

# Who is CPSA?

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The background features a vertical gradient from purple at the top to teal at the bottom. On the left, a white circle is partially visible. On the right, a series of concentric circles in shades of blue and teal are centered, with a white circle partially visible at the bottom right.

This is the future of  
medical regulation.







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# Who is CPSA?

## The future of medical regulation

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### Council President, Dr. John Bradley

Evolving with changing societal expectations has been a theme at CPSA for a while now. What was once perhaps a slow shift is gaining speed and momentum. Increasingly, medical regulators are seeing higher expectations from every direction to prove they are doing a good job. What does that tell us? It tells us we should be, no, we *need* to be doing better and communicating more.

Medical regulation is under pressure to perform in a time where the landscape of professional regulation is changing. Government wants to know if our processes are a barrier to highly trained international medical graduates. Albertans want proof that we're doing a good job applying our discipline role to physician misconduct. Physicians want a more supportive and resource-driven relationship with us. In addition to all of this, we are tasked with our role to continue to protect patients and improve public health.

This shift and expectation from all of you is part of the reason for a new CPSA brand in 2019. We know that to create a positive and trusting relationship between physicians, Albertans, government and healthcare partners, we need to do more than develop better systems and processes. We must also reprogram our idea of what we do to pave the way for a new, collaborative, transparent, consistent, informed, thorough and approachable type of regulation. A regulation Albertans are fully engaged in, one that welcomes new technologies, talks openly about its progress and shortcomings and gives physicians access to real-time information and data that they need in order to improve. A regulation that's *proven* to keep patients safe.

This annual report, approved by Council, highlights how we did this in 2019, along with our successes and opportunities from the year and in the years to come. It introduces a new CPSA, one whose actions are informed by feedback from Albertans, physicians, our internal teams and our healthcare partners. I hope you find it to be an informative glance at how we're reshaping our organization to herald the future of medical regulation.



# Our year in numbers

## Practising physicians

**652** new regulated members

**11,693** physicians on an independent practice register

## Setting the standard

**3** standards of practice in review

- *Duty to Report a Colleague*
- *Duty of Treating Physicians... to Report a Physician to the College\**
- *Self-Reporting to the College*

## Supporting Albertans

**2** Regional Tours servicing three communities

**3** Meetings with chronic pain groups

**Continuous** engagement with elected officials

## Improving practice quality

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

**100%** pass rate for Practice Readiness Assessments — 78 new-to-Alberta physicians started Practice Readiness Assessments this year

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

**20** new group practices participated in a Group Practice Review and are working on action plans to enhance their group practice, with 56 already submitted, including those who submitted in previous years

**483** physicians started Multi-Source Feedback+ to collect constructive feedback on their quality of care

**179** Infection Prevention and Control assessments conducted

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

## Following up on community concerns

**857** new complaints received (+0.4%)

**910** complaint files closed (+10.4%)

## Keeping Alberta's health facilities safe

**25** new facilities accredited

**180** facilities renewed accreditation

\*Full standard name: *Duty of Treating Physicians and Physicians Working in the Context of a Physician Health Program to Report a Physician to the College.*





# The future of medical regulation is approachable

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As Alberta's medical regulator, CPSA interacts with people across the province every single day—from answering questions from a physician in High Level, to explaining our complaints process to an Albertan in Calgary, to meeting with healthcare partners in Lethbridge. Our team members work hard to be approachable and helpful every time you connect with us.

One of CPSA's priorities is to connect with Albertans, their families and physicians to better understand their experiences receiving and delivering health care. And we've heard from many of you in our face-to-face Regional Tour meetings in over 30 Alberta communities in the last six years—meeting in town halls, hospital auditoriums and lunchrooms or borrowed Chamber of Commerce boardrooms.

"Listening to Albertans and their physicians helps ensure CPSA regulates medical practice carefully and effectively," explains Dr. John Bradley, CPSA Council President. "It also increases our awareness of the evolving needs of Albertans during a time where society is changing at a fast pace."

Our outreach program, known as Regional Tour, gives us the privilege to have collaborative discussions with people who live in rural and urban Alberta. In 2019 we got the chance to meet with Albertans and their physicians, as well as our healthcare partners, in Red Deer, High Prairie and High Level, and surrounding communities.

## Making ourselves approachable

Regional Tour gives CPSA a front row seat to learn from Albertans and their physicians about care delivery in their region. We've heard a lot of unfiltered messages from Albertans, their physicians, community leaders and healthcare providers, who make up the unique fabric of Alberta's population.

"By having face-to-face conversations, we're able to build trust with these communities and gain a deeper level of understanding of the unique challenges they face, especially when it comes to the unique challenges rural communities experience," says Dr. Bradley.

We can't do our jobs without learning from Albertans and their physicians, so it's critical for CPSA to be highly approachable as an organization.

Travelling to communities to have candid, open discussions is just one way we commit to being approachable. In addition to Regional Tour, you can often find us at various events, meetings and conferences across Alberta, where we answer your questions and help Albertans and physicians understand more about the work we do.

In 2019, CPSA got to talk with Albertans and physicians at almost 40 different events. We talked about everything from physician health and wellness, to opioid prescribing, to CPSA's *Standards of Practice*.

## Customer service is the centre of what we do

We do our best to be accessible, but not everyone has the time or ability to attend the same forums and events as CPSA. For many, a call or an email are the best and most convenient ways to connect with us. In 2019, we set a goal of making sure every call or email is responded to in one business day. Some questions we get are complex. While we may not always have a complete answer right away, if you contact us, you will hear back quickly and get a timeframe for a full reply.

As an organization that serves Albertans and their families, everyone at CPSA plays an important role in making sure our interactions are positive and friendly. Our team will always treat you with respect and dignity, and you'll be connected with someone who will provide you with timely, helpful service.

So whether you're a physician in High Level, an Albertan in Calgary, a healthcare partner in Lethbridge or anyone from anywhere in between, we want you to know our door is open to guide, educate, support and, most importantly, learn from your experiences. Please reach out to us — we're always happy to hear from you.

The many communities CPSA has visited on Regional Tour



Nominate your community for a future visit from CPSA by emailing [info@cpsa.ab.ca](mailto:info@cpsa.ab.ca).

## The future of medical regulation is collaborative

Great things happen when people with a common goal work together. At CPSA, we lean on Albertans, physicians, our partners and members of our team for feedback whenever possible. Their expertise helps us hear all the different points of view that make up our informed decisions. These diverse opinions and perspectives are especially important when we have the opportunity to influence change in the healthcare system—we need to make sure we've considered all sides of an

issue in order to arrive at the best outcome. Experience has taught us that our most innovative ideas, best decisions and strongest results come from collaboration.

## Protecting Albertans, supporting physicians

In late 2018, the Government of Alberta passed Bill 21: *An Act to Protect Patients*. Now enshrined as *Patient Relations* in the *Health Professions Act*, this amendment changed the way health regulatory bodies like CPSA approach cases of sexual abuse and misconduct against patients. It allowed us to provide better support for impacted patients and use stricter sanctions on convicted physicians. We knew this legislation would have real outcomes for patients and physicians from all across the province, so we reached out to our community for help and advice.

Throughout early 2019, we asked physicians for feedback face-to-face and in an online survey. We asked if the proposed standards of practice on personal and sexual boundary violations were clear and reasonable. We also asked physicians what kind of resources they needed to help them meet these important expectations while caring for patients. With your feedback in mind, we developed detailed Advice to the Profession documents for physicians to complement the standards and provide more information, detailed definitions and complex patient care scenarios.

As part of their ongoing training, physicians also have to learn about sexual abuse and misconduct against patients. We're not continuous medical education experts, but we needed to be involved so physicians would get consistent information and support on this complex issue, no matter where they sought it. We worked with the University of Calgary's Office of Continuing Medical Education. Their planning committee of physicians and educational experts helped us create a relevant and useful online course.

Giving physicians access to resources and education was essential. That said, we also recognized the importance of the patient perspective. Patients are often at their most vulnerable when visiting their doctor. Knowing that, we felt it was important for Albertans to know what behaviour is or isn't appropriate from their physician.

"While these changes came from legislation, we wanted to be authentic in the work that followed," says Shawn Knight, CPSA Chief of Staff. "It was important that we collaborate with organizations who could bring that patient perspective. We were committed to doing things the right way."

We needed a clear understanding from those with front-line experience. The Sexual Assault Centre of Edmonton (SACE) really helped us be sure that our expectations of physician behaviour are consistent with the needs of Albertans.

"Ideally, there should be an open dialogue between patients and their physicians, and people should feel empowered to speak up when they have a question or something doesn't feel right," shares Stephanie Olsen, SACE's Sexual Violence Response and Prevention Consultant and Educator.

Incorporating the advice and expertise of SACE and other partners, we developed a patient advice document with commonly-asked questions about the patient-physician relationship, which clears up patient rights about their health care.

“We really felt like the whole process came from a place of support,” says Stephanie. “We appreciated an organization like CPSA taking such intentional efforts to ensure Albertans can access dignified healthcare experiences.”

## A PROactive approach

We had another opportunity for collaboration in 2019 when planning picked up on the PROactive partnership. First established in 2018, PROactive is a joint project between CPSA, the Alberta Medical Association, Alberta Health Services, Alberta’s two medical schools and the Health Quality Council of Alberta. It is designed to support and promote the importance of wellness among physicians and learners.

Burnout and disruptive behaviour are ongoing concerns for many physicians. By joining forces and working together on this important issue, the PROactive partners hope to encourage lasting change in Alberta’s healthcare system. A detailed action plan, rolling out in 2020, will encourage physicians to put their health and wellness front and centre. This will not only benefit physicians, but patients as well. Research shows that when physicians are well and feel supported, they are more likely to approach patient care with kindness and insight.

## Inclusive perspectives

At a time when inclusivity is top-of-mind for many, it’s become clear how important it is to think about things from different points of view. We’re constantly looking for more ways to work with physicians, Albertans and our partners. By continuing to commit ourselves to collaboration, we can start to think differently about key issues and make decisions that better represent the needs of Albertans.

## The future of medical regulation is consistent

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Consistency is one of the foundations for setting Albertan expectations of who we are. In our support role in guiding physician practice. In our discipline role in upholding the CPSA *Standards of Practice*. In our role as gatekeepers to a medical practice permit. And in our role as leaders in the health system, supporting our government officials with the information they need to make the best choices on behalf of Albertans. Consistency gives our decisions value and meaning.

When it comes to complaints, they are part of the work we do in Professional Conduct. At some point in their careers, many physicians will get a letter from CPSA, marked “Personal and Confidential.” By the nature of complaints and complaint resolution, Professional Conduct is an area of our work where at least one party may walk away dissatisfied. Despite this, our goal is to make sure that physicians and Albertans trust our processes and decisions, so that even if they don’t always agree with them, they understand and know that we’ve made the best possible decisions given the information we have.



Albertans and physicians want to be able to trust that their physician regulator is dependable. We heard that loud and clear from many Albertans and physicians who participated in focus groups and surveys in 2019. That trust is the foundation for everything we do and is the fuel for the engine that gives us our power: the *Health Professions Act*. By setting clear expectations and applying due diligence and due process, we can make sure that Albertans, physicians, partners and our team know what to expect from us. This helps us protect Albertans and be fair in our approach to regulation.

In 2019 we revisited our complaints process to ensure we are always timely, informative and fair in our communication. “One of the things we did was review how we manage the intake of complaints so that resolving a complaint, regardless of the final decision, is more measurable, and whenever possible, automated. It’s very important to both complainants and physicians that we have a clear and transparent criteria to evaluate complaints and weigh them against a risk matrix,” says Dr. Michael Caffaro, Assistant Registrar of Professional Conduct.

“Making these changes to our process will help us guide people through complaints more effectively, with everyone involved having a better understanding of the process and expectations. As a result, we can also reduce the time it takes to close a complaint, which has been a focus of feedback in the past.”

Not every complaint goes to a hearing. Some can be resolved informally between a physician and the complainant. That process is still valid, but we need to create consistency and efficiencies across the board, because that’s what people expect.

The work we put into making our complaints process more consistent in 2019 sets the groundwork for everything to come in 2020 and beyond. Because we want to continue to learn and grow as an organization, we’ll evolve our approach when we need to. When processes change, we’re going to share the information openly, in a timely manner and explain the rationale.

That’s the expectation Albertans and physicians can have from us. “This is just the beginning but hopefully, people really start to see that we truly are fair and objective,” says Dr. Caffaro.

## The future of medical regulation is informed

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On Tuesday, Nov. 5, 2019, an email awaited Alberta physicians, letting them know their annual *MD Snapshot-Practice Checkup* was available to view online. The customized report included information on potential factors—some that act as risks, others as supports—that physicians may face, along with questions intended to stimulate self-reflection. What physicians may not have realized, however, was that over 1,300 comments from the 2018 report had been read, sorted through and analyzed to inform the latest iteration of Practice Checkup.

For CPSA, being informed is rooted in a culture of continuous learning and evidence-based decisions. We work diligently to earn the respect and trust of Albertans, physicians and partners through our knowledge and expertise.

## Supporting quality health care through research and evaluation

Practice Checkup is just one example of how CPSA uses research to enhance our innovative work within the healthcare community. An educational tool produced by CPSA, Practice Checkup provides physicians with an assessment of various potential risks and supports to their performance, based on current evidence. In addition to physician feedback, the report is informed by peer-reviewed literature, years of experience from the Collège des Médecins du Québec (CMQ) and statistical performance models, which were created using data from the 2019 Renewal Information Form (RIF) that physicians fill out each year, as well as other CPSA databases.

Alongside Practice Checkup, CPSA provides prescribing data to physicians on a quarterly basis through a customized *MD Snapshot-Prescribing* report. To help inform physicians of safe prescribing practices, the Prescribing report is accompanied by supporting materials that highlight new or updated prescribing guidelines, industry best-practice research and peer comparisons.

Ultimately, by increasing their prescribing awareness and facilitating self-reflection, the Prescribing report helps support physicians in optimizing patient care. “When I got my first *MD Snapshot-Prescribing* report from CPSA and saw my prescribing percentile, I was nervous,” shares Dr. Cathy Scrimshaw, a community physician from Pincher Creek with an interest in addiction and chronic pain. “I think a lot of doctors feel that way. They see that number and feel like they’re being reprimanded. But once I looked deeper into the report and saw the whole picture, I began to see it as the resource it is. It helps keep me accountable, so I am aware of the doses my patients are on and cognizant of whether or not we need to look at getting it down. I can also see whether my patients have received prescriptions from other doctors and flag their chart to discuss this with them.”

## Cultivating a culture of feedback

Essential to being informed is listening to the diverse perspectives of our community, and then using that feedback to improve our work. In 2019, our Research & Evaluation Unit (REU) assessed survey feedback from the 2018 Practice Checkup, then enhanced the report so it would more fully represent factors that may affect physician performance. A new factor was added to outline the impact of the medical practice’s location, detailing the potential impact of practising from an urban, remote or rural setting. Feedback also informed two changes to current factors—teaching was expanded to include didactic teaching and patient volume changed from days per week to patients seen per day.

The *MD Snapshot-Prescribing* report also benefited from physician feedback in 2019, when the format transitioned from paper copies delivered through the mail to an interactive online report delivered through a secure portal. This transition improved the security of how we share confidential information, with an added benefit of reducing the environmental impact of printing paper copies.

Another way CPSA seeks feedback from Albertans, physicians and partners is through our *Standards of Practice* consultations. *Standards of Practice* describe the minimum standards expected of all physicians in Alberta, and updates to them are only made after feedback is collected and analyzed through a comprehensive consultation process. In 2019, we introduced a new phase in our consulting

process: pre-consultation. In pre-consultation, we invite feedback on specific standards before the drafting phase to ensure these standards are applicable and helpful to physicians. The Reporting Standards consultation, which began in late 2019, was our first to include the pre-consultation phase. The new standards on reporting will be shaped by the feedback collected through the entire consultation process when they are issued in 2020.

CPSA's perspective is valued in the healthcare community, where we can support change on significant healthcare issues. It's through our commitment to making evidence-based decisions and engaging our community to inform the way we all work that we are able to be innovators in profession-led regulation.

## The future of medical regulation is thorough

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CPSA's decisions can have a profound effect on Albertans and physicians. That's why it's so important that we take a thoughtful, thorough and careful approach to regulating medicine in Alberta.

This starts with a detailed application process for physicians to confirm they meet our expectations for practice in Alberta. We carefully evaluate many factors, such as their experience, character, qualifications and certifications, to ensure they will meet and maintain the high level of care Alberta physicians deliver. In 2019, CPSA introduced another step to the application process—all applicants must also submit a criminal record check.

"Our registration process is designed to be thorough, yet fair," said Dr. Susan Ulan, CPSA Assistant Registrar of Registration. "We want to ensure patients across the province receive the same high level quality of medical care."

If an international medical graduate applies to practise in Alberta, but does not have their Canadian credentials, which are granted by the Medical Council of Canada, the Royal College of Physicians and Surgeons of Canada or the Canadian College of Family Physicians, there is a process for them to practise independently on the provisional register. This helps qualified medical professionals with AHS sponsorship and a successful Practice Readiness Assessment to start serving the community. Currently there are over 800 physicians on CPSA's provisional register. Over a third of Alberta physicians are internationally trained.

Under the *Health Professions Act*, provisional registration is valid for six years to give physicians time to get their Canadian credentials and transfer to the general register. Those physicians who haven't gotten their Canadian credentials within six years have to go through a Summative Assessment of their medical skills, training and professionalism to ensure that they can practise safely in Alberta before they can be transferred to the general register.

## Our standards are a prime example

One key way CPSA ensures physicians across Alberta deliver a consistently high level of care is through our *Standards of Practice*. These standards are the rules we create, with help from physicians, our partners and Albertans.

In 2019, we consulted on the *Duty to Report* standards. We reached out to 14,389 regulated members (including residents, students and others), 70 partner organizations and Albertans to invite their feedback. Once we finish collecting all the feedback, we carefully review it, revise the standard and take it to CPSA's Council for approval.

"CPSA has an accountability both to Albertans and physicians in creating *Standards of Practice* that protect patients' rights and ensure physicians are supported in providing care," says Shawn Knight, CPSA Chief of Staff. "Our extensive consultation is our way of considering all perspectives before we create and finalize these important and binding documents."

Albertans are often simultaneously surprised and relieved when they learn that, in addition to regulating physicians, CPSA is also responsible for accrediting diagnostic and non-hospital surgical facilities. Our accreditation programs promote quality care and patient safety at facilities across the province. CPSA-trained assessors diligently review each facility prior to opening, when there are significant changes or every four years to make sure they meet our standards.

"When Albertans visit CPSA-accredited facilities, they can be assured of the service quality and thoroughness," says Liz McBride-Finch, CPSA Director, Accreditation.

"The reaction we got from Albertans when they learned that we're the organization responsible for the quality of their diagnostic or testing services inspired us to develop more visible signage for all CPSA-accredited facilities in 2019 and plan to roll it out in 2020. The next time you're getting blood work or an x-ray, or any other diagnostic test and you see a sign showing your facility is CPSA-accredited, you know you can depend on the thoroughness of the quality standards that facility follows."

Regulating the medical profession and facilities in Alberta is an important role that helps Albertans live healthy and vibrant lives. CPSA is proud of our thorough approach and due diligence to support physicians and medical facilities in providing quality health care.

## The future of medical regulation is transparent

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Transparency and trust go hand-in-hand. If our decisions are made behind closed doors, we can't expect physicians, Albertans or our partners to trust that we are making good decisions and acting in their best interest. This is why CPSA took steps in 2019 to make sure important information about our business is easily accessible and shared quickly.

## Knowledge is power

Albertans have a right to know if their physicians have acted in a way that is contrary to what is required and expected of them. In recent years, CPSA has faced many questions about the transparency of our physician discipline process. If a physician has a history of complaints or discipline, do their patients know? How do we inform them? We've published disciplinary decisions on our website for a long time, but it became clear from the feedback we heard that this wasn't enough. We needed to be more proactive and open in making this type of information easily available because, in the end, we are here to protect the public.

Throughout 2019, CPSA set up a process to make sure we're sharing this kind of information appropriately. We share physician discipline decisions with the media and post them on our website within a few weeks of their release. In one instance, informing the public was paramount when a physician was arrested. We partnered with the Alberta Law Enforcement Response Teams (ALERT), holding a joint press conference to ensure Albertans were informed of the physician's arrest and status with CPSA as soon as possible.

"We serve Albertans and we've heard they want transparency from all medical regulators," says Dr. Michael Caffaro, CPSA Assistant Registrar of Professional Conduct. "As part of building trust, there is an expectation that [discipline] information be easily accessible and shared in a timely manner."

## Encouraging self-reflection

A few years ago, we began sharing prescribing data with physicians in a report called *MD Snapshot-Prescribing*. We give this information so physicians can use it to reflect on their practice and think about where they can improve. However, we heard that many saw the Prescribing report as judgmental and potentially punitive, particularly about their opioid prescribing practices (though it was never used that way). We also heard from Albertans suffering from chronic pain, many of whom told us they felt abandoned because their physicians no longer wanted to prescribe opioids due to a fear of CPSA. There were so many concerns and misunderstandings about *MD Snapshot-Prescribing*. Hearing them firsthand helped us understand our community more.

As a result, we took steps to be more transparent, gain insight and clarify our true goals with this report. We spoke with chronic pain advocates, not just to better understand patients' need for continued access to their medication, but also to reassure them that we never intended to take away that access. We updated physician resources, highlighting the supportive purpose behind *MD Snapshot-Prescribing*. We cleared up our expectations about opioid prescribing through web posts and articles in our *Messenger* newsletter. And we reached out to physicians who see this report as a useful tool for their support and perspectives.

Dr. Allan McDonald often treats patients with chronic pain. He uses *MD Snapshot-Prescribing* data to monitor his patients with opioid prescriptions, to make sure their treatment is still safe and effective. "I will think about whether or not there's any meds that can be reduced and I might try, but the reality is sometimes you cannot," explains Dr. McDonald. "By continuing to prescribe these

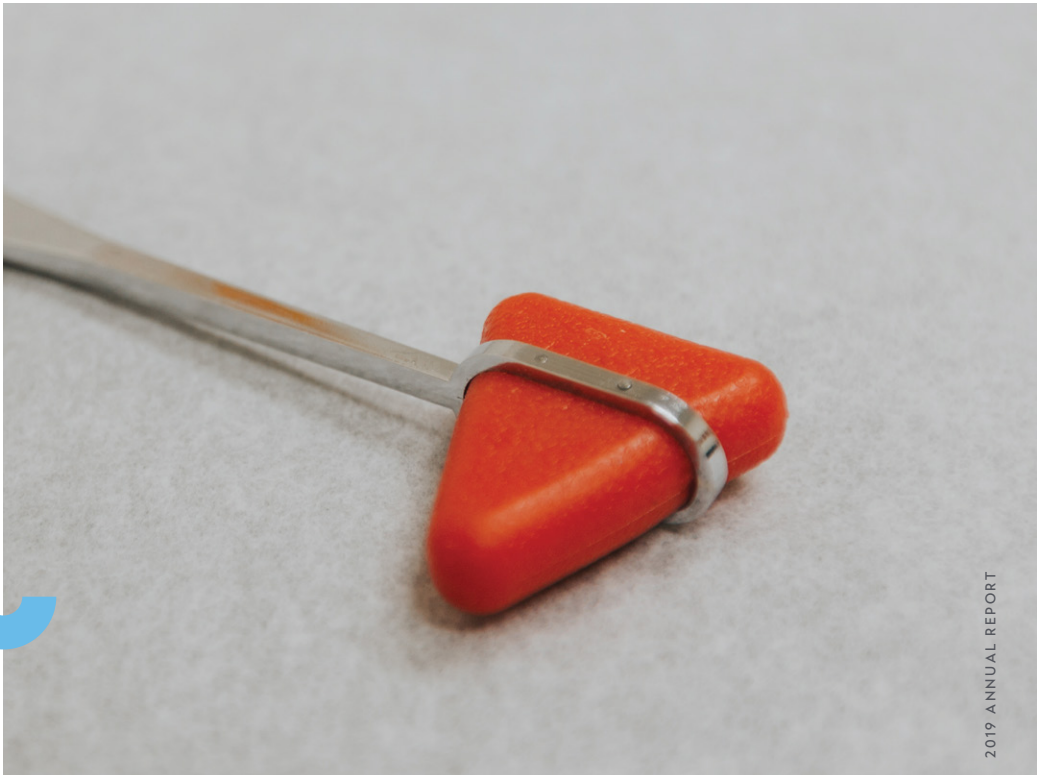


medications for these people, I am keeping them out of emergency rooms. I am keeping them out of the hospital. I am keeping them out of the system and helping them to just function day-to-day.”

There’s still work to be done but often, a conversation is the best place to start. We don’t claim to have all the answers but are always open to listening so we can find common ground and solutions that work for everyone.

## Change and transparency

Listening to feedback, especially difficult feedback, is often the first step towards improvement. We can’t grow and provide better support to Albertans and physicians unless we’re open to hearing their needs and challenges, and are sincere about making changes for the better. CPSA is a learning organization and by demonstrating transparency throughout that process, we hope to continue building trust with Albertans, physicians and our partners.



# Who is CPSA?

## Allow us to reintroduce ourselves



### CPSA Registrar, Dr. Scott McLeod

2019 was about deliberately rethinking how CPSA does its work and how we are prepared for what profession-led regulation should be in the years to come. Doing things the way we have always done them was not going to help us prepare for the future and we knew there were some gaps between where we are today and where we should be headed as an organization. To be a more effective regulator, we need to close those gaps. We started 2019 by talking to Albertans, physicians and our team members to understand what we didn't know. Through many surveys and focus groups, each of these audiences helped us focus on how everyone wants CPSA to be perceived as a regulator moving forward, and what that would look like in action. We also heard that we need to strengthen our relationships and build more trust. We took your feedback seriously—it's the foundation of our new approach.



The extensive research that was done in 2019 helped guide us in developing the six core characteristics that are important for Albertans, physicians, our partners and our team. By living up to our core values, we want each interaction you have with the CPSA team to demonstrate who we are: *approachable, collaborative, consistent, informed, thorough and transparent.*

Along with new characteristics to guide our actions, we also have a new visual identity. The new logo is a modern take on the Rod of Asclepius, the most recognizable symbol of health care in the world. The staff and snake are represented by half-circles and negative space. The four half-circles also symbolize our commitment to those we work with: Albertans, physicians, partners—including the facilities we accredit—and CPSA team members.

It was important that CPSA's new visual identity respects Alberta's rich history of medicine, while representing our desire to strengthen relationships and enhance trust with our key audiences. We know that change won't happen overnight, but we're committed to bringing these characteristics to life in our work in the coming years.

A handwritten signature in blue ink, which appears to read 'Scott McLeod'.

# Registration

Making sure every physician in Alberta is qualified and competent before they provide patient care is our responsibility. When we receive an application, we verify a physician's credentials, check their references and find out if they have a criminal record, and assess whether internationally trained physicians meet Alberta's standard.

Each year during annual renewal, we also make sure physicians are maintaining their skills and abilities, and are participating in nationally approved continuing professional development programs.

In 2019, approximately 11,000 physicians worked in Alberta, including 652 new physicians. Each of these physicians has to meet the same criteria in order to care for Albertans.

## Physicians assessing physicians

Sometimes assessments help us fully understand a physician's qualifications to ensure physicians have the skills to practise safely in Alberta. Over the year, we carried out a lot of assessments with the help of Alberta's best physicians. With thorough training and resources, these CPSA physician assessors had the knowledge and skills to confidently review their peers using a consistent lens. We do assessments for physicians trained outside of Canada, and for those who are either returning to practice after time away or who are completely changing what they do in medicine. In 2019, we also piloted the Summative Assessment process to evaluate physicians on the CPSA Provisional Register who haven't achieved their Canadian credentials after five years. Currently, a physician can only be on the Provisional Register for six years.

## Registration at a glance



## Registration & membership

	2019	2018	Variance	2017*
<b>Applications issued**</b>	822	706	+16.4%	899
<b>Physician registrations***</b>				
Graduates from Alberta universities	237	215	+10.2%	238
Graduates from other Canadian universities	155	188	-17.6%	184
USA and other	167	166	+0.6%	189
Total new registrations	652	639	+2.0%	637
Reactivated registrations	85	70	+21.4%	75
<b>TOTAL</b>	<b>737</b>	<b>709</b>	<b>+3.9%</b>	<b>712</b>

\* 2017 data included for information only; variance is between 2018 and 2019.

\*\* Applications for independent practice registration, issued by CPSA to qualified candidates via physiciansapply.ca.

\*\*\* Includes registrations from applications issued in prior years.

<b>Members on an independent practice register**</b>	2019	2018	Variance	2017*
General Register	10,876	10,531	+3.3%	10,048
Provisional Register (Conditional Practice)	817	906	-9.8%	1,071
<b>TOTAL</b>	<b>11,693</b>	<b>11,437</b>	<b>+2.2%</b>	<b>11,119</b>

\* 2017 data included for information only; variance is between 2018 and 2019.

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

<b>General Register Breakdown*</b>	2019	2018	2017
Family Physician**	3,807	3,619	3,443
General Practitioner	1,299	1,301	1,250
Non-Specialist, Defined Practice	53	53	42
Specialist	5,717	5,558	5,313
<b>TOTAL</b>	<b>10,876</b>	<b>10,531</b>	<b>10,048</b>

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

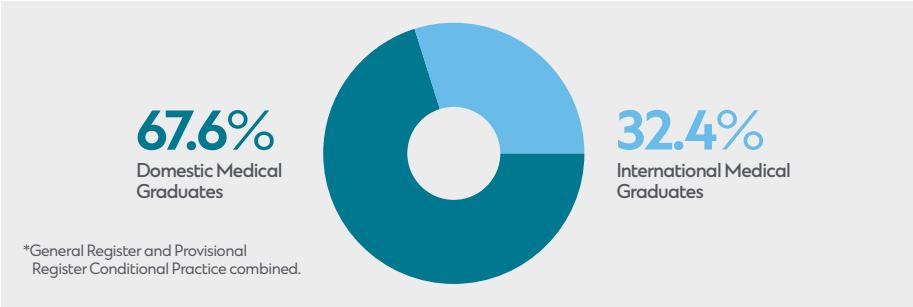
\*\*Certification by the College of Family Physicians of Canada.

<b>Provisional Register Breakdown*</b>	2019	2018	2017
Family Physician**	120	127	134
General Practitioner	447	508	598
Non-Specialist, Defined Practice	34	35	46
Specialist	216	236	293
<b>TOTAL</b>	<b>817</b>	<b>906</b>	<b>1,071</b>

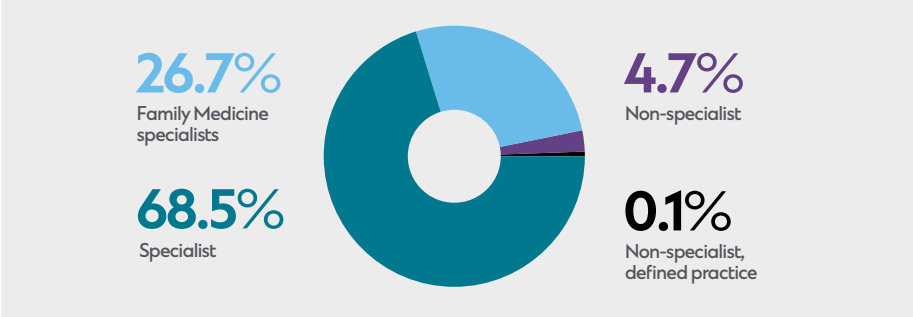
\*Unique individuals, active at any time during the year.

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

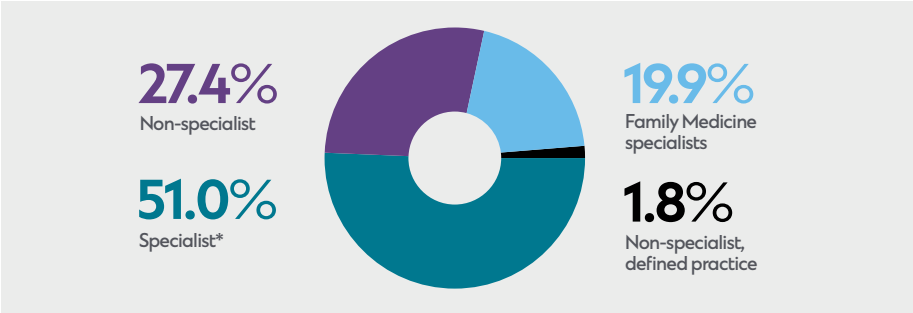
## Physician workforce breakdown



## Canadian Medical Graduate breakdown



## International Medical Graduate breakdown



**What's the difference between a Family Medicine specialist and a General Practitioner?**  
Both are primary care providers, but Family Medicine specialists practise general medicine and have extra training in the specialty of family medicine.



## Permit denials, restrictions and courtesy register

Practice permits denied, restricted or not renewed	2019	2018	2017
Denied	1	8	13
Restricted (see breakdown)	193	176	162
Not renewed (see breakdown)	370	400	379
<b>TOTAL</b>	<b>564</b>	<b>584</b>	<b>554</b>

Practice permits restricted* by category	2019	2018	2017
<b>General Register</b>			
Family Physician	53	46	37
General Practitioner	48	47	45
Non-Specialist Defined Practice	8	8	6
Specialist	49	41	42
<b>Provisional Register</b>			
Family Physician	3	2	2
General Practitioner	15	15	12
Non-Specialist Defined Practice	7	8	7
Specialist	10	9	11
<b>TOTAL</b>	<b>193</b>	<b>176</b>	<b>162</b>

\*Not including the restrictions automatically placed on physicians on the provisional register.

Practice permits not renewed, by category	2019		2018		2017	
	Retired	Inactive*	Retired	Inactive*	Retired	Inactive*
<b>General Register</b>						
Family Physician	30	58	25	76	22	85
General Practitioner	41	18	42	18	39	18
Non-Specialist, Defined Practice	0	2	0	2	0	0
Specialist	75	127	79	133	64	130
<b>Provisional Register</b>						
Family Physician	0	0	0	2	0	4
General Practitioner	0	7	0	9	0	9
Non-Specialist, Defined Practice	0	2	0	3	0	1
Specialist	1	9	0	12	0	9
<b>TOTAL</b>	<b>147</b>	<b>223</b>	<b>146</b>	<b>255</b>	<b>125</b>	<b>256</b>

\*Includes deactivations for any reason other than retirement, including withdrawal from practice, leaving Alberta, etc.

Courtesy Register*	2019		2018		2017	
	# of Physicians	Avg. Days*	# of Physicians	Avg. Days**	# of Physicians	Avg. Days*
Clinicians	22	8	7	4	18	4
Instructors	5	3	5	3	4	8
Learners	25	60	25	54	30	43
<b>TOTAL</b>	<b>52</b>	<b>31</b>	<b>37</b>	<b>36</b>	<b>52</b>	<b>26</b>

\*Temporary register for physicians visiting Alberta for a specific, short-term activity as a medical instructor, medical learner or clinician.

\*\*Based on total days. May include multiple registrations for one individual.

## Registration assessments

Practice Readiness Assessment (PRA-AB)	2019	2018	2017
<b>Initiated</b>			
Supervised practice assessment only	27	32	41
Preliminary clinical assessment plus supervised practice assessment	51	60	80
<b>Completed*</b>			
Passed	67**	81***	87
Failed	0	1	4
Withdrawn	0	2	3
On hold	4	2	0
In progress at Dec. 31	27	30	31
Pass rate	100%	98.28 %	95.4%

\*Completed assessments may have been initiated in a prior year.

\*\*Includes 20 assessments initiated in 2018.

\*\*\*Includes 24 assessments initiated in 2017.

Return to Practice	2019	2018	2017
Initiated	1	2	1
Completed*	1	3 <sup>1</sup>	0
In progress at Dec. 31	0	0	1

\*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	2019	2018	2017
Initiated	4	5	2
Completed*	6 <sup>1</sup>	3 <sup>2</sup>	3 <sup>2</sup>
In progress at Dec. 31	0	2	0

\*Completed assessments may have been initiated in a prior year.

1. Five physicians were approved for full change in scope; one was denied.

2. Approved for full change.

# Continuing Competence

Continuing Competence is our largest department and the area through which we believe we can make the best impact on patient care. We work hard to help physicians better understand their practice by sharing prescribing data and information we collect during registration and annual renewal. We have access to so much information through the work we do; sharing that information with physicians helps them to self-reflect on their performance, understand their practice in more detail and find ways to improve their patient outcomes.

We also use this same data to identify physicians who can benefit from more in-depth programs, tools and resources, like an individual or group practice review. Led by a team of experts, this outreach to physicians focuses on education and support. Often a simple process change can make their work more satisfying and improve patient care.

## Feedback drives improvements

In 2019, we listened to physicians on ways to improve our own programs and tools including Group Practice Review (GPR), Individual Practice Review (IPR) and Multi-Source Feedback+ (MSF+). Physician feedback also helped us improve information in our Practice Check-up and Prescribing Profile reports. Now, in addition to factors like age, gender, area of work and country of training, physicians can reflect on the impacts of remote/rural versus urban work environments, as well as compare their prescribing practices to a peer group. And to make all our reports easier to access and more timely, we moved them online to CPSA's secure physician portal.



## Tools and programs supporting physicians:

MD Snapshot	<b>Practice Checkup</b> - A custom report sent annually to every physician to identify potential risk factors and stimulate self-directed practice improvement.
	<b>Prescribing</b> - A custom report that gives physicians relevant and timely data to help improve their prescribing and patient care.
Group Practice Review	Physician groups benefit from a trained assessor and peer facilitator who help identify best practices and opportunities to improve adherence to CPSA <i>Standards of Practice</i> .
Individual Practice Review	Individual physicians work closely with Senior Medical Advisors and benefit from courses and programs that help remedy identified opportunities for practice improvement.
Multi-Source Feedback+	Individual physicians receive feedback from their health teams, colleagues and patients on communication, collaboration and professionalism, plus measure of adherence to CPSA <i>Standards of Practice</i> on patient record content and/or referral consultation. This feedback helps physicians reflect on what they do well and identify opportunities to improve patient care.
Infection Prevention and Control	Protects Albertans and healthcare workers from infection by assessing adherence to standards and guidelines that ensure a sterile clinical environment.

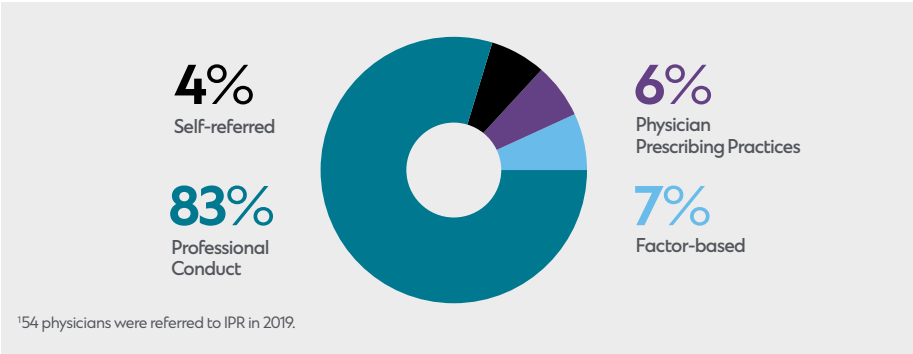
# Continuous learning at-a-glance



Individual Practice Review (IPR)	2019	2018	2017
Physician referrals received	54	46	43
Files closed <sup>12</sup>	43	51	45
Referred to Professional Conduct <sup>3</sup>	2	2	3
In progress at Dec. 31	57	48	55

1. May have been opened in a prior year.
2. Closed after competence concerns resolved through appropriate support(s) or other (e.g., physician has retired or has a health concern).
3. In a small number of cases where IPR is unable to help a physician meet a minimum standard, the file is referred to Professional Conduct.

## IPR sources of referral<sup>1</sup>





Multi-Source Feedback+ (MSF+)	2019	2018	2017 <sup>1</sup>
Initiated	483	166	500
Files closed	579	301	0
Deferrals	41	0	0
In progress at Dec. 31 <sup>2</sup>	228	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)	2019	2018	2017
Clinic reviews initiated	20	49	50
Completed <sup>1</sup>	56	14	49
In progress at Dec. 31	0	36	1

1. Facilitation report sent and action plan submitted.

Fitness to Practice assessments <sup>1</sup>	2019	2018	2017
Initiated	0	5	0
Completed	0	3	0
In progress at Dec. 31	0	0	1

1. Represents assessments resulting from a complaint or hearing.

Members assessed under Section 118, Health Professions Act (incapacity)	2019	2018	2017
Files opened	0	0	0
Assessments completed	0	0	0

## Physician prescribing practices

Prescribing notification letters	High Risk Patient Identification project <sup>1</sup>			3-plus Benzodiazepines 3-plus Opioids <sup>2</sup>			4- Plus Benzodiazepines <sup>3</sup>		
	2019	2018	2017	2019	2018	2017	2019	2018	2017
Physicians notified of at least one patient who met criteria	6	54	98	5	48	215	25	140	135

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 <sup>1</sup>	2019	2018	2017
Opened	1	4	3
Closed	11	4	4
In progress at Dec. 31	3	14	14

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  $\geq 3000$  OME/day was reduced to  $\geq 2000$  mg OME/day in 2018.

Methadone Prescribing Approvals <sup>1</sup>	2019	2018	2017 <sup>3</sup>
<b>For dependence treatment</b>			
General	75	140	124
Patient-specific	4	17	19
<b>For analgesia</b>			
General	3	218	260
Patient-specific	10	269	273
Suboxone® prescribers <sup>2</sup>	0	102 <sup>3</sup>	535

1. Previously known as “Methadone Exemptions.” On 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	2019	2018	2017
Medical Device Reprocessing (MDR)	125	54	99
Follow-up assessments	36	28	25
Public concerns	18	12	31
By request	0	0	3
Hair transplantation	0	1	0
New Clinic Review pilot*	0	7	0
<b>TOTAL</b>	<b>179</b>	<b>102</b>	<b>158</b>
Reportable Breaches**	6	6	6

\*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)

Physicians can develop health conditions that impact their work and patient care. When this happens, we help put supports in place so physicians can manage their health safely and effectively.

Our priority is to make sure that when a physician is impacted by a personal health condition, there is no immediate risk to patients. When possible, we work with the physician's health providers and the Alberta Medical Association's Physician and Family Support Program. This collaborative approach with our partners gives physicians access to more resources when they need them most.

Sometimes, experts will do a formal assessment to help us fully understand complex health conditions and their impact. After an assessment, some physicians may need regular monitoring to help keep them on their path to recovery.

More than 80 per cent of physicians in PHMP are able to practise with minimal impact to their work. In the rare occasion that a physician's own health or patient care is at risk, we put limits on their practice or have them withdraw completely.

With 115 physicians entering the program in 2019, the PHMP team is now supporting 260 physicians who are managing a health condition.

## Types of monitoring

Health monitoring	The physician's care providers understand their issues and provide needed treatment.
Practice monitoring	A colleague is aware of the physician's condition and is supporting them in the workplace.
Biological monitoring	A third party randomly collects and analyzes a physician's blood, urine or other sample. We use this form of monitoring for those recovering from a substance use disorder.

## Practice conditions monitoring

Monitored	2019		2018		2017	
	Physicians	Conditions*	Physicians	Conditions*	Physicians	Conditions*
Opened	41	52	53	76 <sup>1</sup>	47	75 <sup>1</sup>
Closed	33	27	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 or prescribing restrictions).

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

## Physician Health Monitoring

Physician files	2019	2018	2017
Opened	115	149	147
Closed	114	174	99
In progress at Dec. 31	260	288	295

Categories of issues monitored*	2019
Medical	87
Psychiatric	63
Substance use disorders	43
Boundary	20
Criminal	5
Professionalism concerns	2
Blood borne infection	8
Disruptive behaviour	4
Other**	28

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

\*\*Files not yet categorized as health condition is still being reviewed.

## Professional Conduct

Physicians have the training, skills and intention to provide safe patient care, but at some point in their medical career, many will receive a complaint. This is not always a bad thing; in fact, it can often result in positive practice changes.

### How we foster a learning culture

When a complaint stems from a misunderstanding or poor communication, we encourage the physician and complainant to work together to resolve any issues. By facilitating a conversation between them, both parties usually walk away with a new perspective. Often an explanation or apology is all that is needed. If the concern is more complex, like if a physician's record keeping is not up to standard, we'll work with them more closely and recommend further training so they can make simple practice changes that improves patient care.

But when a complaint is more serious, we dig deeper into the issues with a formal investigation. If poor care or judgment is found, our first step is to see if there is an opportunity for the physician to improve their delivery of patient care through education, practice review or restrictions. If so, we'll

get agreement from both the complainant and physician to resolve the issues. In some cases, it is necessary to forward the matter to a hearing tribunal to decide if a physician is guilty of misconduct and what the penalty is. Hearings are rare, but represent yet another learning opportunity, not only for the physician involved but also the entire profession. We share discipline information publicly, and hope all physicians see it as an opportunity to learn and grow their own medical practice.

In 2019, we had 857 complaints involving 756 physicians. We also completed five of nine hearings, which resulted in three physicians being suspended, and two losing their practice permit. Throughout the year, we also reviewed and improved our own internal complaint processes to be more timely in our work.

## Dismissed complaints

Often we have to dismiss complaints because there is not enough evidence or it is not about poor medical care. Although it's the right thing to do, it can be hard on the complainant, so we make sure patient advocates are available to provide support, explain our decisions and answer any questions. We also let complainants know they can request a review of our decision with good reasons.

Complaints received	2019	2018	Variance	2017**
New complaints	857*	854	+0.4%	826
Complaint files closed	910	824	+10.4%	709
Complaint files in progress at Dec. 31	500	553	-10.6%	523
Total physicians receiving a complaint	756	713	+6.0%	712

\*Includes 2 complaints alleging sexual abuse and 3 alleging sexual misconduct.

\*\*2017 data included for information only; variance is between 2018 and 2019.

Disposition of complaints on intake*	2019	2018	2017
Directed to informal resolution	153	113	104
Directed to investigation	359	380	434
Dismissed**	345	361	288

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

\*\*Dismissed due to no or insufficient evidence of unprofessional conduct.

Types of Complaints Received*(%)	2019	2018	2017
Quality of care	46.7	48.0	44.0
Practice management	24.4	25.0	22.9
Medical reporting	12.8	11.6	13.9
Ethics	11.1	9.4	11.6
Unclassified	4.4	4.7	5.9
Third party	0.3	0.8	1.2
Systemic	0.3	0.4	0.5

\*A single complaint may include multiple types

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 (%)	2019	2018	2017
Patient <sup>1</sup>	62.2	60.2	56.8
Family member of patient	22.3	20.7	19.5
Complaints Director <sup>2</sup>	9.2	6.6	6.9
Third party <sup>3</sup>	2.3	4.4	6.3
Lawyer	1.3	2.1	1.4
Other physician	2.7	6.0	9.1

1. Patient or legal 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 a government agency, Workers' Compensation Board, other healthcare provider, pharmacist, employer, friend, etc.

Average days to close by resolution process*	2019	2018	2017
Dismissed outright	13	8	12
<b>Informal resolution</b>			
Direct resolution <sup>1</sup>	50	90	40
Resolved with Consent <sup>2</sup>	230	163	249
<b>Investigation<sup>3</sup></b>			
Dismissed after investigation	339	298	225
Resolved with investigation	465	464	374

\*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 CPSA 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

	2019	2018	2017
Hearing Tribunals convened	9	8	3
Hearing outcomes*	3 <sup>1</sup>	11 <sup>1</sup>	4 <sup>1</sup>
Decision pending*	3	1	4
Ongoing (continuation of proceedings)	2	3	9

\*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	2019	2018	2017
Registration denied due to character/reputation	0	1 <sup>1</sup>	1 <sup>1</sup>
Registration denied due to failed assessment	1 <sup>2</sup>	2 <sup>1</sup>	1 <sup>1</sup>
Practice conditions imposed	0	0	0
Suspended due to complaint – reversed by Council appeal panel	0	1 <sup>1</sup>	
<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>2</b>

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



Professional Conduct Appeals	2019	2018	2017
<b>Dismissed complaints</b>			
By complainant	82	73	67
To Complaint Review Committee (CRC)*	40 <sup>1</sup> , 14 <sup>2</sup> , 2 <sup>3</sup> , 0 <sup>4</sup> , 0 <sup>5</sup> , 20 <sup>6</sup> , 2 <sup>7</sup>	50 <sup>1</sup> , 18 <sup>2</sup> , 0 <sup>3</sup> , 2 <sup>4</sup> , 0 <sup>5</sup> , 2 <sup>6</sup>	65 <sup>1</sup> , 7 <sup>2</sup> , 2 <sup>3</sup> , 1 <sup>4</sup>
To Alberta Ombudsman*	1 <sup>2</sup>	0	1 <sup>2</sup> , 1 <sup>5</sup>
<b>Hearing decisions</b>			
By Complaints Director, to Council	0	1	0
By physician, to Council	1 <sup>1</sup> , 1 <sup>6</sup> , 1 <sup>7</sup> , 1 <sup>8</sup> , 1 <sup>9</sup>	1 <sup>2</sup>	0
By physician, to Courts*	1	1 <sup>6</sup>	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.
7. Physician appealing to Courts.
8. Charges dismissed.
9. Review Panel of Council referred back to hearing.

## Patient Relations Program

In response to changes to the *Health Professions Act* (HPA) to protect patients from sexual misconduct and abuse, CPSA worked with partners, physicians and Albertans to develop and implement a new standard of practice and advice document on Boundary Violations. If for any person it was not clear before, it certainly is clear now. Our standard defines the clear limits around the physician-patient relationship and when—if ever—a consensual relationship is acceptable. And to help Albertans stay informed and be aware of their rights, we posted a FAQ document on [cpsa.ca](http://cpsa.ca).

CPSA also worked with the University of Calgary to create a mandatory, online “Patient Relations” education module for all physicians to address this important issue, and to protect Albertans from sexual abuse and misconduct.

And to be more transparent to Albertans, we’ll be posting more information about any sexual abuse or misconduct hearing decision on our website moving forward. As of April 1, 2019, any physician proven guilty of sexual abuse toward a patient will lose their licence permanently. Those proven guilty of sexual misconduct will face mandatory suspension.

## What about patients?

Coming forward with a complaint about sexual abuse and sexual misconduct can be very difficult for the person involved. In 2019, all Alberta health professions came together to develop a patient relations program. For CPSA, this means any patient who comes forward, now and in the future, can do so knowing they will be fully supported by a third-party counselling service, free of charge.

2019 Sexual Abuse and Misconduct Statistics*	Sexual Abuse	Sexual Misconduct
Complaints opened	2	3
Complaints closed	0	0
Complaints in progress	2	3
Hearings	0	0
Complaints dismissed	0	0
Physician permit cancellations	1 <sup>1</sup>	1
Physician permit suspensions	0	0
Patients who accessed funds	1	0

\*Some cases may have fallen before April 2019 legislation and were handled under previous HPA regulations.

1. Physician withdrew from practice.

## Standards of Practice

Simply put, the CPSA *Standards of Practice* and *Code of Conduct* and the Canadian Medical Association *Code of Ethics and Professionalism* are the basic rules all physicians must follow—from their first day in medical school to their last day on the job. These foundational documents protect Albertans by defining good medical practice, and we use them to measure a physician's behaviour and performance whenever a concern or complaint is raised.

Because of their importance to protect Albertans, we review standards on a basis. We also seek feedback from physicians, Albertans, partners and government before making any changes to make sure we get it right.

We also think it's important to review our own processes and make improvements. In 2019, we added a pre-consultation phase to hear how a standard is currently working, so any proposed changes make sense in everyday practice. We also made the timeframe for consultation more flexible to allow a quicker turn-around when necessary.

We also consulted on amendments to the Canadian Medical Association's *Code of Ethics and Professionalism* and the following CPSA *Standards of Practice*:

- *Duty to Report a Colleague*
- *Duty of Treating Physicians... to Report a Physician to the College\**

- *Self-Reporting to the College*
- *Advertising (Pre-consultation)*
- *Complementary and Alternative Medicine (Pre-consultation)*
- *Conflict of Interest (Pre-consultation)*

\*Full standard name: *Duty of Treating Physicians and Physicians Working in the Context of a Physician Health Program to Report a Physician to the College*

## Consultation process

1	CPSA pre-consultation to inform possible standard edits.
2	Council approves drafts of new and amended documents for consultation.
3	CPSA has a minimum of a 30-day consultation to collect feedback.
4	CPSA collates and/or incorporates all feedback for Council to review.
5	Council approves drafts, as presented or with revisions.
6	CPSA announces approved documents and effective date.

## Accreditation

When you go to a facility for blood work, an x-ray or some other diagnostic or out-of-hospital medical service, you expect accurate, timely and quality care in a clean and safe environment. To make this happen, we work with committees and experts to develop and apply standards for all diagnostic and non-hospital surgical facilities. These standards guide facilities and their staff so Albertans receive safe, high-quality services—every time.

We also send teams of CPSA-trained field experts to evaluate facilities, making sure our standards are in place and working. Doing evaluations on-site is collaborative and supportive, and allows staff to ask questions along the way. We assess facilities when they first open, or anytime they renovate, move or add a new service. And because things can change over time, we re-evaluate all facilities on a four-year schedule. We may also do an assessment when a complaint or concern is raised.

In 2019, we updated our accreditation standards for neurodiagnostics to align with current quality system requirements. Next, we'll look at updating non-hospital surgical facilities and cardiac exercise stress testing standards. This work guides facilities, helping them to enhance their services to all Albertans.

## Facilities we accredit and support

- Cardiac Exercise Stress Testing
- Diagnostic Imaging
- Diagnostic Laboratory Medicine
- Neurodiagnostic Testing
- Non-Hospital Surgical Facilities (NHSF)
- Pulmonary Function Diagnostics
- Sleep Medicine Diagnostics
- Hyperbaric Oxygen Therapy
- Vestibular Testing

## What is “quality”?

In short, quality management is the constant pursuit of excellence—and is our approach when it comes to facility standards. By continually reviewing and updating our work, we help facilities constantly improve their processes to better serve Albertans.

Facility Type	Accreditation Renewed <sup>1</sup>			Accredited (new)			Physicians approved to provide services		
	2019	2018	2017	2019	2018	2017	2019	2018	2017
Diagnostic Imaging	83	17	47	12	27 <sup>2</sup>	26 <sup>2</sup>	47	85	32
Diagnostic Laboratory	39	31	16	0	1	2	N/A	N/A	N/A
Non-Hospital Surgical	18	23	19	0	0	8 <sup>2</sup>	103 <sup>3</sup>	80	49
Pulmonary Function Diagnostic	11	31	14	6	3	12	16	7	7
Neurophysiology	21	14	11	0	0	3	22	7	4
Cardiac Exercise Stress Testing	6	3	8	1	0	2	8	1	7
Sleep Medicine	2	0	0	6	0	0	47	7	0
<b>TOTAL</b>	<b>180</b>	<b>119</b>	<b>115</b>	<b>25</b>	<b>31</b>	<b>53</b>	<b>243</b>	<b>187</b>	<b>99</b>

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.
3. Does not include confirmation of Alberta Health Services approvals.



# 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 under the *Health Professions Act*. The College of Physicians & Surgeons of Alberta depends on the trust Albertans have in our ability to guide physicians and hold them to the highest standards of competence, professionalism and ethics.

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 in Council. 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.

## Physician Members

Dr. John Bradley  
(President)

Dr. Pauline Alakija

Dr. Graham Campbell

Dr. Louis Hugo Francescutti

Dr. Kirsten Jones

Dr. Jaelene Mannerfeldt

Dr. Richard Martin

Dr. Tarek Motan

Dr. John O'Connor

Dr. Luke Savage

Dr. James Stone

## Medical Faculty Deans

Dr. Dennis Kunimoto (Acting),  
University of Alberta

Dr. Jon Meddings,  
University of Calgary

## Public Members

Ms. LeVonne Louie

Ms. Linda McFarlane

Ms. Laurie Steinbach

Ms. Stacey Strilchuk

## Observers

Dr. Lauren Bilinsky, medical resident  
(Sep - Dec. 2019)

Dr. Casey Chan, medical resident  
(Jan - May 2019)

Dr. (PHD) Ryan Chee, medical student

## Past President

Ms. Kate Wood

## 2019 Council



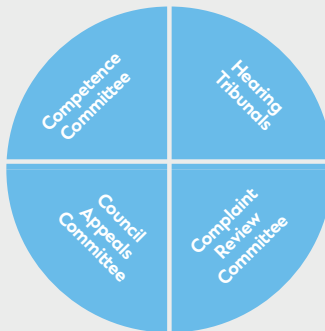
**Left-right top:** Shawn Knight\*, Dr. (PHD) Ryan Chee, Dr. Luke Savage, Dr. Michael Caffaro\*, Dr. Jeremy Beach\*

**Left-right middle:** Ms. Stacey Strilchuk, Ms. Kate Wood, Dr. Casey Chan, Dr. Susan Ulan\*, Dr. Graham Campbell, Dr. Louis Hugo Francescutti, Dr. John O'Connor, Dr. James Stone, Dr. Richard Martin, Dr. Pauline Alakija, Dr. Dennis Kunimoto, Ms. Levonne Louie

**Left-right bottom (seated):** Ms. Linda McFarlane, Ms. Laurie Steinbach, Dr. Karen Mazurek\*, Dr. John Bradley, Dr. Scott McLeod\*, Dr. Jaelene Mannerfeldt

\*CPSA staff

In addition to meeting four times a year, select Councillors also serve on CPSA Committees. The following committees are required by regulation, but Councillors do not serve on Hearing Tribunals or the Complaint Review Committee.







# Who is CPSA?

Our new characteristics will help drive the highest quality health care for Albertans

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## 2019 Council Public Members

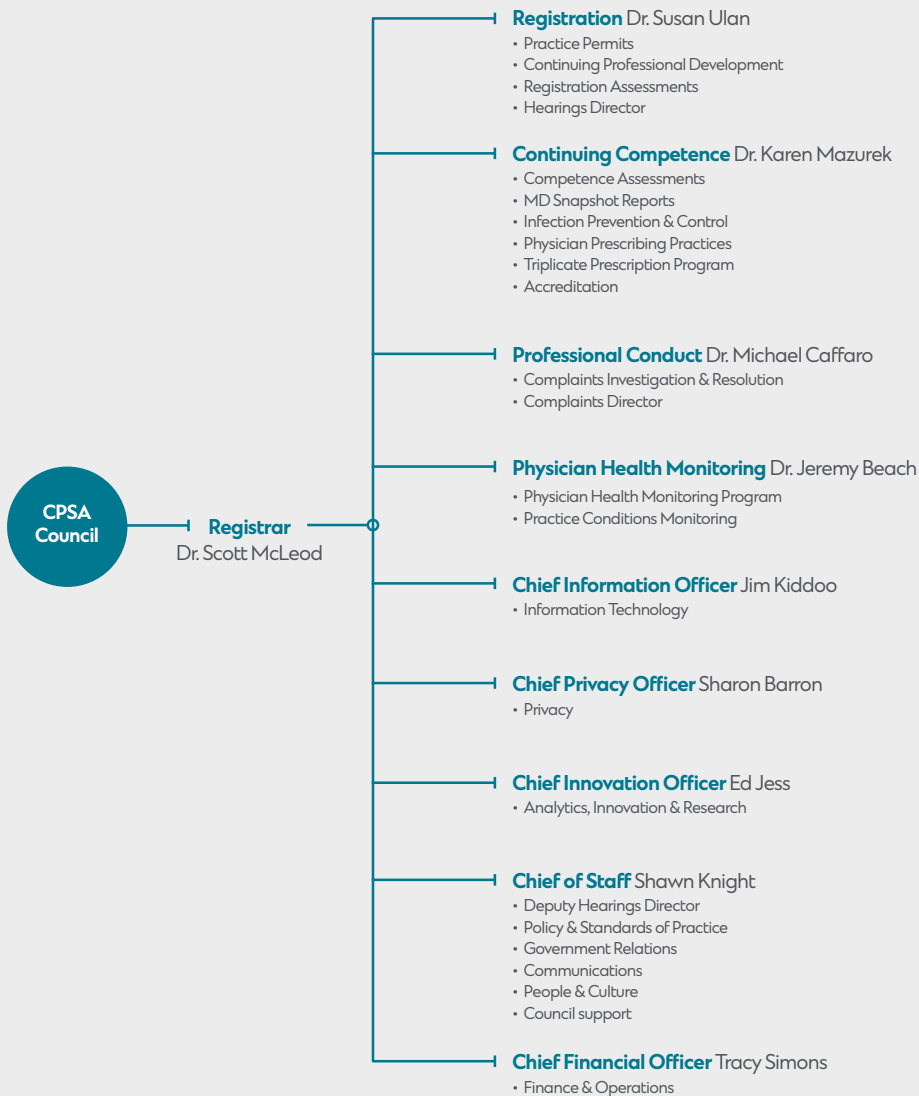
As Albertans on CPSA Council, we've been privileged to help guide the CPSA team through fundamental organizational shifts. CPSA's re-brand put the focus on six characteristics we believe should always guide our work—we want to be collaborative, transparent, consistent, informed, thorough and approachable.

In many ways, CPSA already lives by these six core characteristics. We develop new *Standards of Practice* in partnership with our colleagues and Albertans. To be more forthcoming, we created a new framework for our hearings and complaints process. We've taken steps to improve physician and Albertan access to our resources and important information.

But, we haven't always been able to reference the characteristics by name and consciously consider them in every step of our work. The re-brand helped CPSA zero-in on these essential qualities. While the new logo and new visual identity signify this shift and reinforce CPSA's commitment, we now need to show Albertans through our actions that we're holding ourselves accountable by truly demonstrating progress.

As non-physician members of CPSA's Council, we have a unique perspective within Council. We are representatives for Albertans; it's up to us to challenge the status quo when necessary. The CPSA rebrand was a welcome reinforcement of our vision to provide the highest quality medical care for Albertans.

# Our leadership team





# Financials

## Report of the Independent Auditor on the Summary Financial Statements

To the Members of College of Physicians & Surgeons of Alberta

### **Our opinion**

In our opinion, the accompanying summary financial statements of College of Physicians & Surgeons of Alberta (the Entity) 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 Entity's summary financial statements derived from the audited financial statements for the year ended December 31, 2019 comprise:

- the summary statement of financial position as at December 31, 2019;
- 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 24, 2020.

### **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**

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*.

*PricewaterhouseCoopers LLP*

### **Chartered Professional Accountants**

Edmonton, Alberta  
April 24, 2020



# Summary Statement of Financial Position

As at December 31, 2019

## Assets

Current assets	2019 \$	2018 \$
Cash and cash equivalents	26,569,135	30,328,433
Accounts receivable	4,976,396	5,351,231
Accrued interest receivable	6,805	13,957
Prepaid expenses and other assets	710,503	808,815
<b>Total current assets</b>	<b>32,262,839</b>	<b>36,502,436</b>
Investments	28,314,076	22,775,953
Equipment and leasehold improvements	6,740,192	3,913,412
<b>Total assets</b>	<b>67,317,107</b>	<b>63,191,801</b>

## Liabilities

Current liabilities	2019 \$	2018 \$
Accounts payable and accrued liabilities	2,738,302	3,884,182
Deferred fee revenue	24,329,080	21,951,681
Deferred contributions	48,601	128,001
Deferred leasehold inducements	336,716	358,462
<b>Total current liabilities</b>	<b>27,452,699</b>	<b>26,322,326</b>
Deferred fee revenue	670,816	-
Deferred rent inducement	137,375	-
Deferred leasehold inducements	2,749,847	3,030,443
Employee future benefits	2,892,621	6,216,615
<b>Total liabilities</b>	<b>33,903,358</b>	<b>35,569,384</b>

## Net Assets

	2019 \$	2018 \$
Invested in equipment and leasehold improvements	6,740,192	3,913,413
Internally restricted	8,274,549	7,850,583
Unrestricted	18,399,008	15,858,421
<b>Total net assets</b>	<b>33,413,749</b>	<b>27,622,417</b>
<b>Total net assets and liabilities</b>	<b>67,317,107</b>	<b>63,191,801</b>

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

# Summary Statement of Revenues and Expenditures

## For the year ended December 31, 2019

Revenues	2019 \$	2018 \$
Physician annual fees	23,399,995	22,810,798
Practice readiness fees	1,662,010	2,263,465
Professional corporation fees	1,863,650	1,405,350
Grant funding	867,894	832,328
Physician registration fees	783,000	783,260
Investment income	871,501	781,374
Miscellaneous	618,087	624,472
Recovery of investigation and hearing expenditures	283,883	539,679
Physician practice	288,856	238,539
Physician health monitoring fees	99,988	99,125
Rental income	-	92,129
<b>Total revenues</b>	<b>30,738,864</b>	<b>30,470,519</b>

Expenditures	2019 \$	2018 \$
Administration	5,185,321	5,171,251
Information technology	2,454,349	2,218,218
Office of the registrar	1,466,070	1,329,250
Communication and government relations	1,428,484	1,202,248
Governance	1,247,576	1,571,855
Amortization	883,770	583,499
CPSA activities		
Professional conduct	4,578,434	4,231,043
Physician practice	3,858,104	3,469,429
Physician prescribing and analytics	3,158,747	2,725,890
Registration	2,401,059	2,245,428
Physician health monitoring and practice conditions monitoring	1,798,973	1,741,274
Practice readiness	1,793,522	2,400,738
<b>Total expenditures</b>	<b>30,254,409</b>	<b>28,890,123</b>



	2019 \$	2018 \$
<b>Excess of revenues over expenditures before other items</b>	484,455	1,580,396
<b>Developmental costs</b>	535,902	684,162
<b>Accredit Health Facilities</b>		
Revenues	3,279,707	2,655,085
Expenses	(3,255,093)	(2,825,800)
<b>Excess (deficiency) of revenues over expenditures for facilities</b>	24,614	(170,715)
<b>(Deficiency) excess of revenues over expenditures before other income</b>	(26,833)	725,519
<b>Other income (losses)</b>		
Fair value changes in investments	1,635,694	(687,937)
Investment income building fund	377,515	91,110
	2,013,209	(596,827)
<b>Excess of revenues over expenditures for the year</b>	<b>1,986,376</b>	<b>128,692</b>

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

# Notes to Summary Financial Statements

December 31, 2019

## 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, 2019 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

- the summary financial statements include all statements included in the audited financial statements with the exception of the statement of changes in net assets and the statement of cash flows, as these statements are readily available on request;
- information in the summary financial statements agrees with the related information in the audited financial statements;
- major subtotals, totals and comparative information from the audited financial statements are included; and

- the summary financial statements contain the information from the audited financial statements dealing with matters having a pervasive or otherwise significant effect on the summary financial statements, such as described in note 2.

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

## 2. Summary of select significant accounting policies

### Investments

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

### Revenue recognition

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

CPSA has a defined benefit pension plan for all permanent employees.

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

	2019 \$	2018 \$
Fair value of plan assets	41,845,706	34,549,858
Accrued benefit obligation	44,738,327	40,766,473
Plan deficit	(2,892,621)	(6,216,615)

## 3. Subsequent event

In March 2020, the outbreak of COVID-19 caused by a novel strain of the coronavirus was recognized as a pandemic by the World Health Organization. COVID-19 has introduced uncertainty and volatility in global markets and economies. To date, we have seen a significant decline in the fair value of CPSA's investments and the fair value of the pension plan assets. The length and extent of the negative impact of the virus on the fair value of the investments will depend on future developments, which can not be predicted at this time.





# 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

CPSA 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.

# Partner collaboration

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 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 Society of Radiologists
- Association of Alberta Sexual Assault Services
- Association of Faculties of Medicine of Canada
- Bowmont Medical and Travel Clinic
- 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)
- The Center for Personalized Education for Physicians (CPEP)
- 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
- Crowfoot Village Family Practice
- Department of Health and Social Services, Government of Yukon
- Emergency Strategic Clinical Network (ESCN)
- eHealth Collaborative (Alberta/BC/Ontario)
- Federation of Medical Regulatory Authorities of Canada (FMRAC)
- Health Canada
- Health Quality Council of Alberta (HQCA)
- Institute of Health Economics
- International Organization of Standardization (ISO) Technical Committee TC212
- International Society for Quality in Health Care (ISQua)
- 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 Physician Factors Project
- Physician Learning Program
- PROactive - Partners in Professionalism
- Primary Care Networks
- Program Office for Laboratory Quality Management
- 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
- Alberta Rural Physician Action Plan
- Sexual Assault Centre of Edmonton
- Standards Council of Canada
- University of Alberta, Faculty of Medicine & Dentistry and School of Public Health
- University of Calgary, Cumming School of Medicine
- University of California San Diego
- Western Canada Diagnostic Accreditation Alliance

## Presentations, workshops, panels:

- Alberta Federation of Regulated Health Professionals Continuing Competence Symposium (Edmonton)
- Canadian Association for Drugs and Technologies in Health Annual Conference (Edmonton)
- Coalition for Physician Enhancement Spring 2019 Meeting (Fort Worth, TX)
- Canadian Association for Health Services and Policy Research Conference (Halifax)
- Federation of Medical Regulatory Authorities Annual Meeting (Whistler)
- International Association of Medical Regulatory Authorities Continued Competence Symposium (Chicago, IL)
- Coalition for Physician Enhancement Fall 2019 Meeting (Chicago, IL)
- Alberta Medical Students' Conference and Retreat (Banff)
- CPSA Regional Tour (Red Deer, High Prairie and High Level)
- University of Alberta, Faculty of Medicine & Dentistry Grad Week (Edmonton)
- University of Alberta, Interprofessional Learning Pathway Launch (Edmonton)
- Professional Regulation and Discipline Workshop (Vancouver)
- University of Calgary Medical Student orientation
- University of Alberta Integrated Clinical Clerkship OSCE examinations





