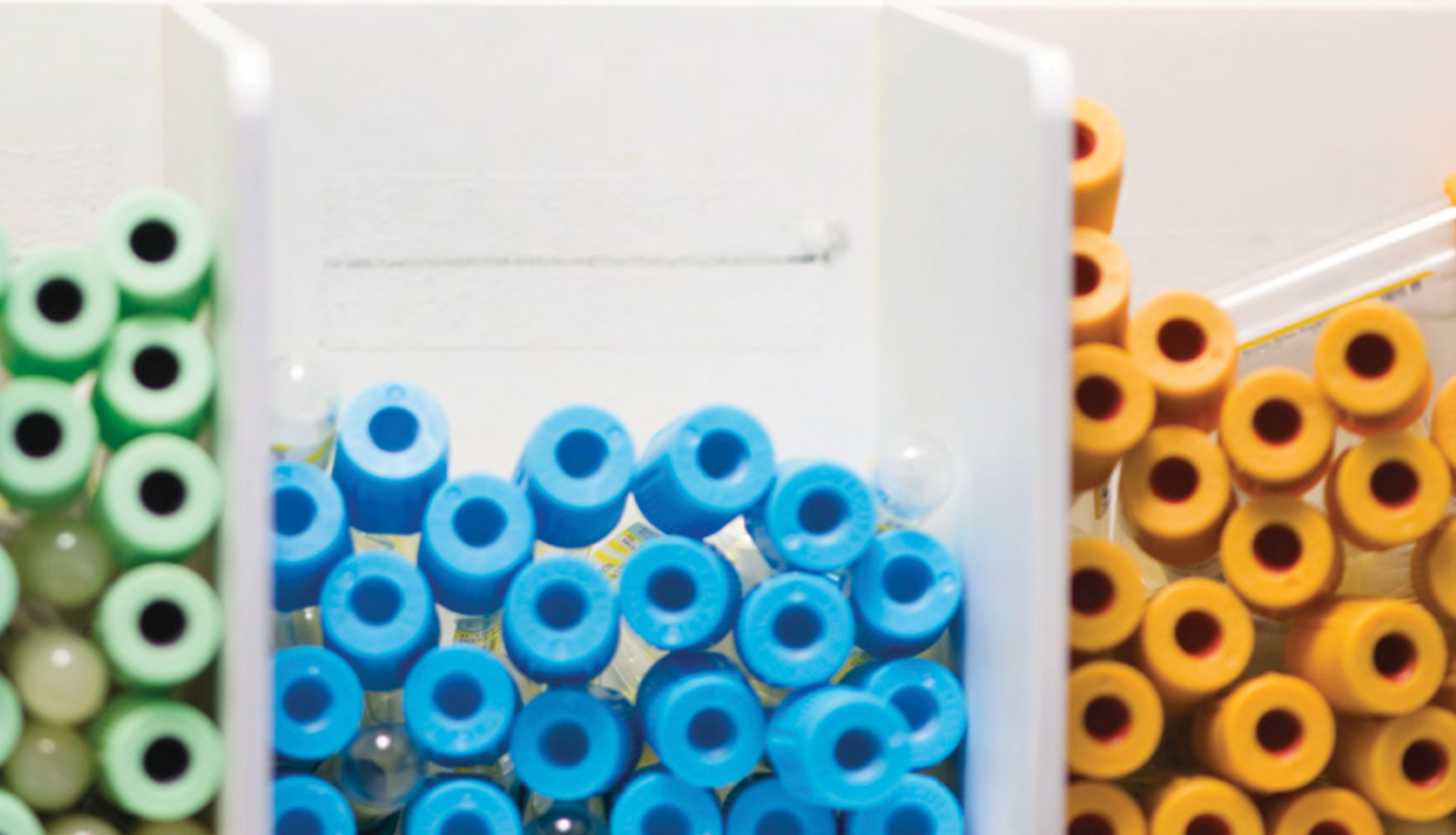
2018 Annual Report

# Navigating Social Change

College of Physicians & Surgeons of Alberta



# Contents

# President's Message

## Council President

**Ms. Kate Wood, Q.C.**

Council's responsibility is to be in touch with what is happening in both the community and the profession, to ensure the choices we're making are informed and in the best interest of the public. Every decision we make impacts patients and physicians across the province, so we need to make sure we get it right. This year, Council toughened its stance on sexual misconduct and worked to increase discipline transparency. We continued to research the emerging opportunities and challenges facing medical regulation in the digital age. We looked for ways to contribute to healing the opioid crisis, by supporting prevention strategies and drafting a new standard of practice, to make it easier for patients with opioid use disorders to get the care they need. We worked with leaders in the LGBTQ2S+ community to better understand the unique challenges this community can have in their healthcare interactions, so that we can make future recommendations and policy improvements for a more inclusive system.

2018 was a year of remarkable social change; it was also a year of significant change for the College. This report, approved by Council, tells that story.

Society will continue to evolve at a rapid pace and it's our job to continue to stay ahead of societal expectations and enable our regulated members to give Albertans the best care possible. We did it in 2018 and I have complete faith that we'll carry that into the years to come.

# Our year in numbers

## Practising physicians

**569** new regulated members

**11,437** physicians on an independent practice register

## Setting the standard

**2** new draft standards of practice

- *Sexual Abuse and Sexual Misconduct*
- *Safe Prescribing for Opioid Use Disorder*

**2** amended standards of practice

- *Boundary Violations*
- *Responsibility for a Medical Practice*

## Supporting Albertans

**2** LGBTQ2S+ in healthcare workshops

**2** MLA information-exchange sessions

## Improving practice quality

**100%** of Alberta physicians are required to enrol in Continuing Professional Development

**98.3%** pass rate for Practice Readiness Assessments—92 new-to-Alberta physicians started Practice Readiness Assessments this year

**46** members referred for an Individual Practice Review—only two cases were forwarded on to Professional Conduct

**49** group practices participated in a Group Practice Review and are working on action plans to enhance their group practice, with 14 already submitted

**166** physicians started MSF+ to collect constructive feedback on their quality of care

**99** Infection Prevention and Control assessments were conducted

**149** physicians managed their own health and the safety of their patients by enrolling in the Physician Health Monitoring Program

## Following up on community concerns

**854** new complaints received (+3.4%)

**824** complaint files closed (+16.2%)

## Keeping Alberta's health facilities safe

**31** new facilities accredited

**119** facilities renewed accreditation

*The vast majority of Alberta doctors treat their patients with respect and professionalism. However, because of the heightened awareness around the power imbalance between health professionals and patients, we need to work together to ensure patients feel safe and secure.*

# Navigating social change

## #MeToo and medicine: how a social movement went viral and changed everything

In Oct. 2017, actor Alyssa Milano first drew viral attention to sexual assault and harassment in Hollywood when she tweeted with the hashtag #MeToo.

The phrase "Me Too" as it relates to sexual assault and harassment was actually first coined in 2006, by social activist Tarana Burke. Before #MeToo, other hashtags, including #MyHarveyWeinstein, #YouOkSis, #WhatWereYouWearing and #SurvivorPrivilege, trended their way across social media.

There was something unique about the social landscape in late 2017 and throughout 2018 that opened the floodgates—first for dialogue, then for a revolution. In January 2018, the TIME'S UP™ movement was born as a response to the overwhelming push for meaningful change.

All too soon, it became clear there was a systemic problem—sexual assault and harassment don't just happen in show business. Areas like politics, the financial industry, religious institutions, education, the world of sports and,

most poignantly for physicians, medicine and health care are not immune to what's happening in the world.

## The impact of #MeToo on health care

The vast majority of Alberta doctors treat their patients with respect and professionalism. However, because of the heightened awareness around the power imbalance between health professionals and patients, we need to work together to ensure patients feel safe and secure. Physician sexual assault of patients is rare, but when it does happen, the effects are *incredibly* damaging to patients involved, public trust and the profession as a whole.

In the past, we often heard patients assume there are checks and balances in place to ensure medical professionals were doing their jobs, but there wasn't an appetite to see the evidence of that until recently. Over 2018, it became increasingly obvious that society's expectation for patient safety called for stronger legislation. This caused the medical profession to revisit our own regulatory processes to ensure we could safeguard trust, a critical element in a patient-physician relationship.

## Bill 21 helps the medical profession keep patients safe

Today, patients want to see proof that self-regulating professions are doing their jobs—they need transparency and stronger rules. In response, the government drafted Bill 21: *An Act to Protect Patients.* This amendment to the *Health Professions Act* was passed Nov. 8, 2018, with the support of the College.

In 2018, we enhanced our transparency in publishing disciplinary information and made changes to our website so it's easier for the public to find which physicians in Alberta are currently involved in the discipline process.

The new Bill allowed the College and other regulators to use new and effective tools to regulate sexual misconduct in the profession and ensure patients are protected. Before the end of 2018, with the help of our members, the Sexual Assault Centre of Edmonton (SACE), the Association of Alberta Sexual Assault Services (AASAS) and other stakeholders, we drafted a standard of practice on *Sexual Abuse and Sexual Misconduct*. We endorsed action to seek higher penalties in cases of serious sexual abuse and misconduct, including cancellation of a member's practice permit. The new standard took effect April 1, 2019.

These are great steps towards a more transparent system in which patients feel secure. However, there is still more to do. Throughout 2019, we will continue to strengthen our discipline process, using feedback from legal counsel. We'll improve transparency for members and the public by enhancing our website and internal processes. And we'll begin to work in partnership with other health professions to develop an inter-regulatory victim treatment and counselling fund, to support those who have been victimized by a medical professional. It's important work for Colleges to engage in, and we all have a long way to go.

Our message to doctors in the midst of the #MeToo era: patients should feel safe with their doctors. While sexual assault of patients is thankfully rare, it is our collective job to make sure these new standards enhance existing trust and restore trust lost.

# Clearing the smoke on cannabis

When the clock struck midnight on Oct. 17, 2018, recreational cannabis stores opened their doors to lineups of people waiting to legally purchase recreational cannabis in Canada for the first time.

In that moment, Canada officially became the second country in the world to universally legalize cannabis—signalling the start of one of our nation's most significant social shifts of the year.

Amid the anticipation for legalized recreational cannabis, many cannabis for medical purposes users and authorizing physicians were left with uncertainty around what accessibility of cannabis for medical purposes and the associated processes would look like post-legalization. Would physicians still have a role in guiding medical users' access to cannabis?

Today, the answer is yes. While the College does not have a position on cannabis, since 2014 we have provided physicians with support should they find the need to choose cannabis as a treatment option for patients. Physicians play an integral role in a patient's choice to access cannabis for medical purposes. Through open and informed dialogue, physicians take a holistic approach and consider things like a patient's current medication use and addiction risk factors in order to identify whether or not cannabis for medical purposes is a safe and viable treatment option. Physician involvement in a patient's choice to access cannabis for medical purposes also helps

### CANNA-STATS

- 15% of Canadians (~4.6 million people) aged 15 and older reported using cannabis in the past three months—relatively the same amount of people who reported using cannabis prior to legalization.
- 16% of Albertans aged 15 and older reported using cannabis.
- One in four cannabis users reported using cannabis for medical purposes only.
- Medical users with documentation tend to access their cannabis from legally authorized licensed producers (86%) as opposed to illegal sources (19%) or growing their own.
- Medical users are less likely to choose smoking as their method of consumption.
- 76% of users reported quality and safety as their top consideration when purchasing cannabis.

Source: Statistics Canada's National Cannabis Survey, fourth quarter 2018; data collection from mid-November 2018 through mid-December 2018.

ensure clear communication among practitioners in a patient's circle of care.

There are very few strong, evidence-based reasons to use cannabis, but patients want the option as part of their treatment. We recognize that and have provided guidance to physicians on how this can be done as safely as possible. The College has three documents in place to help guide physicians to ensure the safety of patients: the standard of practice on *Cannabis for Medical Purposes* (*CMP*), the advice to the profession for *CMP* and the *CMP* Patient Medical Document. In preparation for legalization, the College updated the *CMP* Patient Medical Document, which tracks physician authorization and patient use of cannabis for medical purposes. We also enhanced the *CMP* advice to the profession, which is used to provide support and resources to physicians to ensure safety and professionalism when authorizing cannabis for medical purposes. The College chose not to update the standard of practice on *CMP* because the landscape of authorizing cannabis for medical purposes has remained the same, even with legalization of recreational cannabis.

So, what does all of this mean? Despite the societal changes that have come with the legalization of recreational cannabis, we expect all of our members to use good judgment in implementing cannabis into a patient's treatment plan—just as they would with any other drug or treatment.

When it comes to physicians using any form of cannabis, our expectation for responsible use is already clearly outlined in our *Code of Conduct*: "*As a physician, I will avoid misuse of alcohol or drugs that could impair the ability to provide safe care to patients.*"

Cannabis legalization was one of Canada's most talked about social changes in 2018. We're still in early days, but it is critical for the College to keep ahead of changes in the world of cannabis so we can continue to offer the best guidance to our members.

### OUR *CMP* PATIENT MEDICAL DOCUMENT TRACKS:

- registered member's name
- patient's full name and date of birth
- patient's health care number
- indication for cannabis for medical purposes authorization
- dosing instructions
- duration of authorization
- member's relationship to the patient (e.g., family doctor or consulting physician)

# What are your preferred pronouns?

***Him/he, her/she or they/them? What name do you prefer to be called? What gender were you assigned at birth? What is your gender identity?***

For some, these questions may be surprising and perhaps unnecessary. But for others, they are a sign of compassion, respect and a desire to learn and understand.

It's a topic that has seen a lot of news coverage over the last few years. A ban on transgender people serving in the United States military. The first-ever transgender contestant competes for the Miss Universe title. Debates about which public bathroom a transgender person should be allowed to use.

As transgender people simply try to live their lives openly and honestly, conversations are happening more frequently as many try to understand the issues faced by this community. Medicine is no exception, as concerns about accessible, timely and compassionate health care for transgender individuals are voiced more and more.

**Dr. Michael Marshall**, a psychiatrist based in Edmonton, is considered a specialist in providing health care to transgender Albertans. He's been instrumental in helping the College understand how we can support our members in asking their LGBTQ2S+ patients the *right* questions.

"It is often said I am one of five psychiatrists who do this work," shares Dr. Marshall. "But that's not actually, wholly correct. Any psychiatrist can do this work. Any physician who has engaged in that training and education can do this work."

This type of education has been lacking until recently. In medical school, there hasn't always been a lot of time spent on social issues (including LGBTQ2S+ issues) and how they impact a physician's role. As a result, many physicians graduate without confidence in their abilities to treat the gender-diverse population. According to Dr. Marshall, what many practitioners don't realize is that transgender persons have the exact same health concerns and require the same kind of care as any other patient.

Without understanding, physicians might worry about causing offence and therefore, gender-diverse persons often find it difficult to find practitioners who are not afraid to misstep. Because of this, the experience for people who are sexual minorities or gender-diverse in Alberta has been inconsistent. "My work with the LGBTQ community has mostly come about because I'm not afraid to say I'm sorry, I don't know this, let me find out. Or, what would you like me to call you, what are your pronouns? Questions we sometimes don't ask in medicine," says Dr. Marshall.

## Talking is the first step

Recognizing this gap in education, the College sought Dr. Marshall's expertise and clinical experience for a CPSA round-table discussion about gaps in the delivery of diagnostic and lab services to LGBTQ2S+ Albertans. The majority of all clinical decisions are made as a result of a diagnostic test. To actually make an impact on the medical care received in the LGBTQ2S+ community, we needed to initiate work in this important area.

More than 20 participants from the College, Alberta Health Services and a variety of community agencies and health professions participated and spoke about how to change existing processes to ensure gender diverse patients receive appropriate procedures and safe and respectful care in these facilities.

"These conversations are hugely important on a number of different levels," shares Dr. Marshall. "As the transgender population is smaller than the rest of the population, sometimes it's easy to forget the experiences of persons who walk the earth differently. Simple things like lab investigations that may be unaffirming, or reports back that may be difficult to reconcile in terms of sex marker versus experienced gender, these things are an important first step for physicians to spend some time on—just one of the many steps that should be happening in parallel."

> *"My work with the LGBTQ community has mostly come about because I'm not afraid to say I'm sorry, I don't know this, let me find out. Or, what would you like me to call you, what are your pronouns? Questions we sometimes don't ask in medicine." says Dr. Marshall.*

These developments and new opportunities for education are a good start, but there is more to do. The College continues to engage in and drive these conversations to better understand how we as the medical regulator can help. Ideally, the gender-diverse community in Alberta needs a dedicated service—a cohesive system of well-trained, educated providers who work together, so that practitioners who treat the gender diverse community are not doing good work in isolation. We're continuing to advocate for that.

"It is our responsibility to offer good care as physicians," says Dr. Marshall. "And in order to do that, we sometimes have to learn things that we didn't expect to have to learn about. There is knowledge available, to allow us to provide good care to the transgender population, that we should all avail ourselves to.

It will save a person's life."

# Digital Medicine is not just about access—it's also about ***quality*** care

Early in 2011, Greg Price saw his doctor for a routine physical, where a small testicular mass was discovered. Fifty-nine weeks after that first appointment and a series of gaps in communication later, Greg died as a result of complications from surgery to remove a cancerous testicle. He was 31.

## Could better access to his own health information have saved Greg's life?

There's no way to know for sure, but better access to his health information may have given Greg the tools to follow up on his own care sooner and faster, and changed his outcome. Digital Medicine, and all the complex technologies and tools associated with it, have the potential to help a lot of people, now and in the future. If used properly, it can democratize health care—giving people equal access to potentially life-saving information, resources, guidance and ultimately, quality care.

Understandably, patients have a big appetite for it. Technology has eased almost all of our daily interactions: we tap to pay for purchases, order coffee and buy stocks through apps, all on our smartphones. Why shouldn't we be able to access a physician consult or our own health information on our phones?

Digital Medicine has actually been around for more than 25 years. Today, the majority of physicians use digital charts and more traditional means of telehealth like phone or email. However, many are *actively* engaging in the next level of digital tools by contributing to healthcare forums like patient.info and offering virtual consults on apps such as Babylon or Maple.

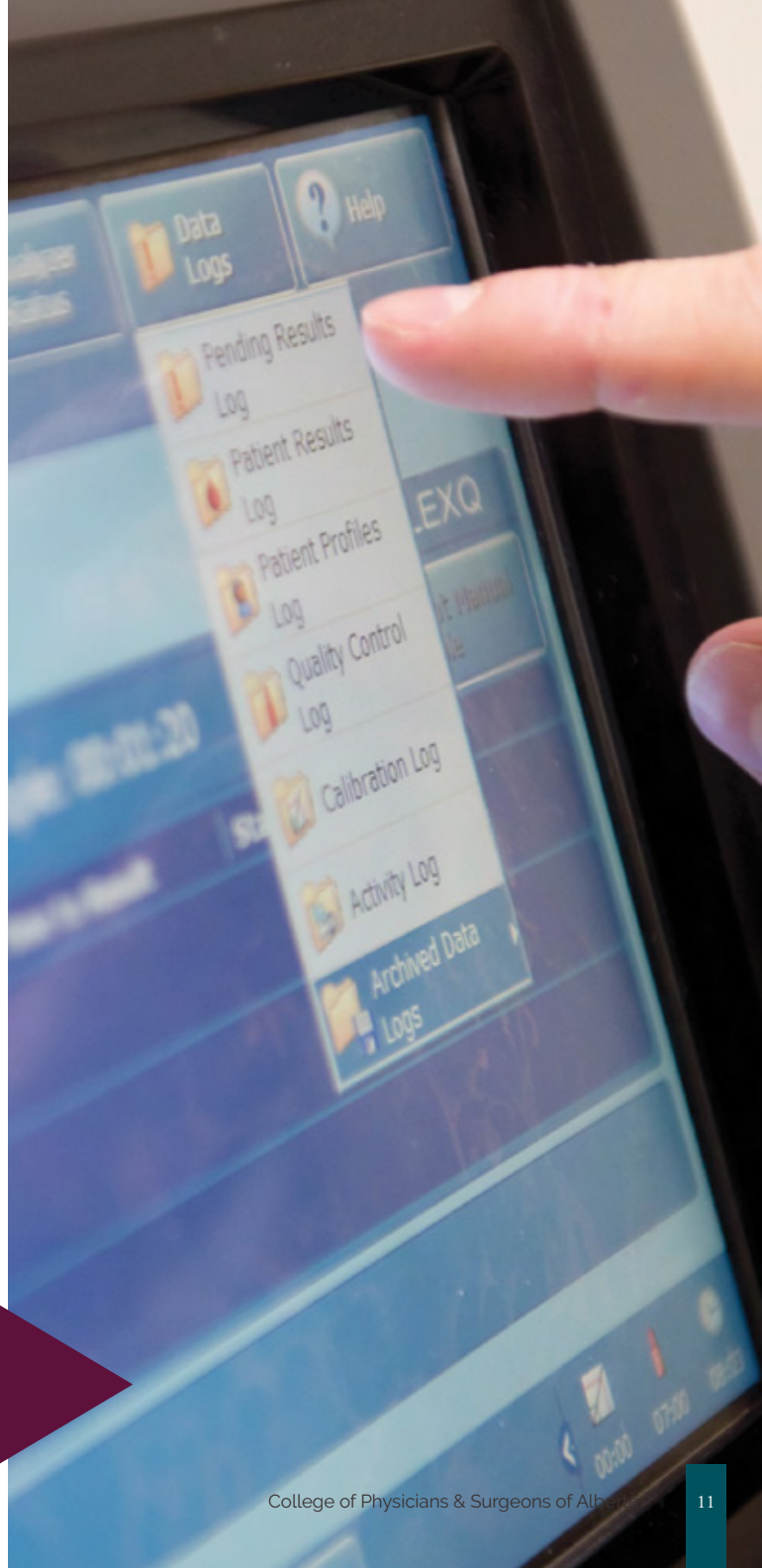
**Over the next few years, the public will see significant changes in this field. For patients to get the most benefit out of these tools, regulators can't be a barrier to digital health. But we do have to keep patient safety at the forefront.**

We need to ensure that even in the digital world, patients are getting safe, quality care from competent, ethical practitioners. While it is the government and private sectors' job to build out the tools that will allow for more digital health options, it's our job to push for well-designed systems and forward-thinking standards to improve patient care, as well as to advocate for enhanced training at a learner level, so new physicians know how to use this technology effectively. Digital health tools can enhance communication and the sharing of information, but it's critical that patients get the same quality care in the digital environment that they would sitting in front of their doctor.

It's a tough balance to achieve, but we've been working with our colleagues throughout Canada and looking at global research to find the right solution. In 2018, we initiated conversations with other Canadian regulators to streamline licensing and reduce regulatory barriers to accessing health care in the digital sphere. Some of the things we're considering are a pan-Canadian standard on telemedicine, so every physician across the country is held to the same standard, no matter where they work. In the

digital sphere, patients are consulting with physicians in other provinces and to uphold our standards, we need to reduce barriers for physicians to provide digital care. This year, we started exploring the possibility of creating portable licences that would allow doctors to perform a third of their work for patients in other provinces, or even expediting licence agreements for physicians in good standing. As the world goes more and more digital, medicine must follow suit if we want to continue providing the level of care our patients expect and deserve.

> *It's our job to push for well-designed systems and forward-thinking standards to improve patient care, as well as advocate for enhanced training at a learner level so new physicians know how to use this technology effectively.*

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# Registrar's Message

**Dr. Scott McLeod,**
**CPSA Registrar**

Throughout 2018, change was a common theme. Not just here at the College, not just in Alberta, but everywhere. We saw many global and political situations influence the way we look at social issues, leading to a shift where people want more accountability and transparency from those in power.

The College's mandate is to protect the public—that's what we have always been here to do. As society's expectations change, so must the way we meet our mandate. We are accountable to Albertans, and the feedback we've heard over the past year tells us that you want to know more about how we operate.

With that in mind, one of the more significant changes we've made at the College in 2018, was to how we communicate about our disciplinary process. Early last year, it became clear that the public did not feel we were forthcoming enough with physician disciplinary decisions. We listened and adjusted our process accordingly, ensuring that we publish those decisions quickly and make them easily accessible to the public on our website.

I truly believe that Alberta's doctors are some of the very best, providing excellent care to their patients. But no human is infallible and everyone makes mistakes. For us, the complaint process is not about punishing doctors—it's about learning and trust. The more open and honest we are with each other as medical professionals, the better we can learn from mistakes so they don't happen again. And the more open and transparent we are with the public about what guides our decisions, the more trust we will build.

We can't do our business behind closed doors and expect anyone to have confidence in the decisions we make. Good regulation can't happen if we don't have the trust of the people we're here to protect. We will continue to listen, learn and grow, as a College and as a profession, so we can effectively support physicians in providing Albertans with high-quality health care.

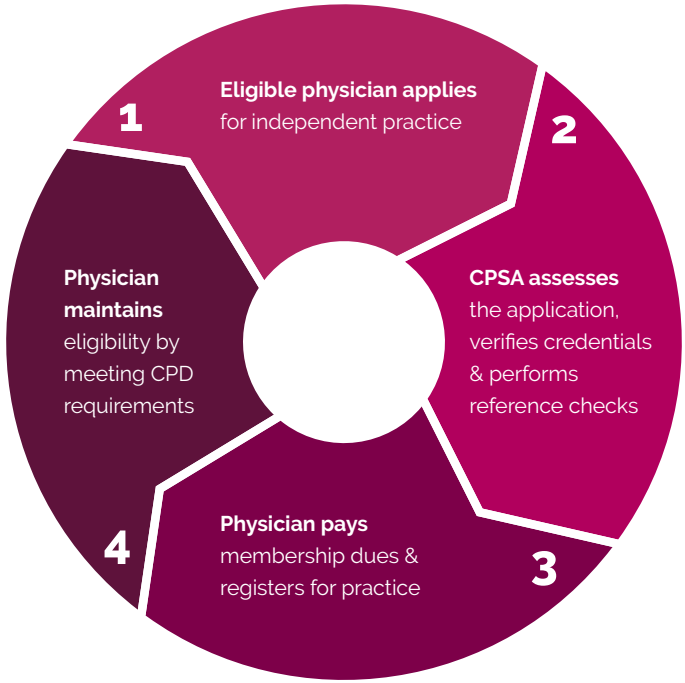
# Day-to-day operations

## Registration

The College is responsible for ensuring every physician who enters any form of medical practice in Alberta has the right credentials and qualifications to give Albertans the safe, effective care they deserve. There are approximately 11,000 physicians registered to practise in Alberta today, with 569 new registrants in 2018. **How do we ensure all physicians who register for practice in Alberta are competent professionals?**

All physicians who apply for practice in Alberta must have a medical degree, be in an independent practice or a continuous formal postgraduate training program within three years before applying, and meet postgraduate training requirements. In 2018, we also made it **mandatory** for applicants to submit a criminal record check or police certificate from every jurisdiction where they have ever held medical registration, licence or a practice permit.

Internationally-trained physicians must also take a series of nationally-established exams to prove fluency in English, and critical medical knowledge and decision-making abilities that are at the level expected of a Canadian graduate.




*In 2018, we made it **mandatory** for applicants to submit a criminal record check or police certificate from every jurisdiction where they have ever held medical registration, licence or a practice permit.*

**The CPSA General Register eligibility requirements are rigorous, but they're a part of our process to ensure our profession is equipped to give the best possible care to Albertans.**

Continuing Professional Development (CPD) is also a requirement to maintain an Alberta medical practice permit. During annual registration renewal, we follow up with our entire membership roster to ensure they're meeting credit requirements in one of two approved national CPD programs: Mainpro+ (College of Family Physicians of Canada) or Maintenance of Certification (Royal College of Physicians and Surgeons of Canada).

## Registration and Membership

| | 2018 | 2017 | Variance | 2016* |
|---|---|---|---|---|
| **Applications issued**** | 706 | 899 | -21.5% | 957 |
| **Physician registrations***** | | | | |
| Graduates from Alberta universities | 215 | 238 | -9.7% | 236 |
| Graduates from other Canadian universities | 188 | 184 | +2.2% | 189 |
| USA and other | 166 | 189 | -12.2% | 219 |
| Total new registrations | 569 | 611 | -6.8% | 644 |
| Reactivated registrations | 70 | 75 | -6.7% | 64 |
| **TOTAL** | **639** | **686** | **-6.9%** | **708** |

*2016 data included for information only; variance is between 2017 and 2018

**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** | 2018 | 2017 | Variance | 2016* |
|---|---|---|---|---|
| General Register | 10,531 | 10,048 | +4.8% | 9,680 |
| Provisional Register Conditional Practice | 906 | 1,071 | -15.4% | 1,056 |
| **TOTAL** | **11,437** | **11,119** | **+2.9%** | **10,736** |

* 2016 data included for information only; variance is between 2017 and 2018

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

| General Register, by category* | 2018 | 2017 | 2016 |
|---|---|---|---|
| Family Physician** | 3,619 | 3,443 | 3,258 |
| General Practitioner | 1,301 | 1,250 | 1,266 |
| Non-Specialist, Defined Practice | 53 | 42 | 46 |
| Specialist | 5,558 | 5,313 | 5,110 |
| **TOTAL** | **10,531** | **10,048** | **9,680** |

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

**Certification by the College of Family Physicians of Canada.

| Provisional Register Conditional Practice, by category* | 2018 | 2017 | 2016 |
|---|---|---|---|
| Family Physician** | 127 | 134 | 132 |
| General Practitioner | 508 | 598 | 583 |
| Non-Specialist, Defined Practice | 35 | 46 | 44 |
| Specialist | 236 | 293 | 297 |
| **TOTAL** | **906** | **1,071** | **1,056** |

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

**Certification by the College of Family Physicians of Canada.

## Permit denials, restrictions and courtesy register

| Practice permits denied, restricted or not renewed | 2018 | 2017 | 2016 |
|---|---|---|---|
| Denied | 8 | 13 | 9 |
| Restricted (see breakdown) | 176 | 162 | 153 |
| Not renewed (see breakdown) | 400 | 379 | 352 |
| **TOTAL** | **584** | **554** | **514** |

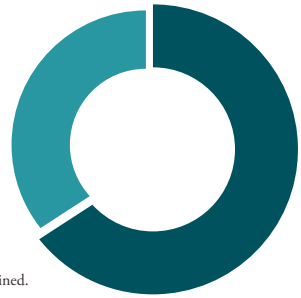
| Practice permits restricted* by category | 2018 | 2017 | 2016 |
|---|---|---|---|
| **General Register** | | | |
| Family Physician | 46 | 37 | 30 |
| General Practitioner | 47 | 45 | 44 |
| Non-Specialist, Defined Practice | 8 | 6 | 6 |
| Specialist | 41 | 42 | 36 |
| **Provisional Register** | | | |
| Family Physician | 2 | 2 | 2 |
| General Practitioner | 15 | 12 | 14 |
| Non-Specialist, Defined Practice | 8 | 7 | 7 |
| Specialist | 9 | 11 | 14 |
| **TOTAL** | **176** | **162** | **153** |

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

## Physician workforce breakdown

### Medical graduates on an Independent Practice Register*

**34.1%**
International Medical Graduates



**65.9%**
Domestic Medical Graduates

*General Register and Provisional Register Conditional Practice combined.

### International Medical Graduates by Nature of Practice

**2.1%**
Non-specialist, defined practice

**36%**
Non-specialist

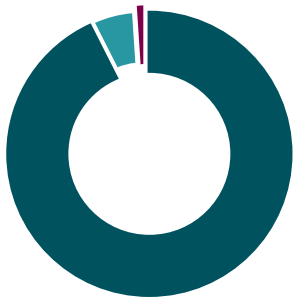
**61.8%**
Specialist*

*Includes Family Medicine specialists.

### Domestic Medical Graduates by Nature of Practice

**0.19%**
Non-specialist, defined practice

**7.2%**
Non-specialist



**92.6%**
Specialist*

*Includes Family Medicine specialists.

| Practice permits not renewed, by category | 2018 | | 2017 | | 2016 | |
|---|---|---|---|---|---|---|
| | Retired | Inactivated* | Retired | Inactivated* | Retired | Inactivated* |
| **General Register** | | | | | | |
| Family Physician | 25 | 76 | 22 | 85 | 22 | 76 |
| General Practitioner | 42 | 18 | 39 | 18 | 32 | 18 |
| Non-Specialist, Defined Practice | 0 | 2 | 0 | 0 | 4 | 1 |
| Specialist | 79 | 133 | 64 | 130 | 51 | 125 |
| **Provisional Register** | | | | | | |
| Family Physician | 0 | 2 | 0 | 4 | 0 | 2 |
| General Practitioner | 0 | 9 | 0 | 9 | 1 | 9 |
| Non-Specialist, Defined Practice | 0 | 3 | 0 | 1 | 0 | 1 |
| Specialist | 0 | 12 | 0 | 9 | 1 | 11 |
| **TOTAL** | **146** | **255** | **125** | **256** | **111** | **243** |

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

| Courtesy Register | 2018 | | 2017 | | 2016 | |
|---|---|---|---|---|---|---|
| | Registrants | Avg. Days* | Registrants | Avg. Days* | Registrants | Avg. Days* |
| Clinicians | 7 | 4 | 18 | 4 | 38 | 3 |
| Instructors | 5 | 3 | 4 | 8 | 5 | 5 |
| Learners | 25 | 54 | 30 | 43 | 20 | 26 |
| **TOTAL** | **37** | **36** | **52** | **26** | **63** | **N/A** |

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

## Registration assessments

| Practice Readiness Assessment (PRA-AB) | 2018 | 2017 | 2016 |
|---|---|---|---|
| Initiated | 92 | 121 | 182 |
| Supervised practice assessment only | 32 | 41 | 58 |
| Preliminary clinical assessment plus supervised practice assessment | 60 | 80 | 124 |
| Completed* | | | |
| Passed | 81 | 87 | 165 |
| Failed | 1 | 4 | 8 |
| Withdrawn | 2 | 3 | 2 |
| On hold** | 2 | 0 | N/A[1] |
| In progress at Dec. 31 | 30 | 31 | 7 |
| Pass rate | 98.28 % | 95.4% | 95% |

*Completed assessments may have been initiated in a prior year.
**On hold assessments
1. Category not reported in 2016

| Return to Practice | 2018 | 2017 | 2016 |
|---|---|---|---|
| Initiated | 2 | 1 | 1 |
| Completed* | 3[1] | 0 | 2[1] |
| In progress at Dec. 31 | 0 | 1 | 1[2] |

*Completed assessments may have been initiated in a prior year.
1. Approved for full return.
2. Closed with no return to practice assessment.

| Change in Scope | 2018 | 2017 | 2016 |
|---|---|---|---|
| Initiated | 5 | 2 | 1 |
| Completed* | 3[1] | 3[1] | 1[1] |
| In progress at Dec. 31 | 2 | 0 | 1 |

*Completed assessments may have been initiated in a prior year.
1. Approved for full change.

# Continuing Competence

The College takes a holistic approach to regulating the medical profession. Giving physicians the resources they need to support their performance throughout their careers is a major priority for us and will continue to be part of our long-term strategy. We use our access to prescribing data from TPP Alberta and the Pharmaceutical Information Network (PIN), as well as details shared with us during the registration and renewal process, to help every physician in Alberta identify their unique growth opportunities.

Here are the programs we deliver to physicians to help them maintain and optimize the care they give their patients:

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## MD Snapshot

We know that access to information helps our members make better choices about their medical practice. We provide individual physicians with custom reports of practice-specific data to help them make the best possible choices for self-directed quality improvement.

**MD Snapshot – Practice Checkup** is sent to every active Alberta physician annually. Customized to the physician, it outlines factors that can potentially impact physician performance as well as opportunities for self-reflection, to help physicians reduce possible risks and improve the quality of their practice.

**MD Snapshot – Prescribing** gives physicians accurate and timely data about their prescribing practice. This custom report of patient-level prescribing data includes specialty peer comparisons and best practice clinical guidelines, so prescribing physicians can enhance their patient care and improve their approach to prescribing.

## Group Practice Review

**Group Practice Review (GPR)** pairs clinics with a facilitator to identify how they can improve their group practice quality, share best practices among other groups and build processes to ensure the group meets *CPSA Standards of Practice*.

## Individual Practice Review

**Individual Practice Review (IPR)** pairs individual physicians with an experienced clinical team to help them improve their practice. IPR is confidential and offers targeted support for physicians referred to the program.

## MSF+

**Multi-Source Feedback+** combines feedback from physicians' allied health co-workers, physician colleagues and patients with custom prescribing and registration data to help selected members self-reflect on their performance and discuss practice improvement opportunities with a facilitator.

## Infection Prevention & Control

**Infection Prevention & Control (IPAC)** creates safeguards to help physicians protect patients and healthcare workers from infections. IPAC develops and promotes standards based on industry best practice and gives members guidelines, courses and resources to help them sustain a sterile clinical environment.

## Physician Prescribing Practices

**Physician Prescribing Practices** provides members with educational materials, peer support, practice tools to enhance patient safety and strategies to reduce the potential for misuse and abuse of prescription drugs.

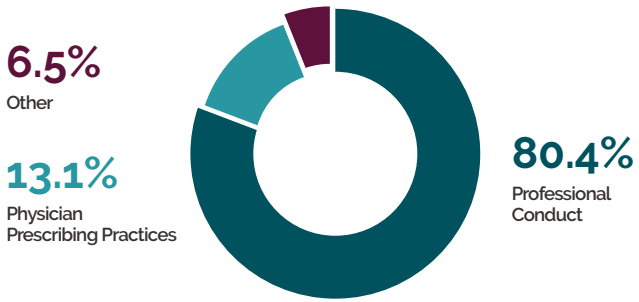
# Continuing Competence statistics

| Individual Practice Review (IPR) | 2018 | 2017 | 2016 |
|---|---|---|---|
| Physician referrals received | 46 | 43 | 83 |
| Files closed[1],[2] | 51 | 45 | 111 |
| Referred to Professional Conduct[3] | 2 | 3 | 2 |
| In progress at Dec. 31 | 48 | 55* | 13 |

1. May have been opened in a prior year.
2. Closed after competence concerns 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.

* This number was reported as 32 in the 2017 Annual Report in error.

## IPR Source of Referral




| MSF+ | 2018 | 2017[1] |
|---|---|---|
| Initiated | 166 | 500 |
| Files closed | 301 | 0 |
| In progress at Dec. 31[2] | 365 | 500 |

1. Inaugural year for MSF+. Participants received facilitated review of their results in 2018.
2. May have been initiated in a prior year.

| Group Practice Review (GPR) | 2018 | 2017 | 2016[2] |
|---|---|---|---|
| Clinic reviews initiated | 49 | 50 | 8 |
| Completed[1] | 14 | 49 | 8 |
| In progress at Dec. 31 | 36 | 1 | 0 |

1 Facilitation report sent and action plan submitted.
2. Inaugural year for Group Practice Review.

| Fitness to Practice assessments | 2018 | 2017 | 2016 |
|---|---|---|---|
| Initiated | 5 | 0 | 0 |
| Completed | 3 | 0 | 0 |
| In progress at Dec. 31 | 0 | 1 | 1 |

| Members assessed under Section 118, Health Professions Act (incapacity) | 2018 | 2017 | 2016 |
|---|---|---|---|
| Files opened | 0 | 0 | 0 |
| Assessments completed | 0 | 0 | 0 |

## Physician Prescribing Practices program

| | High Risk Patient Identification project[1] | | | 3-plus Benzodiazepines 3-plus Opioids[2] | | | 4- Plus Benzodiazepines[3] | | |
|---|---|---|---|---|---|---|---|---|---|
| **Prescribing notification letters** | **2018** | **2017** | **2016** | **2018** | **2017** | **2016** | **2018** | **2017** | **2016** |
| Physicians notified of at least one patient who met criteria | 54 | 98 | 266 | 48 | 215 | 361 | 140 | 135 | 366 |

1. Physician alerted when a patient on a high oral morphine equivalent (OME) dose has attended three or more physicians and three or more pharmacies within a three-month period. As a result of a reduced number of cases, the dose threshold has been reduced from 500 OME/day to 300 OME/day.
2. Physician alerted when a patient is receiving three or more benzodiazepine and three or more opioid prescriptions within a three-month period.
3. Physician alerted when a patient received four or more benzodiazepine prescriptions within a three-month period. We reduced the 2017 threshold of five or more benzodiazepine ingredients to four or more benzodiazepine ingredients in 2018.

| **Daily Oral Morphine Equivalent (DOME) project[1]** | **2018** | **2017** | **2016** |
|---|---|---|---|
| Opened | 4 | 3 | 5 |
| Closed | 4 | 4 | 4 |
| In progress at Dec. 31 | 14 | 14 | 12 |

1. Physicians with patients receiving the highest 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. The 2017 threshold of ≥3000 OME/day was reduced to ≥2000 mg OME/day in 2018.

| **Methadone Prescribing Approvals[1]** | **2018** | **2017[3]** |
|---|---|---|
| **For dependence treatment** | | |
| General | 140 | 124 |
| Patient-specific | 17 | 19 |
| **For analgesia** | | |
| General | 218 | 260 |
| Patient-specific | 269 | 273 |
| Suboxone® prescribers[2] | 1023 | 535 |

1. Previously known as "Methadone Exemptions". In May 19, 2018, Methadone Exemption under section 56 of the Controlled Drugs and Substances Act was removed and oversight of methadone prescribing was deferred to the provincial regulatory colleges.
2. Physicians do not need to secure approval or meet additional educational or experiential requirements to prescribe Suboxone® (buprenorphine/naloxone).
3. First year methadone prescribing approvals were reported.

## Infection Prevention and Control

| **Medical Office Assessments** | **2018** | **2017** | **2016** |
|---|---|---|---|
| Medical Device Reprocessing (MDR) | 54 | 99 | 61 |
| Follow-Up Assessments | 28 | 25 | 21 |
| Public Concerns | 12 | 31 | 22 |
| By Request | 0 | 3 | 4 |
| Hair Transplantation | 1 | 0 | 1 |
| New Clinic Review Pilot* | 7 | 0 | 0 |
| **TOTAL** | **102** | **158** | **109** |
| Reportable Breaches** | 6 | 6 | 3 |

*New category in 2018.

** Redefined from "Reports to the Medical Officer of Health", "Reportable Breaches" now encompasses all breaches regardless of source of identification. The new definition increases the 2017 numbers from 3 to 6.

# Physician Health Monitoring Program (PHMP)

PHMP helps physicians monitor and manage personal health issues that have the potential to affect patient care. Although it's a College program, PHMP is closely aligned with the Alberta Medical Association's Physician and Family Support Program and is administered separately from the CPSA discipline process. Enrolment in this program is confidential.

For PHMP, there's no one-size-fits-all approach. Physicians can also be patients with their own unique health and work circumstances. We consider their medical condition, type of practice and work environment. We also often work with their healthcare provider to ensure the physician has the support they need to balance their clinical responsibilities to their patients while managing their own health. Physicians in this program are either referred or self-report their health conditions. More than 80 per cent of physicians enrolled in PHMP are safely able to continue their practice.

## Practice Conditions Monitoring

| | 2018 | | 2017 | |
|---|---|---|---|---|
| **Monitored** | **Physicians** | **Conditions*** | **Physicians** | **Conditions*** |
| Opened | 53 | 76[1] | 47 | 75[1] |
| Closed | 17 | 23 | 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.)

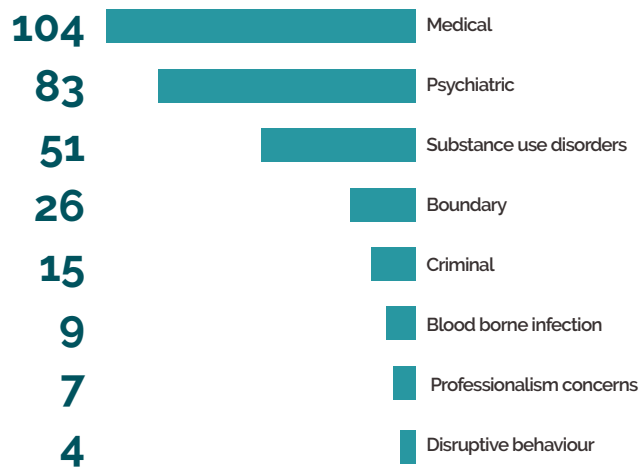
1. Of total conditions monitored, 29 are active prescribing conditions.

***>80% of physicians enrolled in PHMP are safely able to continue their practice***

## Physician Health Monitoring Program

| Physician files | 2018 | 2017 | 2016 |
|---|---|---|---|
| Opened | 149 | 147 | 113 |
| Closed | 174 | 99 | 125 |
| In progress at Dec. 31 | 288 | 295 | 234 |

**Categories of issues monitored* 2018**




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

# Professional Conduct

Ensuring physicians are practising ethically and professionally is one of the most important functions of the College. Feedback, both positive and negative, about our members is critical to our ability to perform this function.

Many complaints can be resolved informally. Often it just comes down to better communication. We help mediate a solution between the physician and complainant, sometimes recommending professional development opportunities or practice changes the physician involved can make.

When informal resolution fails or a complaint involves a serious allegation of professional misconduct, we launch a formal investigation. Some investigations end up in a hearing, where a tribunal determines if a physician is guilty of misconduct and what kind of penalty is appropriate. Most hearings are public and in the interest of transparency, all hearing information and results are published on cpsa.ca as soon as they become available.

When a complaint doesn't have enough evidence to support further action or is unrelated to good medical care, it is dismissed. If a person would like the decision to dismiss reviewed, our patient advocates offer support and resources.

## Complaints Investigation & Resolution Statistics

| Complaints received | 2018 | 2017 | Variance | 2016* |
|---|---|---|---|---|
| New complaints | 854 | 826 | +3.4% | 831 |
| Complaint files closed | 824 | 709 | +16.2% | 736 |
| Complaint files in progress at Dec. 31 | 553 | 523 | +5.7% | 406 |
| **Total physicians receiving a complaint** | **713** | **712** | **+0.1%** | **702** |

*2016 data included for information only; variance is between 2017 and 2018

| Disposition of complaints on intake* | 2018 | 2017 | 2016 |
|---|---|---|---|
| Directed to Informal Resolution | 113 | 104 | 133 |
| Directed to Investigation | 380 | 434 | 437 |
| Dismissed[1] | 361 | 288 | 261 |

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

1. Dismissed due to no or insufficient evidence of unprofessional conduct.

| Natures of complaints received*(%) | 2018 | 2017 | 2016 |
|---|---|---|---|
| Quality of care | 48.0 | 44.0 | 42.3 |
| Practice management | 25.0 | 22.9 | 25.4 |
| Medical reporting | 11.6 | 13.9 | 10.6 |
| Ethics | 9.4 | 11.6 | 12.3 |
| Unclassified | 4.7 | 5.9 | 6.8 |
| Third party | 0.8 | 1.2 | 1.7 |
| Systemic | 0.4 | 0.5 | 0.9 |

*A single complaint may include multiple natures:

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
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 Board, all others)
6. Systemic - Access to human resources and technology, continuity of care and interdisciplinary issues
7. Unclassified - All others

| Sources of complaints received (%) | 2018 | 2017 | 2016 |
|---|---|---|---|
| Patient[1] | 60.2 | 56.8 | 57.6 |
| Family member of patient | 20.7 | 19.5 | 17.7 |
| Complaints Director[2] | 6.6 | 6.9 | 9.2 |
| Third party[3] | 4.4 | 6.3 | 2.6 |
| Lawyer | 2.1 | 1.4 | 0.6 |
| Other physician | 6.0 | 9.1 | 12.3 |

1. Patient may refer to guardian.
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.
3. Third party may refer to government agency, Workers' Compensation Board, other health care provider, pharmacist, employer, friend, etc.

| Average days to close by resolution process* | 2018 | 2017 | 2016 |
|---|---|---|---|
| Dismissed outright | 8 | 12 | 11 |
| **Informal resolution** | | | |
| Direct resolution[1] | 90 | 40 | 28 |
| Resolved with Consent[2] | 163 | 249 | 119 |
| **Investigation[3]** | | | |
| Dismissed after investigation | 298 | 225 | 180 |
| Resolved with investigation | 464 | 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.

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 Statistics

| | 2018 | 2017 | 2016 |
|---|---|---|---|
| Hearing Tribunals convened | 8 | 3 | 7 |
| Hearing outcomes* | 11[1] | 4[1] | 7[1] |
| Decision pending* | 1 | 4 | 3 |
| Ongoing (continuation of proceedings) | 3 | 9 | 0 |

*May relate to hearings conducted in a prior year.

1. 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).

# Appeals Statistics

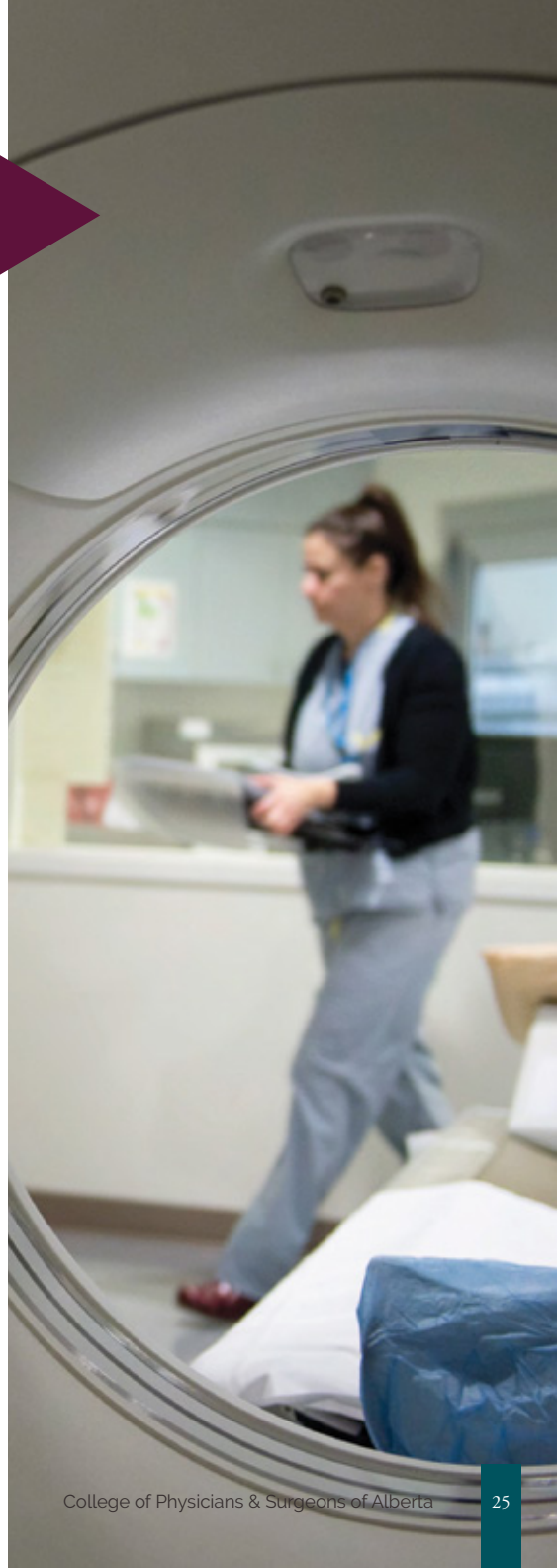
| Registration Appeals | 2018 | 2017 | 2016 |
|---|---|---|---|
| Registration denied due to character/reputation | 1[1] | 1[1] | 0 |
| Registration denied due to failed assessment | 2[1] | 1[1] | 3[1] |
| Practice conditions imposed | 0 | 0 | 1[2], 1[3] |
| Suspended due to complaint – reversed by Council appeal panel | 1[1] | | |
| TOTAL | 4 | 2 | 5 |

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

| Professional Conduct Appeals | 2018 | 2017 | 2016 |
|---|---|---|---|
| **Dismissed complaints** | | | |
| By complainant | 73 | 67 | 64 |
| To Complaint Review Committee (CRC)* | 50[1], 18[2], 0[3], 2[4], 0[5], 2[6] | 65[1], 7[2], 2[3], 1[4] | 34[1] 4[2]2[3] |
| To Alberta Ombudsman* | 0 | 1[2], 1[5] | 13[5] |
| **Hearing decisions** | | | |
| By Complaints Director, to Council | 1 | 0 | 1[1] |
| By physician | 1 | | |
| To Council | 1[2] | 0 | 0 |
| To Courts* | 1[6] | 1 | 1 |

*May relate to appeals initiated in a prior year.

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.
6. Decision pending.



# Standards of practice

The *Code of Ethics*, *Code of Conduct* and *CPSA Standards of Practice* are the foundational documents that make up the framework for medical practice in Alberta. Either directly or indirectly, they ensure safe and effective patient care. When a physician's behaviour or actions are called into question, we measure the complaint against these core documents.

Because we use the standards of practice as a measure of professional conduct, the College is responsible for ensuring they are up-to-date so physicians can gauge their performance (and be measured) against the best available data. Every year, we weigh our standards against best practice and consult with our members, government, the public and other stakeholders on any potential Standard of Practice updates.

In 2018, the College consulted on two new draft standards and amended two existing ones.

- Two new draft standards of practice
    - *Sexual Abuse and Sexual Misconduct*
    - *Safe Prescribing for Opioid Use Disorder*
- Two amended standards of practice
    - *Boundary Violations*
    - *Responsibility for a Medical Practice*

# Accreditation

If you've ever gone to a community facility for blood work, an x-ray or any other diagnostic or medical-surgical service, you were likely in a CPSA-accredited facility. The College is responsible for helping ensure these facilities, as well as a number of hospital-based facilities, provide safe care.

We write the safety, quality and technical standards for each of the following facilities and send CPSA-trained field experts to evaluate them upon opening, re-evaluating them every four years and for complaint investigations.

- Cardiac Exercise Stress Testing
- Diagnostic Imaging
- Diagnostic Laboratory Medicine
- Neurophysiological Testing
- Non-Hospital Surgical Facilities (NHSF)
- Pulmonary Function Diagnostics
- Sleep Medicine Diagnostics

2018 was a busy year for CPSA Accreditation. We rolled out new diagnostic imaging standards, with an enhanced focus on imaging quality and patient safety. We ensured more consistent and safer reporting of pulmonary function tests by standardizing the reporting metrics respiratory physicians use to interpret these tests.

The College also rolled out new standards to help regulate home sleep apnea testing in Alberta and ensure this diagnostic tool is used safely and effectively. We initiated assessments of 18 sleep medicine facilities under the new

standards and expect to grant CPSA-accreditation to each of them in 2019. As the list of CPSA-accredited sleep medicine facilities continues to grow, we look forward to working with third-party payers to make CPSA accreditation a condition of reimbursement for testing and treatment.

Staying abreast of technological advances in medicine is critical to ensuring Albertans get safe and quality care. The CPSA is the first Canadian healthcare regulator to establish NHSF standards for stem cell regenerative therapy with patient safety in mind.

## Accreditation Statistics

| | Accreditation Renewed[1] | | | Accredited (new) | | | Physicians approved to provide services | | |
|---|---|---|---|---|---|---|---|---|---|
| **Facility Type** | **2018** | **2017** | **2016** | **2018** | **2017** | **2016** | **2018** | **2017** | **2016** |
| Diagnostic Imaging | 17 | 47 | 71 | 27[2] | 26[2] | 31[2] | 85 | 32 | 77 |
| Diagnostic Laboratory | 31 | 16 | 28 | 1 | 2 | 2 | N/A | N/A | N/A |
| Non-Hospital Surgical | 23 | 19 | 23 | 0 | 8[2] | 6 | 80 | 49 | 70 |
| Pulmonary Function Diagnostic | 31 | 14 | 24 | 3 | 12 | 5 | 7 | 7 | 22 |
| Neurophysiology | 14 | 11 | 11 | 0 | 3 | 3 | 7 | 4 | 9 |
| Cardiac Exercise Stress Testing | 3 | 8 | 6 | 0 | 2 | 1 | 1 | 7 | 5 |
| Sleep Medicine | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 |
| **TOTAL** | **119** | **115** | **163** | **31** | **53** | **48** | **187** | **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.
2. Includes previously accredited facilities that added new modalities or procedure categories.

# Governance

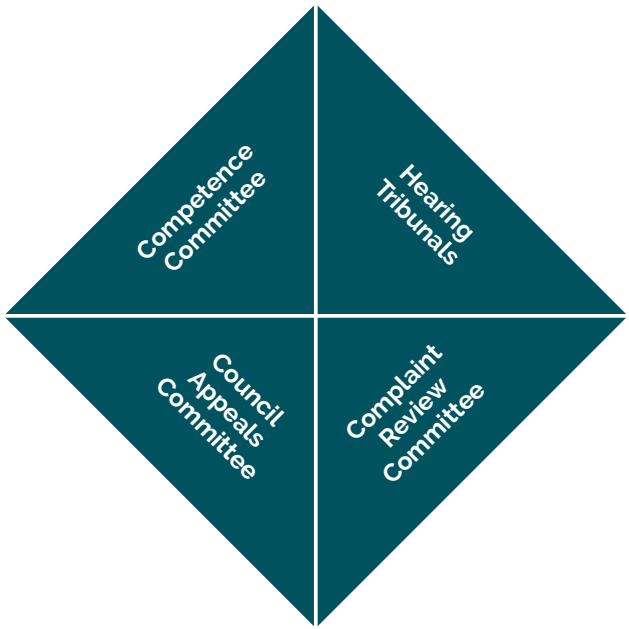
Medicine is one of the professions in Alberta in which the members of the profession are responsible for governing themselves through a regulatory body. This privilege of profession-led regulation is granted to the College of Physicians & Surgeons of Alberta (CPSA) by the *Health Professions Act* and is dependent on the trust Albertans have in physicians' ability to hold ourselves to the highest standards of competence, professionalism and ethics in our service to the public.

CPSA Council ensures the practice of medicine continues to be up-to-date with Albertans' needs and expectations. Council steers the direction for CPSA operations, discusses and votes on policy decisions and sets standards of practice for the profession.

Council is made up of 11 physicians who are elected by their peers and four members of the general public, appointed by Alberta's Lieutenant-Governor. Alberta's two medical school deans, a medical student observer, resident physician observer and the Past President of Council also attend meetings and help bring new perspectives to shape Council decisions.

*College staff attend meetings to give Council background information on day-to-day College operations, answer Council's questions and report on how previous decisions are being carried out. CPSA Council meets four times a year. Anyone interested in what the College does is welcome to observe the meetings.*

**In addition to meeting four times a year, select Councillors also serve on CPSA Committees. The following are required by regulation:**



# 2018 Council

## Physician Members

Dr. Pauline Alakija

Dr. John Bradley

Dr. Graham Campbell

Dr. Louis Hugo Francescutti

Dr. Kirsten Jones

Dr. Carrie Kollias (Jan. to May)

Dr. Richard Martin

Dr. Tarek Motan (May to Dec.)

Dr. John O'Connor

Dr. Luke Savage

Dr. Patrick (PJ) White

Dr. Norman Yee

## Medical Faculty Deans

*Dr. Richard Fedorak, University of Alberta

Dr. Dennis Kunimoto, University of Alberta

Dr. John Meddings, University of Calgary

## President

Ms. Kate Wood, Q.C.

## Past President

Dr. James Stone

## Public Members

Ms. Levonne Louie

Ms. Cathy MacDonald (Jan. to June)

Ms. Margaret Munsch

Ms. Laurie Steinbach (July to Dec.)

Ms. Kate Wood, Q.C. (President)

## Observers

Dr. Michele Foster (Jan. to May), medical resident

Dr. Casey Chan (June to Dec.), medical resident

Ms. Rachel Bethune, medical student

***Dr. Richard Fedorak passed away on Nov. 8, 2018. Dr. Fedorak is remembered by the College for the exceptional contributions he made to enhance the medical profession as a University of Alberta dean on CPSA Council.**

# Public Members' Message

The world we live in is rapidly changing. Emerging technologies and social movements leave people, businesses, governments and agencies with two options: adapt or become stagnant. Part of Council's role is to help the medical profession adapt to social and technological change in a safe, sustainable and measured way.

As public members, we are an integral part of that. While physician Councillors represent best medical practice and ethics, we represent the patient perspective and work with our physician co-councillors to guide the direction of the College through social and technological change.

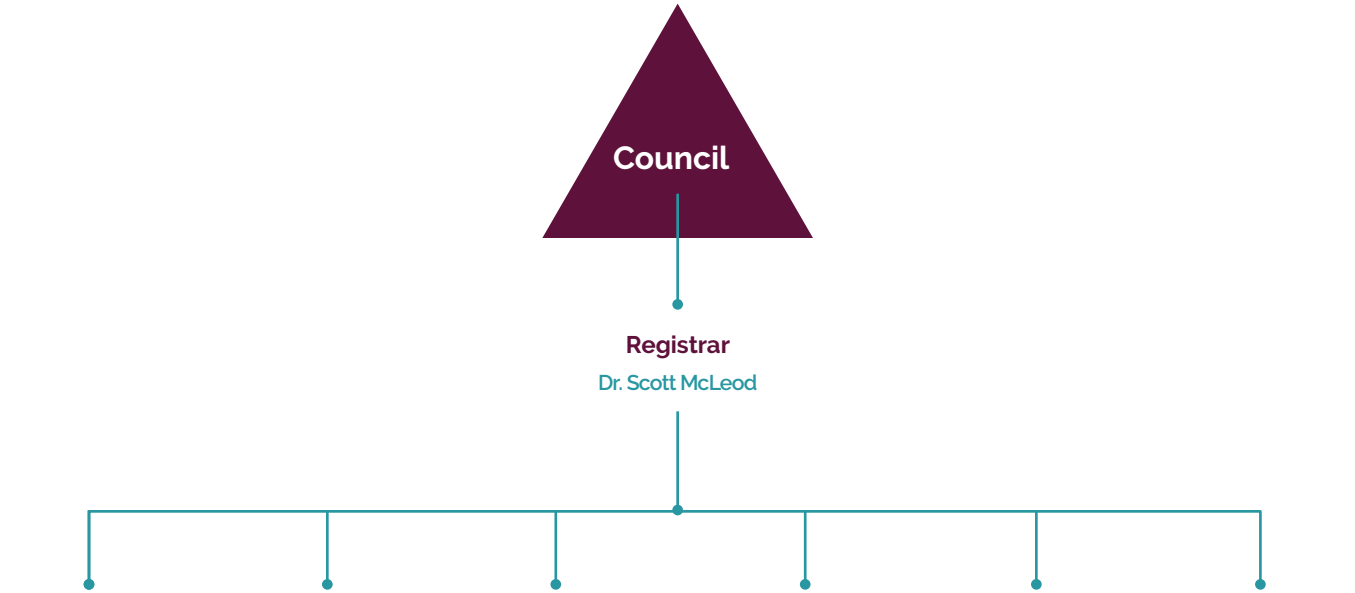
This collaborative approach ensures that public best interest is front-and-centre in every decision made by Council. In addition to the patient perspective we bring to the table, our professional experience in the legal, education and oil and gas industries helps bring unique problem-solving skills to Council and its Committees.

Serving Albertans by helping the medical profession navigate social and technological change is a serious responsibility and an honour we are grateful to fulfill.

L-R: Ms. Cathy MacDonald (Jan-June), Ms. Levonne Louie, Ms. Margaret Munsch, Ms. Kate Wood, Q.C. (Council President) |Missing: Ms. Laurie Steinbach (July to Dec.)

# Our Leadership Team

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


Council
Registrar
Dr. Scott McLeod
Registration
Dr. Susan Ulan
• Practice Permits
• Continuing Professional Development
• Registration Assessments
Continuing Competence
Dr. Karen Mazurek
• Competence Assessments
• MD Snapshot
• Infection Prevention & Control
• Physician Prescribing Practices
• Triplicate Prescription Program
Chief Operating Officer
Mr. David Kay
• Operations
• Human Resources
• Information Technology
• Accreditation
• Hearings Director
Chief of Staff
Mr. Shawn Knight
• Standards of practice
• Communications
• Government Relations
• Public Policy & Research
Professional Conduct
Dr. Michael Caffaro
• Complaints Investigation & Resolution
• Complaints Director
Physician Health Monitoring
Dr. Jeremy Beach
• Physician Health Monitoring Program
• Practice Conditions Monitoring

# Financials

## Report of the independent auditor on the summary financial statements

To the Members of College of Physicians & Surgeons of Alberta

April 23, 2019

### Our opinion

In our opinion, the accompanying summary financial statements of College of Physicians & Surgeons of

Alberta (the College) are a fair summary of the audited financial statements, on the basis described in note 1 to the summary financial statements.

### The summary financial statements

The College's summary financial statements derived from the audited financial statements for the year ended December 31, 2018 comprise:

- the summary statement of financial position as at December 31, 2018;
- the summary statement of revenues and expenditures for the year then ended; and
- the related notes to the summary financial statements.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

### The audited financial statements and our report thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated April 23, 2019.

### Management's responsibility for the summary financial statements

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

### Auditor's responsibility for the summary financial statements

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

**Chartered Professional Accountants**

# Summary Statement

As at December 31, 2018

## Assets

| Current assets | 2018 | 2017 |
|---|---|---|
| Cash and cash equivalents | 30,328,433 | 30,652,199 |
| Accounts receivable | 5,351,231 | 2,251,260 |
| Accrued interest receivable | 13,957 | 15,259 |
| Prepaid expenses and other assets | 808,815 | 589,537 |
| **Total current assets** | **36,502,436** | **33,508,255** |
| Investments | 22,775,953 | 22,774,152 |
| Equipment and leasehold improvements | 3,913,412 | 691,429 |
| **Total assets** | **63,191,801** | **56,973,836** |

## Liabilities

| Current liabilities | 2018 | 2017 |
|---|---|---|
| Accounts payable and accrued liabilities | 3,884,182 | 2,546,084 |
| Deferred fee revenue | 21,951,681 | 20,246,850 |
| Deferred contributions | 128,001 | 193,829 |
| Deferred leasehold inducements | 358,462 | 130,747 |
| **Total current assets** | **26,322,326** | **23,117,510** |
| **Deferred leasehold inducements** | 3,030,443 | 21,472 |
| **Employee future benefits** | 6,216,615 | 3,589,218 |
| **Asset retirement obligation** | - | 289,703 |
| **Total liabilities** | **35,569,384** | **27,017,903** |

| Net assets | 2018 | 2017 |
|---|---|---|
| Invested in equipment and leasehold improvements | 3,913,413 | 675,864 |
| Internally restricted | 7,850,583 | 7,759,473 |
| Unrestricted | 15,858,421 | 21,520,596 |
| **Total net assets** | **27,622,417** | **29,955,933** |
| **Total net assets and liabilities** | **63,191,801** | **56,973,836** |

# Summary Statement

As at December 31, 2018

## Revenues & expenditures

| Revenues | 2018 | 2017 |
|---|---|---|
| Physician annual fees | 22,810,798 | 22,145,901 |
| Practice readiness fees | 2,277,815 | 2,439,957 |
| Professional corporation fees | 1,405,350 | 1,405,550 |
| Grant funding | 832,328 | 789,089 |
| Physician registration fees | 783,260 | 889,590 |
| Investment income | 781,374 | 640,070 |
| Miscellaneous | 610,122 | 572,162 |
| Recovery of investigation and hearing expenditures | 539,679 | 236,059 |
| Physician practice | 238,539 | 120,315 |
| Physician health monitoring fees | 99,125 | 89,200 |
| Rental income | 92,129 | 100,337 |
| **Total revenues** | **30,470,519** | **29,428,230** |

| Expenditures | 2018 | 2017 |
|---|---|---|
| Administration | 5,171,251 | 4,654,235 |
| Information technology | 2,218,218 | 2,338,989 |
| Governance | 1,571,855 | 1,294,926 |
| Office of the registrar | 1,329,250 | 1,240,380 |
| Communication | 1,202,248 | 1,311,368 |
| Amortization | 583,499 | 586,385 |
| College activities | | |
| Professional conduct | 4,231,043 | 3,642,928 |
| Physician practice | 3,469,429 | 2,975,554 |
| Physician prescribing and analytics | 2,725,890 | 2,241,523 |
| Practice readiness | 2,409,755 | 2,816,356 |
| Registration | 2,236,411 | 1,878,214 |
| Physician health monitoring and practice conditions monitoring | 1,741,274 | 1,559,624 |
| **Total expenditures** | **28,890,123** | **26,540,482** |
| **Excess of revenues over expenditures before other items** | 1,580,396 | 2,887,748 |
| **Developmental costs** | 684,162 | 742,432 |
| **Accredit Health Facilities** | | |
| Revenues | 2,655,085 | 3,110,122 |
| Expenses | (2,825,800) | (2,861,578) |
| **(Deficiency) excess of revenues over expenditures for facilities** | (170,715) | 248,544 |
| **Other income (losses)** | (170,715) | 248,544 |
| Fair value changes in investments | (687,937 | 536,772 |
| Investment income building | 91,110 | 74,345 |
| | (596,827) | 611,117 |
| **Excess of revenues over expenditures for the year** | **128,692** | **3,004,977** |

# Notes to Summary Financial Statements

As at December 31, 2018

## 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, 2018 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

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

The audited financial statements of College of Physicians & Surgeons of Alberta (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 (2018 – $7,850,566; 2017 – $7,542,066), which is measured at 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 collectibility is reasonably assured. Fees received in advance are recognized as deferred revenue.
- Grant funding – revenue is recognized in accordance with the terms of the grant agreement and when collectibility is reasonably assured.

**College of Physicians & Surgeons of Alberta**

- 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 collectibility 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.

| | 2018 | 2017 |
|---|---|---|
| Fair value of plan assets | 34,549,858 | 33,762,740 |
| Accrued benefit obligation | 40,766,473 | 37,351,958 |
| Plan deficit | (6,216,615) | (3,589,218) |

# Our Mission, Vision and Values

## 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.

## Our 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 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.

# Idea Exchange

We consult with the following organizations and contribute to a number of healthcare workshops and panels in the interest of enhancing health care in Alberta.

## Organizations:

Alberta Access Improvement Measures
Alberta College of Medical Diagnostic and Therapeutic Technologists
Alberta College of Combined Laboratory and X-Ray
Advisory Council of IMG Assessment Programs
Alberta Diagnostic Sonographers Association
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
Alberta Society of Radiologists
Assessment Continuum of Canada
Association of Alberta Sexual Assault Services
Association of Faculties of Medicine of Canada
Canada Health Infoway (Prescribe IT)
Canadian Association of Pathologists – Patient Safety and Quality Assurance Section
Canadian Centre for Substance Abuse
Canadian Life and Health Insurance Association
Canadian Medical Protective Association (CMPA
Canadian Post-MD Education Registry (CAPER)
Canadian Standards Association (CSA)
Coalition for Physician Enhancement (CPE)
College and Association of Respiratory Therapists of Alberta
College of Family Physicians of Canada
Council on Licensure, Enforcement and Regulation (CLEAR)
Covenant Health
Department of Health and Social Services, Government of Yukon
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
Lung Association of Ontario
MEDEC (Canada's Medical Technology Companies)
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
Primary Care Networks
Provincial-Territorial Expert Advisory Group on Physician-Assisted Death
Public Health Agency of Canada
Respiratory Health Strategic Clinical Network (Alberta Health Services)
Royal College of Physicians and Surgeons of Canada
Sexual Assault Centre of Edmonton
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 Health and CPSA LBGTQ2S+ Roundtable (Edmonton)
- Institute of Health Economics Forum (Edmonton)
- Alberta College of Family Physicians' Annual Scientific Assembly (Banff)
- Interdisciplinary Health Education Partnership (IHEP) event (Edmonton)
- Alberta College and Association of Opticians Annual General Meeting (Edmonton)
- "Falling Through the Cracks" film screening panel (Calgary)
- Annual Medical Students' Conference and Retreat (Banff)
- Coalition for Physician Enhancement (Toronto and Washington)
- International Association of Medical Regulatory Authorities (Dubai)
- University of Alberta, Interprofessional Pathways Launch (Edmonton)
- University of Alberta, Faculty of Medicine & Dentistry Grad Week (Edmonton)
- University of Alberta Obstetrics and Gynecology retreat: Boundary violations (Edmonton)
- University of Alberta, Faculty of Medicine and Dentistry: CPSA disciplinary process and professionalism (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)
- "To Err is Human" Advanced Screening and Discussion (Edmonton)
- College and Association of Respiratory Therapists of Alberta: Annual General Meeting and educational day (Calgary)
- Canadian Association of Cardio-Pulmonary Technologists: Pulmonary Symposium (Calgary)
- University of Calgary, Department of Medicine, Sleep and Respiration Rounds (Calgary)

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