

Annual Report

# 2020



 cpsa

COLLEGE OF PHYSICIANS  
& SURGEONS OF ALBERTA



# Leading through tough times

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CPSA's office is situated on the traditional territory of the Treaty 6 First Nations and the homelands of the Métis People. Through our work, we strive to respect, honour and celebrate the histories, languages and cultures of First Nations, Métis, Inuit and all First Peoples of Canada.

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## Collaborating with Indigenous health leaders

As Alberta's medical regulator, CPSA recognizes our role in reconciliation includes ensuring all aspects of a person—including their culture and identity—are considered in delivering high-quality healthcare services.

2020 brought ongoing conversations between CPSA and Indigenous health leaders across the province on topics about access to quality, culturally-safe medical care for Indigenous patients. In 2021, we see many opportunities for collaboration, beginning with the formation of an Indigenous Health Advisory Circle.

# Vision, Mission & Values

## Vision.

The highest quality medical care for Albertans through regulatory excellence.

## Mission.

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

## Values.

### 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.

# Governance

Alberta's *Health Professions Act* (HPA) grants physicians the privilege of profession-led regulation with significant public involvement, and CPSA is the mechanism for that regulation. CPSA looks to our Council to help guide our strategic direction, discuss and vote on policy decisions affecting physicians and Albertans, and provide final approval on new or updated CPSA *Standards of Practice*. CPSA Councillors bring their unique perspective as physicians, patients and Albertans to the table to ensure the decisions made are current and in the interest of good, safe patient care.

In 2020, CPSA Council had 16 voting members: 11 votes from elected physician members, four votes from public members appointed by Alberta's Lieutenant Governor and one vote shared between the two Alberta medical school deans. Council also welcomes to their table Council's Past President, a resident physician observer and medical student observer. Council has four meetings scheduled per year and met three additional times in 2020.

Every decision CPSA Council makes is rooted in the trust Albertans have in us to hold physicians to the highest possible standards of professionalism, ethics and competency in practice.

## Committees

At CPSA, we are guided and advised by committees made up of physicians, healthcare partners and Albertans. The following committees and panels are required by the *Health Professions Act*:

- Competence Committee
- Complaint Review Committee\*
- Council Review (Appeals) Panel
- Hearing Tribunal Panel\*
- Medical Facility Accreditation Committee

\*CPSA Councillors do not serve on these committees

CPSA is also guided and advised by 15 additional committees that are made up of physicians, healthcare partners and Albertans:

- Assessment Program Advisory Committee
- Executive Committee
- Finance and Audit Committee
- Governance Committee
- IPAC Advisory Committee
- Legislation and Bylaw Committee
- Physician Assistant Advisory Committee
- Physician Health Monitoring Committee
- Strategic Planning Working Group
- Advisory Committee on Diagnostic Imaging
- Advisory Committee on Diagnostic Laboratory Medicine
- Advisory Committee on Non-Hospital Surgical Facilities
- Advisory Committee on Neurodiagnostics
- Advisory Committee on Sleep Medicine Diagnostics
- Advisory Committee on Pulmonary Function Diagnostics

## 2020 Council

### Physician Members

Dr. John Bradley  
President

Dr. Louis Hugo Francescutti  
Vice President

Dr. Graham Campbell

Dr. Richard Buckley

Dr. Christopher Fung

Dr. Daisy Fung

Dr. Kirsten Jones

Dr. Jaelene Mannerfeldt

Dr. John O'Connor

Dr. Luke Savage

Dr. James Stone

### Public Members

Ms. Levonne Louie  
Member-at-Large

Ms. Linda McFarlane

Ms. Laurie Steinbach

Ms. Stacey Strilchuk

### Alberta Medical School Deans

Dr. Brenda Hemmelgarn  
University of Alberta

Dr. Jon Meddings  
University of Calgary

### Observers

Dr. Lauren Bilinsky  
Medical resident

Ms. Michelle Louie  
Medical student

### Past President

Ms. Kate Wood







**Back L-R:**

Ms. Stacey Strilchuk, Dr. Christopher Fung, Dr. Luke Savage,  
Ms. Linda McFarlane, Dr. Graham Campbell, Dr. John Bradley,  
Dr. Richard Buckley, Dr. Kirsten Jones, Dr. James Stone,  
Ms. Kate Wood, Dr. Daisy Fung, Ms. Laurie Steinbach

**Front L-R:**

Ms. Michelle Louie, Ms. Levonne Louie,  
Dr. Louis Hugo Francescutti, Dr. Lauren Bilinsky

\*Photo taken before onset of the COVID-19 pandemic

# Our leadership team

## CPSA Council



## Registrar

**Dr. Scott McLeod**



## Registration

**Dr. Susan Ulan**

- Practice Permits
- Continuing Professional Development
- Registration Assessments
- Hearings Director

## Continuing Competence

**Dr. Karen Mazurek (Jan – Feb);  
Dr. Dawn Hartfield (Feb – Dec)**

- Competence Assessments
- MD Snapshot Reports
- Infection Prevention & Control
- Physician Prescribing Practices
- TPP Alberta

## Accreditation

**Dr. Gordon Giddings (Nov – Dec)**

- Accreditation

## Professional Conduct

**Dr. Michael Caffaro**

- Complaints Investigation & Resolution
- Complaints Director

## Physician Health Monitoring

**Dr. Jeremy Beach**

- Physician Health Monitoring Program
- Practice Conditions Monitoring

## Chief Information & Privacy Officer

**Jim Kiddoo**

- Information Technology
- Privacy

## Chief Innovation Officer

**Ed Jess**

- Analytics, Innovation & Research

## Chief of Staff

**Shawn Knight**

- Deputy Hearings Director
- Policy & Standards of Practice
- Government Relations
- Communications
- People & Culture

## Chief Financial Officer

**Tracy Simons**

- Finance & Operations



# A message from CPSA Council President Dr. John Bradley

When I stepped into the role of Council President two years ago, I felt prepared for the challenge knowing I had the support of a strong Council. I expected to lead Council as we provided guidance to CPSA's leadership team, working together to ensure our profession lives up to the responsibility of self-regulation. While my first year as President in 2019 went mostly as expected, it's fair to say my second year, 2020, had other plans.

I think we can all agree 2020 was a year like no other. The pandemic brought challenges to the medical profession that no one could have predicted, with physicians struggling to treat an illness we knew little about. Many sacrifices have been made to ensure Albertans continue to receive the best care we can provide, even under extraordinary circumstances.

I also saw the team at CPSA adapt over the past year and find new ways to guide our profession while continuing to fulfill our mandate of protecting the public—in addition to managing their day-to-day operations. Everyone on CPSA's team played a role in making sure physicians were supported so they could care for Albertans during this difficult time. That said, with these accomplishments came learning and opportunities for growth. We know there are areas where we can do better and improve how we work with physicians in the best interest of Albertans. But if the hard work I've seen from the team at CPSA in 2020 is any indication, they are more than up to the challenge.



Dr. John Bradley

As a physician, pride doesn't even begin to describe how I've felt witnessing the dedication of my medical colleagues as they've confronted many obstacles to provide their patients with the care they need. And as Council President, I've been inspired by the resilience of our profession and by the entire CPSA team.

I never pictured my term as CPSA's Council President coming to an end in the midst of a public health emergency. However, I feel fortunate to have seen first-hand how we can all step up to support each other and work together to ensure Albertans continue to receive quality care when they need it most.

I'm pleased to present our annual report, 2020: leading through tough times, approved by CPSA Council. There isn't a report long enough to share everything the medical profession accomplished in 2020, but this report highlights and reinforces our shared commitment to Albertans and the safe practice of medicine.

A handwritten signature in blue ink that reads "John Bradley".

# A message from the Public Members of CPSA Council

## Bringing the patient perspective to CPSA Council

2020 was an incredibly difficult year for Alberta's physicians and for patients seeking care across our province. We give our sincere and heartfelt thank you to physicians and healthcare workers for facing the COVID-19 pandemic head-on with your skills, knowledge, dedication, compassion and courage.

CPSA Councillors are unified by a shared mandate to protect the public and ensure Albertans receive the best care possible. While each CPSA Councillor brings a unique perspective and voice to the discussion, we as public members lend our personal experiences as Albertans and patients to help ensure this important perspective is considered and heard when decisions are made. A challenging year like 2020 reinforced how each Councillor's experience, whether as a physician or patient, provides valuable input in helping CPSA Council continue fulfilling our mandate.

This year also emphasized the importance of providing quality patient care that all Albertans can access, and the conversation about patient safety, not only in the hospital but also in the community, continues to be a big focus. 2020 was an example



L-R: Ms. LeVonne Louie, Ms. Stacey Strilchuk, Ms. Laurie Steinbach, Ms. Linda McFarlane

\*Photo taken before onset of the COVID-19 pandemic

of how the healthcare needs of Albertans are ever-evolving—so too are their expectations of physicians and CPSA. While advancements in digital health care are breaking traditional care delivery limitations and virtual care options are multiplying, the need for evidence-based practice and leadership remain fundamental, and this is where CPSA plays a vital role in Alberta's healthcare system.

CPSA must keep its focus on regulating the profession with the best interests of Albertans at the forefront, and that is why public members play a vital role. As we look ahead to 2021, we anticipate the increased diversity in thought that welcoming five new public members—and shifting to an equal composition of public and physician members—will bring to CPSA Council. However, diversity around our table is not enough. 2020 served as an important reminder we must also continue making space to hear and learn from the Albertans we serve, especially our province's most vulnerable groups, including Black, Indigenous and people of colour; LGBTQ2S+; and immigrant and refugee populations.

CPSA's focus on learning, excellence and innovation makes this organization a leader in regulation across Canada, and we look forward to seeing how this continues to evolve in the years to come.

# A message from CPSA Registrar Dr. Scott McLeod

How do you summarize a year that defies definition? In 2020, the World Health Organization declared COVID-19 a global pandemic. By the end of the year, about 80 million people were infected worldwide and 1.8 million people had lost their lives. In response to escalating racism and discrimination, anti-racism demonstrations erupted around the world, pushing individuals, communities and institutions to address their own biases and behaviours. Closer to home, thousands of Albertans experienced uncertainties surrounding the economy, their jobs and most importantly, their health.

There's no denying 2020 was a tough year. But if I were to focus solely on adversity, I would only be telling part of the story. This past year, physicians demonstrated incredible strength as they answered the call to be leaders within their teams and communities. They continued to offer the best care possible to their patients, despite having to adapt to public health restrictions and the realities of health care in a pandemic. Throughout this tumultuous year, our province's physicians have been there for Albertans. That, to me, is the definition of leading through tough times.

For CPSA, guiding physicians in providing Albertans with quality health care remained our priority in 2020, and I'm proud of how our team found ways to adapt and innovate within our role as Alberta's medical regulator. At the beginning of the COVID-19 pandemic in March, we quickly pivoted to ensure physicians had



Dr. Scott McLeod

the tools, information and support they needed to continue offering Albertans safe, effective care. From advice to the profession on virtual care to guidance on making difficult practice decisions during a pandemic, we worked to anticipate the needs of physicians and help them make the best decisions for their patients. Medical regulation continues to evolve at a rapid pace and the COVID-19 pandemic was an opportunity for us to see how innovative we can become.

I want to acknowledge physicians and the frontline healthcare teams who continue to support Albertans at their most difficult times. We at CPSA will remember you as the heroes of 2020—the ones who worked tirelessly under extraordinary circumstances and faced the unknown to care for Albertans. With that, in honour of your commitment and leadership, we would like to dedicate the stories in our annual report, 2020: leading through tough times, to you.

The stories of our work in 2020 truly speak for themselves, and I encourage you to read on to see how CPSA faced 2020's challenges and opportunities.

A handwritten signature in blue ink, reading "Scott McLeod".





# This is 2020: our year in stories

# Balancing priorities in 2020 for Alberta's physicians

As Alberta's medical regulator, CPSA is in the important position of acting in the best interest of Albertans. A priority for CPSA is working with the Minister of Health and Alberta Health on a number of complex and challenging issues, always putting the needs of Albertans at the forefront.

In 2020 we collaborated with the Government of Alberta and provided input on issues ranging from healthcare regulation to meeting the needs of physicians while ensuring safe, quality care for Albertans. Managing these priorities while upholding our responsibilities under the *Health Professions Act* (HPA) is CPSA's mandate.

**"CPSA believes one of our greatest values is providing honest and reputable advice to the government. I believe our relationship with the government has evolved to a place of mutual respect and understanding."**

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



# Timeline

## February 2020

On Feb. 20, 2020, Alberta Health and the Alberta Medical Association's negotiations came to a standstill when the government terminated the compensation agreement in place for physicians. The dispute was set on the backdrop that half of Alberta's provincial budget is allocated to health care, but at the same time physicians were on the brink of a global health crisis that would impact every practising physician in Alberta. While CPSA is not involved in physician compensation, these competing priorities set the stage for a tumultuous year.

## April 2020

While physicians continued their heroic efforts to support their patients during a pandemic, some physicians took to social media to voice their opinions about the ongoing compensation dispute. To ensure patients' needs remained at the forefront for physicians, CPSA developed an Advice to the Profession document, Making Difficult Practice Decisions During a Pandemic, to reinforce the importance of putting patients first while not restricting physicians' constitutional rights.

## March 2020

On March 17, 2020, the COVID-19 pandemic prompted Premier Jason Kenney to announce a state of emergency and urged all non-essential businesses to close. This had an immediate impact on physicians and their ability to provide a full range of services to patients. Only emergency, obstetric and oncology patients were seen in person and most other care was moved to a virtual environment.

By late March, the government revised Alberta's virtual care billing code for physicians to support the online delivery of care. In response, CPSA published an Advice to the Profession document on Virtual Care to support best practices while finding viable alternatives to caring for patients.

## May 2020

As the province started to lift public health restrictions from the first wave of the pandemic, physicians began reopening their medical practices. CPSA once again provided guidance to the profession based on the recommendations of Dr. Deena Hinshaw, Alberta's Chief Medical Officer of Health, in the form of another Advice to the Profession document, Reopening a Medical Practice. Physicians had to carefully consider their COVID-19 precautions and protocols and adapt their practices accordingly.

## June 2020

In June 2020, Health Minister Tyler Shandro wrote CPSA requesting updates to our *Job Action* and *Closing or Leaving a Medical Practice* standards of practice by July. The request was in response to reported concerns that physicians were leaving their practices or leveraging patients in the ongoing contract dispute.

## August 2020

Along with Alberta's other health profession regulators, CPSA had the opportunity to share feedback with Alberta Health on a discussion paper outlining possible amendments to the *Health Professions Act*. CPSA did a thorough review of the discussion paper and was pleased to be consulted on these important potential changes, some of which were passed in the fall of 2020.

## July 2020

At CPSA Council's request, Health Minister Shandro granted CPSA sufficient time to complete a full consultation on three of our standards of practice: *Job Action*, *Closing or Leaving a Medical Practice* and *Relocating a Medical Practice*. We quickly began work updating the standards, a process which generally takes over nine months, for Council to review before going to consultation.

## September 2020

Following the Health Minister's request to update the standards of practice, CPSA Council approved Consultation 019. This allowed a one-month consultation period for physicians, partners, Albertans and the Minister to provide feedback on proposed changes to the standards.

## October 2020


Consultation 019 ran from Sept. 15 through Oct. 15 and received considerable feedback from physicians, partners, Albertans and government, including 395 responses to *Closing or Leaving a Medical Practice* alone. In fact, it garnered among the highest levels of participation of any CPSA consultation, second only to the *Medical Assistance in Dying* standard. Significant changes were proposed from all parties and the standards underwent notable revisions to bring to CPSA Council.

## December 2020

On Dec. 3, 2020, CPSA Council spent hours carefully reviewing the updated standards before moving to bring them into effect on Jan. 1, 2021.

CPSA shared the updated standards with the Minister of Health for his review. A testament to the efforts to capture all perspectives in the new standards, the Minister accepted the standards as presented.

CPSA shared the updated standards with all physicians on Dec. 15, 2020, before they took effect Jan. 1, 2021. Though we received minimal feedback on the finalized versions, the response from physicians was generally positive and confirmed CPSA struck the right balance when updating the standards.

Although 2020 presented significant challenges, Alberta's physicians worked tirelessly to find ways to provide quality care to Albertans during a pandemic while advocating for their needs in the healthcare system. All the while, CPSA remained focused on guiding the medical profession and protecting Albertans while collaborating with our partners at the Government of Alberta. 

# Our response to COVID-19

In the face of the COVID-19 pandemic and as the province entered a lockdown in March 2020, healthcare workers heeded the call to provide compassionate care to their communities in the face of the unknown.

“CPSA worked hard to have a steady hand at the wheel when guiding the profession. We provided physicians with a calm and trusted voice during a time of great uncertainty, so they could feel equipped to provide care to Albertans,” says CPSA Registrar Dr. Scott McLeod.

Since the onset of the COVID-19 public health emergency, CPSA focused on guiding and supporting physicians so they could focus on what matters most: good, safe and accessible patient care. With the situation evolving daily, ensuring we could provide physicians with the latest information was critical in remaining proactive in our response.

“CPSA’s role is about communication,” says Dr. McLeod. “We have to ensure physicians are up-to-date and that we are a source of reliable information.” From weekly updates to physicians, to preparing documents to support them in their practices, CPSA kept our lines of communication open to minimize disruptions in care. We also worked in tandem with the Government of Alberta and the Chief Medical Officer of Health to ensure our guidance for physicians was aligned with the most up-to-date public safety measures and recommendations as the situation changed daily. Remaining nimble was key to our pandemic response.

“We didn’t know what was coming, but we were prepared to respond,” says CPSA Chief of Staff Shawn Knight. “Because we were so engaged with each other, with our team and with all our major partners as the pandemic quickly evolved, we were ready to respond—we were right on it.”

During the first wave of COVID-19, CPSA and Alberta Health Services launched the COVID-19 Physician Registry to stay on top



Photo supplied by AHS

of the province’s physician resources and be ready in the event physician redeployment was required. Once again, physicians answered the call, showing their commitment to the health of Albertans.

CPSA’s approach to leadership through tough times stems from finding unique ways to bring people together to achieve a common goal. The physician registry is just one example of how we collaborate with our healthcare partners in the interest of Albertans. “There was this extreme willingness from everyone to communicate with each other, to share information and to be adaptable. It put us in a good spot to be able to support Albertans and physicians,” Knight says. “Ultimately, if we support physicians, they can provide good care.”

One of the most prominent ways CPSA demonstrated leadership, collaboration and preparedness was by supporting the use of virtual care by physicians. “Virtual care was key in protecting patients and healthcare professionals,” Knight explains. “By championing virtual care, we minimized the risk of transmission in healthcare settings while still providing access to high-quality care, helping Alberta flatten the curve.”

Looking back on 2020, it was a year of heartache and loss, but there were also opportunities to learn and connect. “Collaboration within the healthcare system is what gets us through challenging times,” says Dr. McLeod. “It is our collective strength and working together as a team that will see us through to the other side of the pandemic.”

# An overdue look at racism and bias in health care

Racial tensions came to a tipping point after the shocking death of George Floyd at the hands of police officers in 2020. The wave of Black Lives Matter protests that followed sparked conversations about systemic racism and racial injustice around the world. Here in Canada, many faced the truth that it's past time to take a deep, honest look at racism in our workplaces, institutions, communities and, most importantly, in ourselves.

Alberta's healthcare system isn't immune to racism and its effects. This came to the forefront in the summer of 2020, when news broke about an incident involving a physician's actions at an Alberta hospital that many perceived as an act of racism. CPSA heard loud and clear the concerns of Albertans and physicians about racism in health care.

At our core, CPSA is a learning organization and this case presented more than its share of lessons. What's more clear than ever is CPSA has an important role to play in addressing bias, racism and discrimination in the medical profession and the greater health system. "One of CPSA's values is continual learning. It's important that we reflect on our own processes to acknowledge where we must do better in the future, for Albertans and physicians alike," says Dr. Scott McLeod, CPSA Registrar.

As Alberta's medical regulator, we expect physicians to treat all patients and colleagues with the utmost respect and dignity, just as we expect physicians to be treated with respect by Albertans. We hold ourselves to the same standard, and we have taken action to address our own unconscious biases as we confront racially-motivated discrimination in health care.


Internally, CPSA is assessing our processes to ensure we haven't unintentionally created barriers for Albertans who seek to

engage in our processes. "We need to recognize and address our own unconscious biases and reduce the time it takes to address complaints," says Dr. McLeod. "We can't fix this just by using our disciplinary authority over doctors who receive complaints. We need to address it every day in all we do."

In February 2021, CPSA Councillors and the entire CPSA team began participating in unconscious bias training as a starting point to help us create a culturally-safe environment in our workplace and to apply to our work as Alberta's medical regulator. We are also developing a plan to recruit a more diverse group of hearing tribunal members to bring a broader perspective to our hearings and their subsequent decisions.

We are committed to creating solutions that will benefit all Canadians. As a member of the Federation of Medical Regulatory Authorities of Canada, we've been working with our counterparts across Canada to create the Working Group on Anti-Racism that addresses racism and discrimination in physician training and practice.

While these are important first steps, we also know there are no quick fixes and we can't do this work alone. It will take continuous effort to make meaningful changes within our processes—and before our efforts affect change across Alberta's healthcare system.

As we look honestly at our own practices and commit to change, we also see how the entire medical profession has an important role to play in protecting the public and healthcare workers from discrimination. "Physicians are leaders in society, and we have an enormous impact on how society behaves," notes Dr. McLeod. "Of course, all of us, including CPSA, make mistakes. Let's look at our own actions with clear eyes and continually strive to make health care more equitable, more inclusive and more just. I can assure you we at CPSA will be doing that." 



# Safety first: supporting a physician's right to safety in the workplace

*This story is dedicated to our colleague Dr. Walter Reynolds—a loving husband, friend, father of two and family physician—who died tragically in 2020 after being attacked while working at a Red Deer medical clinic.*

On Aug. 10, 2020, tragedy struck close to home when news of a violent attack at a Red Deer medical clinic spread across Alberta. As more details emerged and it was discovered a physician had died in the attack, Alberta's medical community paused in disbelief that such a horrific crime could happen in a care space and to someone who dedicated their life to helping others.

What took place that day started a conversation across Canada about the many challenging aspects and expectations of being a physician and just how many healthcare workers have, at some point or another, experienced situations where they felt their safety was put at risk.

"Medicine is about helping people during some of their most difficult times and managing the emotional responses that come with it," CPSA Registrar Dr. Scott McLeod wrote in CPSA's August 2020 newsletter. "It means helping people suffering with mental illness, personality disorders and addictions; providing care to patients who are in pain or have complex needs; and supporting and guiding those facing life-altering medical conditions or terminal diagnoses."



Dr. Walter Reynolds  
Photo supplied by Anelia Reynolds

"However," Dr. McLeod went on, "[this] does not mean any physician should have to put their physical or psychological health at risk."

CPSA recognizes physicians, healthcare workers and patients deserve and have the right to feel safe in care spaces. Much like any other profession or industry, workplace safety in care spaces requires participation from everyone to do their part. It's not something any one person or organization can do alone.


Since 2018, Alberta's PROactive partnership between eight healthcare organizations, including CPSA, has been working together to promote physician professionalism, create safe work environments for physicians and address disruptive behaviours that can affect patient care and workplace safety. "What happened in Red Deer really brought home to all of us the potential risks that physicians often face in their practices. Some physicians feel ill-equipped and ill-prepared to deal with potentially violent patients—they don't know how to protect themselves and may be unsure of what their rights are," explains Dr. Susan Ulan, CPSA Deputy Registrar.

Following the tragic attack in Red Deer, some of the PROactive partnership's work has been focused on helping physicians share their experiences and learn practical strategies to identify

and respond to unsafe situations. In 2020, the PROactive partnership held a series of virtual panel discussions to talk about violence in healthcare workplace settings. The series encouraged physicians to tell their stories of close calls and troubling encounters, identified resources and supports available for healthcare worker safety and wellness in Alberta's hospitals and community clinics, and shared practical techniques for safely de-escalating potentially dangerous situations in healthcare settings, among other topics. The PROactive partners collaborated with the University of Calgary Continuing Professional Development department to create resources that help healthcare workers feel prepared to respond to workplace violence.

Dr. Ulan believes it's important for members of the healthcare community to share their experiences and talk about these difficult topics. "There is a very real risk of experiencing violence in the workplace for healthcare providers. Physicians are trained to soldier on and support others before taking care of themselves," shares Dr. Ulan. "The tragedy in Red Deer heightened everyone's awareness of these risks and led to productive conversations about the importance of working as a team to ensure everyone feels safe."

CPSA's stance on physician and healthcare worker safety in the workplace is clear. "CPSA has no expectation physicians will continue to care for a patient who is threatening and puts their or their colleagues' health and safety at risk," Dr. Ulan assures. "We have a standard of practice in place to provide guidance to physicians who need to terminate a physician-patient relationship, and we encourage physicians to come forward and seek advice from CPSA or other organizations if they find themselves in a challenging or potentially harmful situation."

Creating safe workplaces starts with all of us, and physicians and healthcare workers don't have to take on these challenging situations alone. 

## Better patient care, one practice improvement at a time

Medicine is an ever-changing, always-evolving profession and an important part of a physician's practice is a commitment to lifelong learning. As part of our mandate to protect Albertans by ensuring good medical practice, CPSA is here to provide guidance and support physicians in their journey towards practice improvement.

Through our Continuing Competence programs, CPSA works with physicians to provide practice feedback, educational support and access to comprehensive resources, all to help ensure Albertans receive the highest possible quality of care. But as medicine evolves, so must our programs, which is why in 2020, CPSA developed a new quality improvement program: the Physician Practice Improvement Program (PPIP).

PPIP's overarching goal? To foster a culture of learning, empower physicians to take control of their personal and professional development, and allow physicians to set their own path of improvement and improved patient care. By using a combination of objective data, practice improvement tools, external programs and facilitation, physicians will be able to view their practice through an unbiased lens, identify areas for improvement and decide how they would like to make changes that matter to them and their patients.

Physicians dedicate their lives to helping others. Through PPIP, we want to return the favour by empowering physicians to develop to their best potential as physicians and provide the best care they can.

“PPIP recognizes the work physicians do every day and we want to highlight opportunities to improve the system, one small step at a time,” says Dr. Shelley Howk, CPSA Senior Medical Advisor and PPIP project lead. “In addition to practice improvement, PPIP emphasizes personal growth and physician wellness. Through a cycle of continuous quality improvement and personal development, CPSA wants to support physicians in ongoing learning and best practice.”

## Taking all factors into account

In addition to the quality improvement focus of PPIP, CPSA’s Research and Evaluation Unit (REVU) has done extensive research into the potential risk and protective factors that can impact a physician’s performance in their practice. These factors include, but are not limited to, a physician’s age, their prescribing data and complaint history. Assessing factors allows us to identify physicians who may be at risk of practice issues and could benefit from the resources and education of our competence programs.

“We’ve heard feedback from physicians who felt they were being profiled by these factors,” shares Dr. (PhD) Nicole Kain, Program Manager of CPSA’s in-house REVU team. “We want physicians to know this is not our intention at all. We’re here to help identify possible issues—based on the best available evidence—before they become problems, provide proactive, ongoing support and help physicians improve the quality of care they provide.”

## Ensuring Albertans know a facility has our seal of approval


When Albertans go for blood work, x-rays or other diagnostic or out-of-hospital surgical procedures, they expect accurate, high-quality services in a clean and safe environment. CPSA’s Accreditation team works with these facilities to ensure exactly this, performing on-site evaluations and assessments before they open, every four years, after renovations or relocations, and when new services are added. We also provide support to physicians and support staff when a concern is brought forward about a facility.



In 2020, Accreditation launched a new window badge program so Albertans know their diagnostic or out-of-hospital surgical facility has met our robust standards. Badges began appearing in the windows and digital badges appeared on the websites of accredited facilities towards the end of the year.

“When a patient arrives at a lab, diagnostic imaging, sleep medicine, or any other CPSA-accredited facility, we want them to know we have thoroughly assessed it,” says Liz McBride, CPSA’s Director of Accreditation. “Getting accredited by CPSA is a big achievement for facilities; it shows they have a commitment to quality and safety.”

## The work continues

While 2020 brought many unexpected challenges to medical regulation in Alberta, it also brought opportunity: to improve how and when we support physicians in their practice, to better communicate to Albertans how we confirm the accredited facilities they visit are safe and up to standard, and to ensure everyone impacted by the work we do has access to consistent, transparent information. As a learning organization, CPSA prides itself on finding opportunities to grow and in a year’s time when we look back at what we accomplished in 2021, we know continuous quality improvement will remain a part of our story. 

## An improved, informative online experience

Throughout 2020, CPSA created a new-and-improved website to support physicians, Albertans and all our healthcare partners by providing easy-to-find information about the work we do. The new site launched in February 2021.

“The digital age means everyone is bombarded with information and it can be challenging to differentiate between what we need to know and what’s nice to know,” says Jessica McPhee, CPSA’s Director of Communications. “The work we do impacts so many and our information should be accessible, clear and concise. Our new website helps us to easily connect our audiences with the information they need.”

# The evolution of medical regulation

## A pivotal time in medical history

In a year of uncertainty and significant change, CPSA adapted our approach to medical regulation to ensure it continued to support physicians in order to achieve our mandate of protecting Albertans.

“2020 highlighted how the profession of medicine is at a pivotal time in history. Like many other industries that have had to quickly adjust, you can change and adapt to the future or you will go the way of the dinosaur,” says Dr. Scott McLeod, CPSA Registrar.

Through collaboration with partners and the ability to be nimble, we saw positive change and growth in several areas across the organization, including guidance for virtual care during the COVID-19 pandemic. In addition, CPSA had the opportunity to affect and inform policy decisions in our province, along with laying the groundwork for several proposed amendments to the *Health Professions Act* (HPA).

Virtual care, while already a useful tool for physicians and Albertans, took on a new significance in 2020. CPSA provided clear guidance around virtual care so physicians could see patients remotely through phone and video appointments. Internally, we established a Digitally Enabled Care Working Group, whose focus is on artificial intelligence and machine learning, to help address concerns and educational gaps in digital care, electronic charting and e-prescribing. Externally, we were an active participant in the working group on virtual care, established by the Federation of Medical Regulatory Authorities of Canada. We also spearheaded the creation of the Alberta Virtual Care Working Group—a partnered leadership approach among five Alberta healthcare organizations to establish a high-level framework for virtual care services.

CPSA communicated early with physicians to mitigate concerns about using virtual platforms for the delivery of care. We worked to ease physicians' uncertainty about adherence to CPSA's *Standards of Practice* and provided additional guidance by creating advice to the profession and patient FAQ documents.

"There's no doubt the pandemic helped us recognize the value and benefits of virtual care, but there are risks associated as well, including fragmentation and potentially compromised quality of care," explains Dr. Ewan Affleck, CPSA Senior Medical Advisor and Chair of the Alberta Virtual Care Working Group. "CPSA's job as the regulator is to provide physicians with the resources and knowledge they need to confidently bring the medical home into the patient's home."

As a trusted voice in Alberta's healthcare system, we collaborate with government, our partners and within our own organization to identify and understand how we can better protect Albertans and support physicians. In 2020, we were called upon to consult on proposed amendments to the HPA and share our insights as the province's medical regulator.

In July, Health Minister Tyler Shandro announced an amendment to the HPA requiring all medical regulatory bodies in Alberta to increase public member representation on their councils, hearing tribunals and complaint review committees to 50 per cent of the total members, effective April 1, 2021.

"CPSA's Council is fortunate to have knowledgeable and dedicated Albertans who've stepped forward to participate in Council as appointed public members," says Dr. John Bradley, CPSA Council President. "The balanced representation of public and physician members will bring a greater focus to the healthcare experiences of Albertans and help us continue fulfilling our mandate, while still considering the unique challenges physicians encounter in frontline care delivery."


In late fall, the government passed additional legislation for CPSA to take on Physician Assistant (PA) regulation, also effective April 1, 2021. PAs are trained healthcare providers who work under the supervision of a physician. PAs work in a variety of clinical team settings to complement existing services and help improve patient access to quality health care.



To prepare, CPSA created a PA Advisory Committee with representatives from the Canadian Armed Forces, where PAs have a deeply-rooted history, Alberta Health Services, the Canadian Association of Physician Assistants, Primary Care Networks and the private PA sector.

In helping announce the change, Dr. McLeod shared, "I've seen first-hand how physician assistants can help physicians provide high-quality care to patients, and ultimately how they can improve access to safe and competent care. I know the COVID-19 pandemic has made 2020 a particularly challenging year, but that's why I'm happy to help share some good news for those of us who work in health care, and for the Albertans who will benefit."

There's no denying medical regulation evolved rapidly in 2020, and more changes are on the horizon. One thing is for sure—CPSA will be part of it.

"The regulator needs to be open to helping the profession evolve as opposed to being fixated on the way it's always been done," explains Dr. McLeod. "We can lead by demonstrating how evolving technologies and public expectations can be met in a way that still maintains the responsibilities of the physician." 





# This is 2020: our year in numbers

## Practising physicians

**647** new regulated members

**11,928** physicians on an independent practice register

## Setting the standard

**6** standards of practice in review

- *Advertising*
- *Complementary and Alternative Medicine (now Practising Outside of Established Conventional Medicine)*
- *Conflict of Interest*
- *Closing or Leaving a Medical Practice*
- *Job Action*
- *Relocating a Medical Practice*

**1** new draft standard of practice

- *Cannabis for Medical Purposes*

**5** COVID-19-related advice to the profession documents

## Supporting & listening to Albertans

**3** CPSA patient advocates on CPSA's team

**1** dedicated public.inquiries@cpsa.ab.ca email

**4** virtual focus groups with insights from **28** Albertans

Participation in an omnibus survey reaching **900** Albertans

**46** Albertan responses to our 2020 standard consultations

**1** COVID-19-related patient FAQ document

Continuous engagement with elected officials

## Improving practice quality

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

**98%** pass rate for Practice Readiness Assessments

**77** new-to-Alberta physicians started Practice Readiness Assessments this year

**70** physicians referred for an Individual Practice Review, with only **2** cases forwarded on to Professional Conduct

**18** new group practices participated in a Group Practice Review and are working on action plans to enhance their group practice, with **6** already submitted

**64** Infection Prevention and Control assessments conducted

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

## Following up on community concerns

**763** new complaints received **(-11.0%)**

**826** complaint files closed **(-9.2%)**

## Keeping Alberta's health facilities safe

**16** new facilities accredited

**111** facilities renewed accreditation

# Departments & statistics

## Registration

A physician cannot provide medical care in Alberta until they register with CPSA and obtain a practice permit. By reviewing their education, qualifications and assessing skills when needed, our team in Registration ensures all physicians who practise in Alberta can provide patients with the highest quality of care. Physicians reaffirm their skills and professional development on an annual basis to renew their practice permit.

CPSA has the same expectations of all physicians, including locums, physicians with Canadian credentials and those with international training to ensure Albertans receive safe, competent medical care.

## Responding to COVID-19

During the first wave of COVID-19, CPSA and Alberta Health Services launched the COVID-19 physician registry to ensure we had the resources to support Albertans with the health care they needed, particularly in the event physician redeployment was required. A large majority of physicians (80 per cent, or 9,300) responded when asked to participate in the registry. While the registry shut down when Albertans bent the COVID-19 curve, we reinstated it in preparation for the second wave of the pandemic and over 6,700 physicians responded (a 56 per cent response rate).

Postgraduate trainees (PGTs) must successfully complete a certifying exam to be eligible for CPSA's general register. When the pandemic required the cancellation of spring exams across Canada, our Registration team worked with certifying bodies and the Federation of Medical Regulatory Authorities of Canada to get the 2020 cohort of eligible PGTs into medical practice. Placing these PGTs on our temporary provisional register aligned with approaches across Canada and allowed these physicians to bring their much-needed clinical skills to the fight against COVID-19.

## Registration & membership statistics

	2020	2019	Variance	2018*
Applications issued**	782	822	-4.9%	706
<b>Physician registrations***</b>				
Graduates from Alberta universities	226	237	-4.6%	215
Graduates from other Canadian universities	176	155	+13.5%	188
USA and other	160	167	-4.2%	166
Total new registrations	647	652	+3.4%	639
Reactivated registrations	60	85	-29.4%	70
<b>TOTAL</b>	<b>707</b>	<b>737</b>	<b>-4.1%</b>	<b>709</b>

\*2018 data included for information only; variance is between 2019 and 2020.

\*\*Applications for independent practice registration, issued by CPSA to qualified candidates via [physiciansapply.ca](https://physiciansapply.ca).

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

Members on an independent practice register*	2020	2019	Variance	2018**
General Register	11,141	10,876	+2.4%	10,531
Provisional Register (Conditional Practice)	787	817	-3.7%	906
<b>TOTAL</b>	<b>11,928</b>	<b>11,693</b>	<b>+2.0%</b>	<b>11,437</b>

\*Number represents unique individuals actively practising at any point throughout the year.

\*\* 2018 data included for information only; variance is between 2019 and 2020.

General Register breakdown*	2020	2019	2018
Family Physician**	3,948	3,807	3,619
General Practitioner	1,284	1,299	1,301
Non-Specialist, Defined Practice	54	53	53
Specialist	5,855	5,717	5,558
<b>TOTAL</b>	<b>11,141</b>	<b>10,876</b>	<b>10,531</b>

\*Number represents unique individuals actively practising at any point throughout the year.

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

Provisional Register breakdown*	2020	2019	2018
Family Physician**	164	120	127
General Practitioner	368	447	508
Non-Specialist, Defined Practice	39	34	35
Specialist	216	216	236
<b>TOTAL</b>	<b>787</b>	<b>817</b>	<b>906</b>

\*Number represents unique individuals actively practising at any point throughout the year.

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

## Permit denials, restrictions and courtesy register

Practice permits denied, restricted or not renewed	2020	2019	2018
Denied	1	1	8
Restricted (see breakdown)	208	193	176
Not renewed (see breakdown)	465	370	400
<b>TOTAL</b>	<b>674</b>	<b>564</b>	<b>584</b>

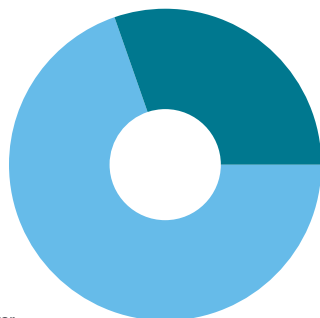
## Physician workforce breakdown

64.5%

Domestic Medical Graduates

35.5%

International Medical Graduates



\*General Register and Provisional Register Conditional Practice combined.

## 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.

## Canadian Medical Graduate breakdown

53.7%

Specialist

40.0%

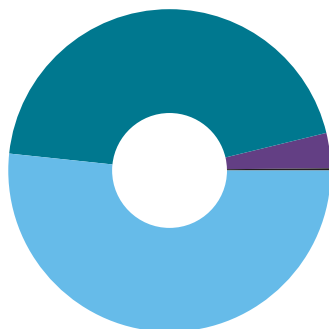
Family Medicine specialists

6.1%

Non-specialist

0.2%

Non-specialist, defined practice



## International Medical Graduate breakdown

38.7%

Specialist

32.2%

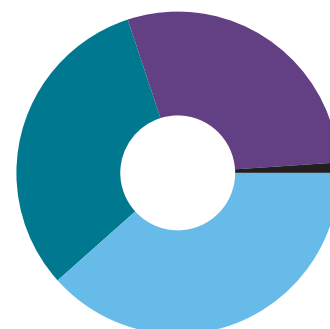
Non-specialist

26.5%

Family Medicine specialists

2.6%

Non-specialist, defined practice



Practice permits restricted* by category	2020	2019	2018
<b>General Register</b>			
Family Physician	58	53	46
General Practitioner	49	48	47
Non-Specialist, Defined Practice	8	8	8
Specialist	52	49	41
<b>Provisional Register</b>			
Family Physician	3	3	2
General Practitioner	21	15	15
Non-Specialist, Defined Practice	6	7	8
Specialist	11	10	9
<b>TOTAL</b>	<b>208</b>	<b>193</b>	<b>176</b>

\*Not including the restrictions automatically placed on physicians on the Provisional Register.

Practice permits not renewed, by category	2020		2019		2018	
	Retired	Inactive*	Retired	Inactive*	Retired	Inactive*
<b>General Register</b>						
Family Physician	39	80	30	58	25	76
General Practitioner	48	26	41	18	42	18
Non-Specialist, Defined Practice	3	0	0	2	0	2
Specialist	102	137	75	127	79	133
<b>Provisional Register</b>						
Family Physician	0	8	0	0	0	2
General Practitioner	0	5	0	7	0	9
Non-Specialist, Defined Practice	0	1	0	2	0	3
Specialist	1	15	1	9	0	12
<b>TOTAL</b>	<b>193</b>	<b>272</b>	<b>147</b>	<b>223</b>	<b>146</b>	<b>255</b>

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

Courtesy Register*	2020		2019		2018	
	# of Physicians	Avg. Days**	# of Physicians	Avg. Days**	# of Physicians	Avg. Days**
Clinicians	3	2	22	8	7	4
Instructors	3	2	5	3	5	3
Learners	6	56	25	60	25	54
<b>TOTAL</b>	<b>12</b>	<b>60</b>	<b>52</b>	<b>31</b>	<b>37</b>	<b>36</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)	2020	2019	2018
<b>Initiated</b>			
Supervised practice assessment only	26	27	32
Preliminary clinical assessment plus supervised practice assessment	51	51	60
<b>Completed*</b>			
Passed	75 <sup>1</sup>	67 <sup>3</sup>	81 <sup>4</sup>
Failed	1	0	1
Withdrawn	1	0	2
On hold	2 <sup>2</sup>	4	2
In progress at Dec. 31	15	27	30
<b>Pass rate</b>	<b>98.30%</b>	<b>100%</b>	<b>98.28 %</b>

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

1. Includes 16 assessments were initiated in 2019.
2. Includes 12,019 initiated assessments on hold in 2020.
3. Includes 20 assessments were initiated in 2018.
4. Includes 24 assessments were initiated in 2017.

Return to Practice	2020	2019	2018
Initiated	0	1	2
Completed*	0	1	3 <sup>1</sup>
In progress at Dec. 31	0	0	0

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

1. Approved for full return.

Change in Scope	2020	2019	2018
Initiated	6	4	5
Completed*	4 <sup>1</sup>	6 <sup>2</sup>	3 <sup>1</sup>
In progress at Dec. 31	2	0	2

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

1. Approved for full change
2. Five approved for full change; one completed but not approved.

## Continuing Competence

Albertans deserve the best care their physicians have to offer. Our Continuing Competence team offers innovative, comprehensive programs in both the quality assurance and quality improvement streams to support physicians' lifelong learning. With tools like our Group Practice Review and programs like Physician Assessment & Feedback, Individual Practice Review and Physician Practice Improvement, we work with physicians to help their performance and practice while improving patient care and outcomes.

## Responding to COVID-19

Like the rest of CPSA, the Continuing Competence team adapted quickly to support physicians in a COVID-19 environment. We paused all in-person assessments in March while we developed and transitioned to a virtual assessment process. While this resulted in fewer assessments conducted in 2020, it minimized the risk of COVID-19 exposure for both our assessors and medical office staff.

We also responded to hundreds of COVID-19-related questions from Albertans and physicians. While monitoring evolving public health orders closely, we guided physicians with regular communication and updated advice to the profession documents with the Standards of Practice team.

## Continuing Competence statistics

Individual Practice Review (IPR)	2020	2019	2018
Physician referrals received	70	54	46
Files closed <sup>1,2</sup>	35	43	51
Referred to Professional Conduct <sup>3</sup>	2	2	2
In progress at Dec. 31	90	57	48

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\*

Professional Conduct	40.0%
Physician Prescribing Practices	1.4%
Factor-based	21.4%
Accreditation	1.4%
Physician Assessment & Feedback (PAF)	32.9%
Other	2.9%

1. 70 physicians were referred to IPR in 2020.

Sources of referral come from various program areas across CPSA. Concerns can be identified while engaging in these programs, resulting in an opportunity to improve competence through our IPR program.

Physician Assessment & Feedback (PAF)	2020
Initiated	62
Deferred	7
Referred to Individual Practice Review (IPR)*	23
Closed	28
In progress at Dec. 31	4
*Previously published as referred to Professional Conduct. Corrected to Individual Practice Review (IPR).	

Multi-Source Feedback+ (MSF+)	2020	2019	2018
Initiated	0	483	166
Files closed	122	579	301
Deferrals	103	41	0
In progress at Dec. 31 <sup>1</sup>	3	228	365

1. May have been initiated in a prior year.

Group Practice Review (GPR)	2020	2019	2018
Clinic reviews initiated	18	20	49
Completed <sup>1</sup>	6	56	14
In progress at Dec. 31	12	0	36

1. Facilitation report sent and action plan submitted.

Fitness to Practice assessments*	2020	2019	2018
Initiated	2	0	5
Completed	2	0	3
In progress at Dec. 31	1	0	0

\*Represents assessments resulting from a complaint or hearing.

Members assessed under Section 118, Health Professions Act (incapacity)	2020	2019	2018
Files opened	0	0	1*
Assessments completed	0	0	0

\*Previously reported as 0. Corrected to 1.

## Physician Prescribing Practices

	High Risk Patient Identification project <sup>1</sup>	3-plus Benzodiazepines 3-plus Opioids <sup>2</sup>	4-plus Benzodiazepines <sup>3</sup>
	2020	2020	2020
Number of cases reviewed <sup>4</sup>	213	414	742
Physicians contacted with notification and/or advice	0	3	6
Physicians further engaged with program for ongoing education/support	0	1	1

1. Physician provided with education and advice 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.
2. Physician provided with education and resources to support appropriate management of patients identified as receiving three or more benzodiazepine and three or more opioid prescriptions within a three-month period.
3. Physicians with a patient who received four or more benzodiazepine prescriptions within a three-month period are contacted with information, support and education.
4. Each prescription dispensed that meets the respective criteria is reviewed.

Daily Oral Morphine Equivalent (DOME) project <sup>1</sup>	2020	2019	2018
Opened	4	1	4
Closed	4	11	4
In progress at Dec. 31	3	3	14

1. Physicians with patients receiving the highest Oral Morphine Equivalent (OME)/day over a three-month period participate in collaborative educational programs to support responsible prescribing and safely reduce dose levels where appropriate.

Opioid Agonist Treatment (OAT) Prescribing Approvals <sup>1</sup>	2020	2019	2018
Initiation	57 <sup>2</sup>	75	140
Maintenance	2	4	17

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. Number includes 20 renewals.

MD Snapshot-Prescribing <sup>1</sup>	Q1 2020	Q2 2020	Q3 2020	Q4 2020
All physicians who prescribed an opioid or a sedative (Benzodiazepines or like drugs) in a quarter provided with individualized profile in an online environment	0 <sup>2</sup>	0 <sup>2</sup>	8,940	9,389

1. MD Snapshot-Prescribing is a customized profile reporting on prescribing of monitored medications in a physician's practice. It serves a dual purpose of increasing prescribing awareness for individual physicians and supporting care optimization for patients.
2. No notification sent (COVID-19).

## Infection Prevention and Control (IPAC)

Medical Office Assessments	2020	2019	2018
Medical Device Reprocessing (MDR)	32	125	54
General IPAC	11	0	0
Follow-up assessments	11	36	28
Public concerns	10	18	12
By request	0	0	0
Hair transplantation	0	0	1
<b>TOTAL</b>	<b>64</b>	<b>179</b>	<b>102**</b>
Reportable Breaches*	1	6	6

\* Redefined from "Reports to the Medical Officer of Health", "Reportable Breaches" now encompasses all breaches regardless of source of identification.

\*\*Includes seven assessments from a clinic review pilot in 2018.

## Analytics, Innovation & Research (AIR)

CPSA is a learning organization and our Analytics, Innovation & Research team supports and informs much of our evidence-based decision-making and program development. Made up of our Research and Evaluation Unit (REU), Physician Prescribing Practices (PPP) and TPP Alberta (a program administered by CPSA), this team uses data to guide physicians in their practice through self-reflective reports like MD Snapshot-Prescribing and MD Snapshot-Practice Checkup, and delivers directed feedback through educationally-focused, high-risk interventions. Our PPP team connects physicians with specialized resources and maintains a provincial listing of Opioid Agonist Treatment clinics for patients.

The AIR team supports Albertans by striving to create a culture in which a patient can be confident in the care provided to them by a physician.

## Responding to COVID-19

As the onset of the pandemic quickly evolved, the AIR team remained nimble in our response. Health Canada introduced temporary changes to prescribing rules in light of the pandemic, which we communicated to physicians to ensure Albertans could easily access the medication they need. PPP and TPP Alberta quickly developed updated guidance to ensure safe, competent prescribing practice during the pandemic.

Our REU team is frequently found presenting across the globe on their cutting-edge research. With the COVID-19 pandemic and conferences being cancelled, our REU team's efforts pivoted to focus on research and writing new publications for peer-reviewed journals. We also collaborated with and supported Alberta physicians in their research for the ABTraceTogether COVID-19 contact tracing application and a study on COVID-19's impact on the mental and physical health of physicians.

Our REU team's research is internationally-recognized. In 2020, we published a paper, "Survey of physician attitudes to using multisource feedback for competence assessment in Alberta," in the medical journal *BMJ Open*.

## Physician Health Monitoring Program (PHMP)

Sometimes, the physician becomes the patient. When a physician's health impacts their work, our Physician Health Monitoring Program (PHMP) provides support and resources so physicians can manage their condition and continue to take care of their patients.

### Types of monitoring

<b>Health monitoring</b>	The physician's care providers understand their issues and provide needed treatment.
<b>Practice monitoring</b>	A colleague is aware of the physician's condition and is supporting them in the workplace.
<b>Biological monitoring</b>	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.

### Responding to COVID-19

In 2020, PHMP responded to a higher volume of calls from physicians with a pre-existing health condition who were concerned about working during the pandemic, and from Albertans concerned their physician was not meeting public health restrictions.

We also switched our monitoring practices from face-to-face meetings to virtual calls. For our biological monitoring program, which requires specimen collections, we focused more heavily on virtual tools, such as remote breathalyzers using cell phone technology instead of in-person urine screenings. This flexibility not only protected physicians from potential exposure to COVID-19 at collection sites, but also helped reduce workload and stress on Alberta's labs, which were experiencing an extraordinary number of collections during the pandemic.

Implementing these safety measures has worked. Between March and December 2020, not one physician in PHMP reported a positive COVID-19 test result. Also, despite a dramatic reduction in monitoring visits, we have not seen any increase in physicians relapsing from their condition compared to previous years.

## Studying the impact of COVID-19 on physicians

To help understand the impact of COVID-19 on frontline physicians' physical and mental health, CPSA helped fund a study by Dr. Nicola Cherry at the University of Alberta. Ongoing reports from the study identify how to improve workplace practices and supports to reduce stress—information very helpful to physician health programs like PHMP and the Alberta Medical Association's Physician and Family Support Program.



# PHMP statistics

## Practice conditions monitoring

Monitored	2020		2019		2018	
	Physicians	Conditions*	Physicians	Conditions*	Physicians	Conditions*
Opened	32	65	41	52	53	76
Closed	21	48	33	27	17	23

\*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).

## Physician Health Monitoring Program

Physician files	2020	2019	2018
Opened	171	115	149
Closed	156	114	174
In progress at Dec. 31	269	260	288

Categories of issues monitored*	2020
Medical	104
Psychiatric	74
Substance use disorders	38
Boundary	15
Criminal	5
Professionalism concerns	2
Blood-borne infection	7
Disruptive behaviour	3
Other**	21

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

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

## Professional Conduct

Patient care is complex and multifaceted, and at some point in a physician's career they may find themselves facing a complaint. CPSA takes all complaints and concerns seriously—part of being a self-regulated profession means holding ourselves and our colleagues to the highest standards of behaviour. We also recognize that complaints provide an opportunity for physicians to learn, grow and better themselves and the care they provide in their practices.

Our Professional Conduct team helps maintain high professional standards while also promoting a learning culture, enabling us to address complaints in a way that fosters collaborative resolution, favours continuous improvement, ensures accountability, and when necessary, applies discipline. We value transparency in our processes so Albertans know what to expect when they make

a complaint, and physicians know what to expect when they receive one. In situations that require a hearing, our goal is to help physicians learn from the outcomes so similar missteps can be avoided.

## Responding to COVID-19

Early in the pandemic, we focused on ways to reduce contact to prevent the spread of COVID-19. One solution was accepting complaint forms from Albertans by email rather than requiring they be mailed to our office. We also adjusted our investigation process by conducting interviews and follow-up meetings virtually rather than in person. By adopting paperless and virtual practices, we ensured Albertans and physicians could continue to access our regulatory functions.

## Complaints, investigation & resolution statistics

Complaints received	2020	2019	Variance	2018**
New complaints	763*	857	-11.0%	854
Complaint files closed	826	910	-9.2%	824
Complaint files in progress at Dec. 31	446	502	-11.2%	553
<b>Total physicians receiving a complaint</b>	<b>680</b>	<b>756</b>	<b>-10.1%</b>	<b>713</b>

\*Includes 10 complaints alleging sexual abuse and 16 alleging sexual misconduct.

\*\*2018 data included for information only; variance is between 2019 and 2020.

Disposition of complaints on intake*	2020	2019	2018
Directed to informal resolution	167	153	113
Directed to investigation	261	359	380
Dismissed**	335	345	361

\*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* (%)	2020	2019	2018
Quality of care	47.6	46.7	48.0
Practice management	26.1	24.4	25.0
Medical reporting	7.6	12.8	11.6
Ethics	16.8	11.1	9.4
Unclassified	0.6	4.4	4.7
Third party	0.6	0.3	0.8
Systemic	0.6	0.3	0.4

\*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 (%)	2020	2019	2018
Patient <sup>1</sup>	63.8	62.2	60.2
Family member of patient	19.0	22.3	20.7
Complaints Director <sup>2</sup>	6.7	9.2	6.6
Third party <sup>3</sup>	7.2	2.3	4.4
Lawyer	0.4	1.3	2.1
Other physician	2.9	2.7	6.0

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*	2020	2019	2018
Dismissed outright	24	13	8
<b>Informal resolution</b>			
Direct resolution <sup>1</sup>	64	50	90
Resolved with consent <sup>2</sup>	167	230	163
<b>Investigation<sup>3</sup></b>			
Dismissed after investigation	233	339	298
Resolved with investigation	575	465	464

\*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

	2020	2019	2018
Hearing tribunals convened	16	9	8
Hearing outcomes*	12	5 <sup>1</sup>	11 <sup>1</sup>
Decision pending*	1	3	1
Ongoing (continuation of proceedings)	2	2	3

\*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 reviews*	2020	2019	2018
Registration denied due to character/reputation	0	0	1 <sup>1</sup>
Registration denied due to failed assessment	2 <sup>1</sup>	1 <sup>2</sup>	2 <sup>1</sup>
Practice conditions imposed	0	0	0
Suspended due to complaint – reversed by Council appeal panel	0	0	1 <sup>1</sup>
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>4</b>

\*Term correction. Previously reported as registration appeals.

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

Professional Conduct appeals	2020	2019	2018
<b>Dismissed complaints</b>			
By complainant	93	82	73
To Complaint Review Committee (CRC)*	64 <sup>1</sup> , 10 <sup>2</sup> , 0 <sup>3</sup> , 1 <sup>4</sup> , 0 <sup>5</sup> , 4 <sup>6</sup> , 0 <sup>7</sup>	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>
To Alberta Ombudsman*	0	12	0
<b>Hearing decisions</b>			
By Complaints Director, to Council	0	0	1
By physician, to Council	0	1 <sup>1</sup> , 1 <sup>6</sup> , 1 <sup>7</sup> , 1 <sup>8</sup> , 1 <sup>9</sup>	1 <sup>2</sup>
By physician, to Courts*	0	1	1 <sup>6</sup>

\*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

Protecting patients means ensuring physicians are clear on the boundaries and inherent power imbalance that exists in the physician-patient relationship. 2020 was the first full year of having Patient Relations legislation in place following its implementation into the *Health Professions Act* (HPA) on April 1, 2019. The legislation introduced a zero-tolerance policy for any physician found guilty of sexual abuse or sexual misconduct. Physicians found guilty of sexual abuse face automatic, permanent cancellation of their licence while physicians who are guilty of sexual misconduct receive (at a minimum) an automatic licence suspension.

In 2020, we continued requiring physicians to complete part one of the mandatory Patient Relations module we rolled out in 2019 in partnership with the University of Calgary.

CPSA's standards of practice on *Boundary Violations: Sexual* and *Boundary Violations: Personal* set out our expectations for appropriate conduct during patient interactions, and our advice to the profession documents provide additional guidance for physicians.

## How are patients impacted by the legislation?

Our Patient Relations program supports patients who come forward about situations involving sexual abuse or sexual misconduct by a physician. With the Patient Relations legislation, any patient who comes forward to CPSA can receive support from a third-party counselling service, free of charge.

## Sexual abuse & misconduct statistics\*

	Sexual abuse		Sexual misconduct	
	2020	2019	2020	2019
Complaints opened	10	2	16	3
Complaints closed	2	0	1	0
Complaints in progress	8	2	9	3
Hearings	0	0	0	0
Complaints dismissed	1	0	0	0
Physician permit cancellations	1	1 <sup>1</sup>	0	1
Physician permit suspensions	0	0	1	0
Patients who accessed funds	3	1	4	0

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

1. Physician withdrew from practice.

## Accreditation

If you've been for blood work, an x-ray or another diagnostic or out-of-hospital medical service, you were likely in a CPSA-accredited facility. CPSA is responsible for helping ensure these facilities provide safe care and meet our high standards so Albertans can be confident in the services they receive.

Our Accreditation team works with committees and experts to develop and apply standards that help facilities create cultures of quality improvement, as well as strong assurance systems to keep their progress on track and keep patients safe. We assess facilities when they first open or anytime they renovate, move or add a new service. We also re-evaluate them every four years and if a complaint or concern is raised.

### Facilities we accredit and support

- Cardiac Stress Testing
- Diagnostic Imaging
- Diagnostic Laboratory Medicine
- Hyperbaric Oxygen Therapy
- Neurodiagnostics
- Non-Hospital Surgical Facilities
- Pulmonary Function Diagnostics
- Sleep Medicine Diagnostics

## Responding to COVID-19

As facilities prepared to reopen after temporary, mandatory closures in response to the pandemic's first wave, our Accreditation team focused on providing them with support and resources. We created detailed advice on everything from patient and staff safety and risk mitigation in the COVID environment, to facility safety and emergency management. These resources were prepared in collaboration with Alberta Health and Alberta's Chief Medical Officer of Health.

COVID-19 created opportunities to re-examine how we do our work. One result is the hybrid model for diagnostic and non-hospital surgical facility accreditation assessments. By combining virtual and in-person elements, this model helps reduce the number of assessors and the time they spend on site at facilities. On-site activities focus on high-risk patient, staff and safety elements, as well as activities that require direct observation or validation. In these cases, personal protective equipment is provided and processes are in place to keep our assessors safe. Meetings and interviews are conducted virtually wherever feasible.



## Accreditation statistics

Facility type	Accreditation renewed <sup>1</sup>			Accredited (new)			Physicians approved to provide services		
	2020	2019	2018	2020	2019	2018	2020	2019	2018
Diagnostic Imaging	58	83	17	3	12	27 <sup>2</sup>	52	47	85
Diagnostic Laboratory Medicine	25	39	31	0	0	1	N/A	N/A	N/A
Non-Hospital Surgical	11	18	23	0	0	0	51	103 <sup>3</sup>	80
Pulmonary Function Diagnostics	11	11	31	2	6	3	16	16	7
Neurodiagnostics	1	21	14	3	0	0	2	22	7
Cardiac Stress Testing	1	6	3	0	1	0	4	8	1
Sleep Medicine Diagnostics	4	2	0	8	6	0	9	47	7
<b>TOTAL</b>	<b>111</b>	<b>180</b>	<b>119</b>	<b>16</b>	<b>25</b>	<b>31</b>	<b>134</b>	<b>243</b>	<b>187</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.

## Standards of Practice

When Albertans seek medical care, they should feel confident their physician is held to a high standard. Enforceable under the *Health Professions Act* (HPA) and often used in complaints resolution and disciplinary hearings, CPSA's *Standards of Practice* are the minimum expectations Alberta physicians are required to meet. CPSA has 40 standards of practice for physicians, many of which are supplemented with one of CPSA's 31 advice to the profession documents that provide additional context and scenario-based guidance to help physicians feel confident they are adhering to our standards. Our Standards of Practice team also creates patient FAQ documents to ensure patients are aware of their rights and physicians' duties when they receive care.

Because CPSA's *Standards of Practice* are in place to protect patients, it's important we review them regularly to ensure they are up-to-date and relevant. When we review standards, Albertans, physicians and our partners are invited to provide feedback.

In 2020, we held two consultations to review the following standards:

- *Advertising*
- *Practising Outside of Established Conventional Medicine (formerly Complementary and Alternative Medicine)*
- *Conflict of Interest*
- *Closing or Leaving a Medical Practice*
- *Job Action*
- *Relocating a Medical Practice*

2020 also saw the following standards implemented:

- *Duty to Report a Colleague*
- *Duty to Report Self*

## Responding to COVID-19

At the onset of the pandemic, the work of our Standards of Practice team shifted to focus on responding to inquiries from physicians and Albertans with concerns about providing and accessing care. We worked quickly to develop five COVID-19-related advice to the profession documents, patient FAQs and update other advice documents to support physicians in navigating challenging practice conditions while respecting changing public health orders. COVID-19 documents are continually updated and developed.

Our work reviewing and updating standards through consultations was able to continue uninterrupted.

## Consultation process





# 2020 financial statements

# 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, 2020 comprise:

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

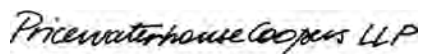
We expressed an unmodified audit opinion on the audited financial statements in our report dated May 28, 2021.

## 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*.



**Chartered Professional Accountants**

Edmonton, Alberta

May 28, 2021

# Summary Statement of Financial Position

As at December 31, 2020

## Assets

Current assets	2020 \$	2019 \$ (note 3)
Cash and cash equivalents	34,261,703	26,569,135
Accounts receivable	1,933,685	4,976,396
Accrued interest receivable	10,937	6,805
Prepaid expenses and other assets	704,761	710,503
	<b>36,911,086</b>	<b>32,262,839</b>
Investments	29,918,431	28,314,076
Equipment and leasehold improvements	5,950,161	6,740,192
Employee future benefits - registered plan	9,023,571	4,797,375
	<b>81,803,249</b>	<b>72,114,482</b>

## Liabilities

Current liabilities	2020 \$	2019 \$ (note 3)
Accounts payable and accrued liabilities	2,838,508	2,738,302
Deferred fee revenue	25,531,212	24,999,896
Deferred contributions	203,558	48,601
Deferred leasehold inducements	336,716	336,716
	<b>28,909,994</b>	<b>28,123,515</b>
Deferred fee revenue	107,768	-
Deferred rent inducement	214,777	137,375
Deferred leasehold inducements	2,413,131	2,749,847
Employee future benefits - supplemental plan	7,902,881	7,689,996
	<b>39,548,551</b>	<b>38,700,733</b>

## Net Assets

	2020 \$	2019 \$ (note 3)
Invested in equipment and leasehold improvements	5,950,161	6,740,192
Internally restricted	8,890,808	8,274,549
Unrestricted	27,413,729	18,399,008
	<b>42,254,698</b>	<b>33,413,749</b>
	<b>81,803,249</b>	<b>72,114,482</b>

# Summary Statement of Revenues and Expenditures

For the year ended December 31, 2020

Revenues	2020 \$	2019 \$ (note 3)
Physician annual fees	26,185,373	23,399,995
Practice readiness fees	1,696,030	1,662,010
Professional corporation fees	1,858,890	1,863,650
Grant funding	766,279	867,894
Physician registration fees	734,600	783,000
Investment income	898,641	871,501
Miscellaneous	583,125	618,087
Recovery of investigation and hearing expenditures	474,863	283,883
Continuing competence	164,178	288,856
Physician health monitoring fees	104,112	99,988
	<b>33,466,091</b>	<b>30,738,864</b>

Expenditures	2020 \$	2019 \$ (note 3)
Administration	5,266,006	5,185,321
Information technology	2,564,832	2,454,349
Office of the registrar	1,246,870	1,466,070
Communication and government relations	1,228,896	1,428,484
Governance	1,167,851	1,247,576
Amortization	890,631	883,770
CPSA activities		
Professional conduct	4,887,342	4,578,434
Continuing competence	3,371,467	4,072,099
Analytics, innovation & research	3,002,195	3,158,747
Registration	2,357,946	2,401,059
Physician health monitoring and practice conditions monitoring	1,883,145	1,798,973
Practice readiness	1,838,512	1,793,522
	<b>29,705,693</b>	<b>30,468,404</b>



	2020 \$	2019 \$ (note 3)
<b>Excess of revenues over expenditures before other items</b>	3,760,398	270,460
<b>Developmental costs</b>	305,296	321,907
<b>Accredit Health Facilities</b>		
Revenues	2,674,956	3,279,707
Expenses	(2,448,520)	(3,255,093)
<b>Excess of revenues over expenditures for facilities</b>	226,436	24,614
<b>Excess (deficiency) of revenues over expenditures before other income</b>	3,681,538	(26,833)
<b>Other income</b>		
Fair value changes in investments	634,642	1,635,694
Investment income building fund	389,823	377,515
	1,024,465	2,013,209
<b>Excess of revenues over expenditures for the year</b>	<b>4,706,003</b>	<b>1,986,376</b>

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

## Notes to Summary Financial Statements

December 31, 2020

### 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, 2020 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 the 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.

	2020		2019	
	Registered \$	Supplemental \$	Registered \$	Supplemental \$
Fair value of plan assets	49,665,240	-	41,845,706	-
Accrued benefit obligation	(40,641,669)	(7,902,881)	(37,048,331)	(7,689,996)
Plan surplus (deficit)	9,023,571	(7,902,881)	4,797,375	(7,689,996)

## 3. Comparative figures

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

# Collaboration

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

## Our partners

- Advisory Council of IMG Assessment Programs
- Alberta Association of Clinic Managers
- Alberta College and Association of Chiropractors
- Alberta College of Combined Laboratory and X-Ray Technologists
- Alberta College of Family Physicians
- Alberta College of Medical Diagnostic and Therapeutic Technologists
- Alberta College of Occupational Therapists
- Alberta College of Optometrists
- Alberta College of Paramedics
- Alberta College of Pharmacy
- Alberta College of Social Workers
- Alberta College of Speech-Language Pathologists and Audiologists
- Alberta Dental Association and College
- Alberta Diagnostic Sonographers Association
- Alberta Federation of Regulated Health Professionals
- Alberta Health
- Alberta Health Services (AHS)
- Alberta Innovates – Health Solutions
- Alberta International Medical Graduate Association (AIMGA)
- Alberta Labour
- Alberta Machine Intelligence Institute
- Alberta Medical Association (AMA)
- Alberta Society of Radiologists
- 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 Association of Physician Assistants (CAPA)
- Canadian Centre for Substance Abuse
- Canadian Life and Health Insurance Association
- Canadian Medical Protective Association (CMPA)
- Canadian Patient Safety Institute (CPSI)
- 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 Acupuncturists of Alberta
- College and Association of Registered Nurses of Alberta
- College and Association of Respiratory Therapists of Alberta
- College of Alberta Dental Assistants
- College of Alberta Denturists
- College of Alberta Psychologists
- College of Dental Technologists of Alberta
- College of Dietitians of Alberta
- College of Family Physicians of Canada (CFPC)
- College of Hearing Aid Practitioners of Alberta
- College of Licensed Practical Nurses of Alberta
- College of Medical Laboratory Technologists of Alberta
- College of Midwives of Alberta
- College of Naturopathic Doctors of Alberta
- College of Opticians of Alberta
- College of Podiatric Physicians of Alberta
- College of Registered Dental Hygienists of Alberta
- College of Registered Psychiatric Nurses of Alberta
- Council on Licensure, Enforcement and Regulation (CLEAR)
- Covenant Health
- eHealth Collaborative (Alberta/BC/Ontario)
- Emergency Strategic Clinical Network (ESCN)
- Federation of Medical Regulatory Authorities of Canada (FMRAC)
- Future of Medical Education in Canada – CPD
- Health Canada
- Health Quality Council of Alberta (HQCA)
- International Organization of Standardization (ISO) Technical Committee TC212
- International Society for Quality in Health Care (ISQua)
- MEDEC (Canada's Medical Technology Companies)
- Medical Council of Canada
- Medical Council of New Zealand
- Medical Identification Number for Canada
- Medicentres Canada
- National Assessment Collaboration
- Office of the Information and Privacy Commissioner of Alberta
- Pan Canadian Physician Factors Project
- Physician Learning Program
- Physiotherapy Alberta College + Association
- Primary Care Networks
- PROactive - Partners in Professionalism
- 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
- Rural Health Professions Action Plan (RhPAP)
- Standards Council of Canada
- University of Alberta, Faculty of Medicine & Dentistry and School of Public Health
- University of Calgary, Cumming School of Medicine
- Western Canada Diagnostic Accreditation Alliance

## Our counterparts across Canada

- College of Physicians & Surgeons of British Columbia
- College of Physicians & Surgeons of Saskatchewan
- College of Physicians & Surgeons of Manitoba
- College of Physicians & Surgeons of Ontario
- Collège des médecins du Québec
- College of Physicians & Surgeons of New Brunswick
- College of Physicians & Surgeons of Nova Scotia
- College of Physicians & Surgeons of Prince Edward Island
- College of Physicians & Surgeons of Newfoundland & Labrador
- Department of Health, Government of Nunavut
- Department of Health & Social Services, Government of Northwest Territories
- Yukon Medical Council

## Indigenous Health Advisory Circle partners

- Dr. Nicole Cardinal
- Dr. Cassandra Felske-Durksen
- Dr. Amy Gausvik
- Dr. Alika Lafontaine
- Dr. Esther Tailfeathers

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Because of the COVID-19 pandemic, CPSA was unable to go into the community to take photos of Alberta physicians. We would like to give a special thank you to Alberta Health Services for providing us with many of the photos used in our annual report, 2020: leading through tough times.



## Presentations, speaking engagements & panels

- Alberta Medical Student Conference and Retreat (AMSCAR) - Banff, AB
- Emergency Strategic Clinical Network (ESCN) Quality Improvement forum - Red Deer, AB
- Edmonton Opioid Response Initiative Multiple Perspectives on Managing Opioids and OAT - Edmonton, AB
- Wellness Talk with Diagnostic Radiology Residents at the University of Alberta - Edmonton, AB
- The Alberta COVID-19 Relaunch Plan Information Session for Alberta Community Physicians - Virtual
- U of C's COVID Corner: Re-establishing Continuity of Care during COVID-19, Part 1 - Virtual
- Canadian Association of Physician Assistants (CAPA) Annual Conference - Virtual
- Northern Alberta Institute of Technology (NAIT) Presentation to Paramedic Students - Virtual
- PROactive: Partners in Professionalism Webinar Series - Virtual
- Professional Association of Resident Physicians of Alberta (PARA) Transition to Practice Session - Virtual
- Alberta International Medical Graduates Association (AIMGA)/Bredin Centre For Career Advancement International Medical Graduate (IMG) Symposium - Virtual
- Northern Alberta Institute of Technology (NAIT) Medical Laboratory Technology Program: Accreditation and EQA 101 - Virtual
- Canadian Society of Clinical Chemists (CSCC) - Measurement of Uncertainty Standards - Virtual



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