{*}Physicians may have conditions placed on their practice permits to ensure safe patient care (e.g., use of a chaperone, restrictions on performing certain procedures, patient age limits, prescribing restrictions, etc.). A single physician may be monitored for more than one condition.

^{2.} Physician alerted when a patient received three or more benzodiazepine and three or more opioid prescriptions within a three-month period.

^{3.} Physician alerted when a patient received five or more benzodiazepine prescriptions within a three-month period.

^{2.} To prescribe Suboxone (buprenorphine/naloxone), physicians must be registered with the Triplicate Prescription Program.

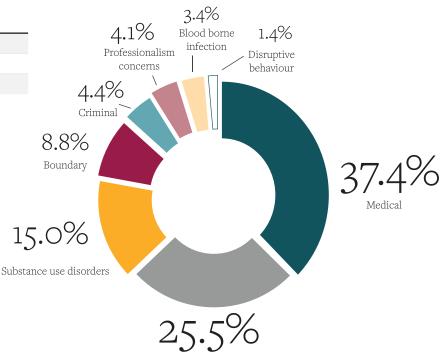
^{1.} Of total conditions monitored, 29 are active prescribing conditions.

Physician Health Monitoring Program

Physician files	2017	2016
Opened	147	113
Closed	99	125
In progress at Dec. 31	295	234

Categories of issues monitored*	2017
Medical	110
Psychiatric	75
Substance use disorders	44
Boundary	26
Criminal	13
Professionalism concerns	12
Blood borne infection	10
Disruptive behaviour	4

^{*}A single physician may be monitored in more than one category.



Psychiatric



Statistics ...

Complaints Investigation & Resolution

Complaints received	2017	2016	Variance
New complaints	826	831	-0.6%
Complaint files closed	709	736	-3.7%
Complaint files in progress at Dec. 31	523	406	+28.9%
Total physicians receiving a complaint	712	702	+1.4%

Disposition of complaints on intake*	2017	2016
Directed to informal resolution	104	133
Directed to investigation	434	437
Dismissed ¹	288	261

^{*}How the College dealt with the complaint when first received. Disposition may change as more information becomes available.

 $^{{\}tt l.}$ Dismissed due to no or insufficient evidence of unprofessional conduct.

Natures of complaints received*	2017	2016
Quality of care	44.0%	42.3%
Practice management	22.9%	25.4%
Medical reporting	13.9%	10.6%
Ethics	11.6%	12.3%
Unclassified	5.9%	6.8%
Third party	1.2%	1.7%
Systemic	0.5%	0.9%

^{*}A single complaint may include multiple natures:

Sources of complaints received	2017	2016
Patient ¹	56.8%	57.6%
Family member of patient	19.5%	17.7%
Complaints Director ²	6.9%	9.2%
Third party ³	6.3%	2.6%
Lawyer	1.4%	0.6%
Other physician	9.1%	12.3%

^{1.} Patient may refer to guardian.

^{3.} Third party may refer to government agency, Workers' Compensation Board, other healthcare provider, pharmacist, employer, friend, etc.

Average days to close by resolution process*	2017	2016
Dismissed outright	12	11
Informal resolution		
Direct resolution ¹	40	28
Resolved with consent ²	249	119
Investigation ³		
Dismissed after investigation	225	180
Resolved with investigation	374	335

^{*}Complaints directed to hearing are not included as the days to close vary widely based on complexity and whether the decision is appealed, and the number of hearings is too small to determine a meaningful average.

 $^{{\}tt 1.}\ Quality\ of\ care\ -\ Diagnosis\ (incorrect\ or\ delayed),\ treatment\ (prescribing,\ procedural\ and\ counselling,\ referral/consultations,\ follow-up).}$

^{2.} Practice management - Physician availability, office management including finance and communication.

 $^{{\}it 3.}$ Medical reporting - Release of records, report completion and accuracy.

^{4.} Ethics - Confidentiality, informed consent, advertising/self-promotion, research-related and boundary violations (including sexual, financial and others).

^{5.} Third party - Independent Medical Examination (Workers' Compensation Board and non-Workers' Compensation Roard, all others).

^{6.} Systemic - Access to human resources and technology, continuity of care and interdisciplinary issues.

^{7.} Unclassified - All others.

^{2.} Complaints Director may open a complaint file if there are reasonable grounds to believe a member has acted unprofessionally even if no written complaint has been received.

^{1.} Single-issue complaint resolved directly between physician and complainant.

^{2.} Straightforward complaint where the College works directly with the physician to resolve the issue with the consent of both parties. Education or training is often part of this process.

^{3.} Multi-issue complaint or serious allegation of professional misconduct. Evidence is gathered and witnesses may be interviewed.

Disciplinary Hearings

	_	
	2017	2016
Hearing Tribunals convened	3	7
Hearing outcomes*	41	7 ¹
Decision pending*	4	3
Ongoing (continuation of proceedings)	9	0

^{*}May relate to hearings conducted in a prior year.

Appeals

	2017	2016
Dismissed complaints		
By complainant	67	64
To Complaint Review Committee (CRC)*	65 ¹ 7 ² 23 14	341 42 23
To Alberta Ombudsman*	12 15	135
Hearing decisions		
By Complaints Director, to Council	0	11
By physician		
To Council	0	0
To Courts*	1	1

^{*}May relate to appeals initiated in a prior year.

Accredited Facilities

		reditation enewed ¹	Accredit	ted (new)		approved to e services
Facility type	2017	2016	2017	2016	2017	2016
Diagnostic imaging	47	71	26 ²	312	32	77
Diagnostic laboratory	16	28	2	2	N/A	N/A
Non-hospital surgical	19	23	8 ²	6	49	70
Pulmonary function testing	14	24	12	5	7	22
Neurophysiology	11	11	3	3	4	9
Cardiac exercise stress testing	8	6	2	1	7	5
TOTAL	115	163	53	48	99	183

^{1.} Accreditations are renewed on a four-year cycle. As the number of facilities varies zone-to-zone, the number of accreditations renewed annually may also vary significantly.

Allegations proven, penalties imposed (e.g., cost recovery, period of suspension, remedial training, conditions on practice permit, revocation of practice permit and/or other actions deemed appropriate by the Hearing Tribunal).

^{1.} Decision upheld. 2. Investigation ongoing. 3. Withdrawn by complainant.

^{4.} CRC referred to a hearing. 5. Determined to be administratively fair or recommendations met.

^{2.} Includes previously accredited facilities that added new modalities or procedure categories.

IDEAS **EXCHANGE**

We work with other regulatory Colleges and the following provincial and national partners on a wide range of health-related initiatives and programs:

Advisory Council of IMG Assessment Programs

Alberta Federation of Regulated Health Professionals

Alberta Health

Alberta Health Services

Alberta Innovates – Health Solutions

Alberta International Medical Graduate Program

Alberta Labour

Alberta Medical Association

Alberta Rural Physician Action Plan

Assessment Continuum of Canada Association of Faculties of Medicine of

Canada

Canada Health Infoway (PrescribeIT)
Canadian Association of Pathologists

- Patient Safety and Quality Assurance

Canadian Centre for Substance Abuse Canadian Medical Protective Association (CMPA)

Canadian Post-MD Education Registry (CAPER)

Coalition for Physician Enhancement (CPE) College of Family Physicians of Canada Council on Licensure, Enforcement and Regulation (CLEAR)

Covenant Health

eHealth Collaborative (Alberta/BC/Ontario)

Federation of Medical Regulatory Authorities of Canada

Future of Medical Education in Canada – CPD

Health Canada

Health Quality Council of Alberta (HQCA)

International Organization of Standardization (ISO)

Technical Committee TC212
Medical Council of Canada

Medical Identification Number for Canada Northern and Southern Alberta Institutes of

Technology National Assessment Collaboration

Office of the Information and Privacy
Commissioner of Alberta

Pan Canadian Collaborative on Opioid Prescribing

Pan Canadian Physician Factors Project Provincial-Territorial Expert Advisory Group on Physician-Assisted Death Public Health Agency of Canada

Royal College of Physicians and Surgeons of Canada

Standards Council of Canada University of Alberta, Faculty of Medicine & Dentistry and School of Public Health University of Calgary, Faculty of Medicine Western Canada Diagnostic Accreditation Alliance

Presentations, workshops, panels:

- Alberta Association of Clinic Managers Annual Conference (Red Deer)
- Alberta College of Family Physicians' Annual Scientific Assembly (Banff)
- Alberta College of Pharmacists Council (Edmonton)
- AHS Edmonton Zone Long-term Care Rounds (Edmonton)
- Alberta Specialized Law Enforcement Training Workshop (Edmonton)

- Alberta Workers' Compensation Board (Edmonton, Calgary)
- Annual Association of General Surgeons (Banff)
- Annual Family Medicine Forum (Montreal)
- Covenant Health CMO Leaders meeting (Edmonton)
- Disruptive Behaviour Symposium (Edmonton)
- Federation of Medical Regulatory Authorities of Canada Annual General Meeting (Charlottetown)
- Mazankowski Heart Institute Adult Cardiology Residency Program (Edmonton)
- Northern Alberta Institute of Technology Accreditation and External Quality Assessment (Edmonton)
- Opportunities North (Edmonton)
- Physiotherapy Alberta Annual Conference (Edmonton)
- University of Alberta, Faculty of Medicine & Dentistry Grad Week (Edmonton)
- University of Alberta, Faculty of Medicine and Dentistry: Transition into Practice (Edmonton)
- University of Alberta Nephrology
 Fellows: Ethics and the Pharmaceutical
 Industry (Edmonton)
- University of Alberta Public Health Panel (Edmonton)
- University of Calgary, Undergraduate Medical Education Orientation Week (Calgary)

Financials ...

Report of the Independent Auditor on the Summary Financial Statements

To the members of College of Physicians & Surgeons of Alberta

April 6, 2018

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2017, the summary statement of revenues and expenditures for the year then ended, and related notes, are derived from the audited financial statements of College of Physicians & Surgeons of Alberta for the year ended December 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated April 6, 2018.

The summary financial statements do not contain all of the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of College of Physicians & Surgeons of Alberta.

Management's responsibility for the financial statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in note 1.

Auditor's responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of College of Physicians & Surgeons of Alberta for the year ended December 31, 2017 are a fair summary of those financial statements, on the basis described in note 1.

Pricewaterhouse Coopers LLP

Chartered Professional Accountants



Financial position Summary statement as at Dec. 31, 2017

Assets

Current assets	2017	2016
Cash and cash equivalents	\$30,652,199	\$28,112,239
Accounts receivable	2,251,260	3,236,221
Accrued interest receivable	15,259	337,550
Prepaid expenses and other assets	589,537	470,908
Total current assets	33,508,255	32,156,918
Investments	22,774,152	21,467,805
Equipment and leasehold improvements	691,429	1,032,452
Total assets	\$56,973,836	\$54,657,175

Liabilities

Current liabilities	2017	2016
Accounts payable and accrued liabilities	\$2,546,084	\$2,649,484
Deferred fee revenue	20,246,850	20,197,535
Deferred contributions	193,829	40,283
Total current liabilities	22,986,763	22,887,302
Deferred leasehold inducements	152,219	282,693
Employee future benefits	3,589,218	5,147,029
Asset retirement obligations	289,703	273,635
Total liabilities	\$27,017,903	\$28,590,659

Net assets	2017	2016
Invested in equipment and leasehold improvements	\$675,864	\$1,003,546
Internally restricted	7,759,473	7,685,128
Unrestricted	21,520,596	17,377,842
Total net assets	29,955,933	26,066,516
Total liabilities and net assets	\$56,973,836	\$54,657,175

Revenues & expenditures Summary statement as at Dec. 31, 2017

Revenues	2017	2016
Physician annual fees	\$22,145,901	\$19,716,850
Facility fees	2,439,957	2,865,224
Practice readiness fees	2,909,362	3,042,477
Professional corporation fees	1,405,550	1,396,100
Physician registration fees	889,590	852,767
Grant funding	789,089	678,613
Miscellaneous	772,922	709,779
Investment income	640,070	546,700
Recovery of investigation and hearing expenditures	236,059	402,374
Physician practice	120,315	128,384
Rental income	100,337	97,617
Physician health monitoring fees	89,200	69,000
Total revenues	\$32,538,352	\$30,505,885

Expenditures	2017	2016
Administration	\$4,654,235	\$4,399,443
Information technology	2,338,989	2,312,285
Communication	1,311,368	1,218,980
Governance	1,294,926	1,371,484
Office of the registrar	1,240,380	1,314,033
Development costs	742,432	561,478
Amortization	586,385	671,016
College activities:		
Professional conduct	3,642,928	3,591,376
Physician practice	2,959,169	2,356,275
Accreditation	2,861,578	2,433,576
Practice readiness	2,816,356	3,140,806
Physician prescribing and analytics	2,257,908	1,812,507
Registration	1,878,214	2,071,652
Physician health monitoring and practice conditions monitoring	1,559,624	1,330,295
Total expenditures	\$30,144,492	\$28,585,206

	2017	2016
Excess of revenues over expenditures before other income	\$2,393,860	\$1,920,679
Other income		
Fair value changes in investments	536,772	376,086
Investment income building fund	74,345	130,797
Annual fee for building fund	-	1,599,788
	611,117	2,106,671
Excess of revenues over expenditures for the year	\$3,004,977	\$4,027,350

The accompanying notes on page 40 are an integral part of these summary financial statements.

Notes

to summary financial statements

1. Basis of presentation

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at December 31, 2017 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

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

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

2. Summary of select significant accounting policies

Investments

Investments are recorded at fair value on the latest closing bid price, with the exception of the long-term deposit for the building fund (2017 - \$7,542,066; 2016 - \$7,145,547), which is measured at amortized cost.

Revenue recognition

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

- Grant funding revenue is recognized in accordance with the terms of the grant agreement and when collectability is reasonably assured.
- Investment income includes interest and dividends and is recognized when earned.
- General and miscellaneous revenue other revenue is recognized when the related services are provided or goods are shipped and collectability is reasonably assured.

Employee future benefits

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

In the year-end summary statement of financial position, the College recognizes the defined benefit obligation, less the fair value of the plan assets.

	2017	2016
Fair value of plan assets	\$33,762,740	\$29,033,255
Accrued benefit obligation	\$37,351,958	\$34,180,284
Plan deficit	\$(3,589,218)	\$(5,147,029)



Good medical practice... It's what we're all about

Vision

The highest quality medical care for Albertans through regulatory excellence.

Mission

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

Values

The College values the privilege of self-regulation granted to us by the people of Alberta and is committed to continually earning their trust. In our work, we are guided by these 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.

More details at cpsa.ca/about



College of Physicians & Surgeons

Good Medical Practice - It's what we're all about

2017 ANNUAL REPORT

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