



Humanity of health care

CPSA in 2021



Table of contents

Vision, mission & values	1
Governance	3
CPSA leadership	7
A message from CPSA's 2021 Council President	9
A message from the 2021 public members of CPSA Council	10
A message from the 2021 physician members of CPSA Council	11
A message from CPSA's Registrar	12
Departments & statistics	15
2021 financial statements	40

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.

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.



Canada's healthcare system has played a role in perpetuating systemic racism against Indigenous peoples. CPSA's role in reconciliation includes understanding the impacts of trauma and ensuring all aspects of a person are considered in providing high-quality health care.

Watch as Dr. Nicole Cardinal and Mr. Tyler White, Indigenous healthcare leaders and CPSA Councillors, share their experiences and perspectives on Indigenous health in Alberta.



Use your smartphone's camera to scan the QR code and visit conversations.cpsa.ca/!



Governance

Alberta's *Health Professions Act* (HPA) grants physicians and physician assistants the privilege of profession-led regulation with significant public involvement, and CPSA is the mechanism for that regulation.

CPSA looks to our governing Council to help guide our strategic direction, discuss and vote on policy decisions affecting regulated members and Albertans, and provide final approval on new or updated CPSA *Standards of Practice*. CPSA Councillors bring their diverse perspectives as care providers, patients and Albertans to the table to ensure the decisions made are current and in the interest of safe, high-quality patient care.

Historically, CPSA Council was composed of more elected physician members than appointed public members. Following a 2020 amendment to the HPA, regulators of Alberta's health professions adjusted their governing council compositions to an equal split of regulated members and appointed public members effective April 1, 2021. In response, we adjusted CPSA's Bylaws to balance the number of our Council's regulated and public member positions. The move was done gradually and as fairly as possible by eliminating positions left vacant by regulated members leaving Council after serving a maximum of two consecutive three-year terms.

From April 1 through Dec. 31, 2021, Council Bylaws allowed a total of 18 voting member positions on CPSA Council—nine positions each for elected regulated members and appointed public members. In 2021, CPSA had a full slate of nine elected regulated member Councillors. We started off the year with four appointed public member Councillors and, following additional appointments throughout 2021, increased to seven public members by the end of the year. CPSA Council also has

observers, including Alberta's two medical school deans, a resident physician, a medical student and the Past President. In 2021, CPSA Council had four scheduled meetings and met two additional times.

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



Committees

CPSA is guided by committees, groups and panels made up of regulated members, healthcare partners and Albertans to provide advice and carry out legislated functions:

- Assessment Program Advisory Committee
- Equity, Diversity and Inclusion Advisory Committee (renamed in 2022 to Anti-Racism Anti-Discrimination Action Advisory Committee)
- Executive Committee
- Finance and Audit Committee
- Governance Committee
- Indigenous Health Advisory Circle
- Infection Prevention and Control (IPAC) Advisory Committee
- Legislation and Bylaw Committee
- Physician Assistant Advisory Committee (disbanded as of April 2021)
- 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

These committees and panels are required by the HPA:

- 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's Council is committed to fostering a safe, inclusive environment in which all members can contribute to authentic discussions and innovative strategies.

Listen as CPSA Councillors Dr. Daisy Fung and Mr. Patrick Etokudo explore how 2021's transition to an equal composition of public and physician members on Council ensures diversity of thought, strategy and lived experience on important issues affecting all Albertans.



Use your smartphone's camera to scan the QR code and visit [conversations.cpsa.ca!](https://conversations.cpsa.ca)

2021 Council

- Dr. Lauren Bilinsky
Medical resident (Jan. to June)
- Dr. John Bradley
Past President
- Dr. Richard Buckley
- Mr. Patrick Etokudo
- Dr. Louis Hugo Francescutti
President
- Dr. Christopher Fung
- Dr. Daisy Fung
- Dr. Brenda Hemmelgarn
University of Alberta medical school dean
- Ms. Levonne Louie
- Dr. Jaelene Mannerfeldt
Member-at-Large
- Mr. Collin May
- Ms. Linda McFarlane
- Dr. Jon Meddings
University of Calgary medical school dean

- Dr. Laura Morrison
Medical resident (July to Dec.)
- Dr. John O'Connor
- Dr. Raj Sherman
- Ms. Laurie Steinbach
- Dr. Jim Stone
- Ms. Stacey Strilchuk
Vice President
- Dr. Ian Walker
- Mr. Tyler White
- Ms. Annabelle Wong
Medical student

Legend

- Physician
- Public
- Observer



Top (L-R): Dr. Richard Buckley, Mr. Collin May, Dr. John O'Connor, Dr. Raj Sherman, Dr. Ian Walker
Second row: Mr. Tyler White, Mr. Patrick Etokudo, Ms. Stacey Strilchuk, Ms. Laurie Steinbach, Dr. Christopher Fung
Middle: Dr. Daisy Fung, Dr. Jaelene Mannerfeldt, Dr. Jim Stone, Dr. Louis Hugo Francescutti
Fourth row: Ms. Annabelle Wong, Ms. Levonne Louie, Ms. Linda McFarlane, Dr. John Bradley
Bottom: Dr. Jon Meddings, Dr. Brenda Hemmelgarn, Dr. Laura Morrison

CPSA leadership

CPSA Council

Registrar

Dr. Scott McLeod

Continuing Competence

Dr. Susan Ulan (Deputy Registrar)

- Competence assessments
- Infection Prevention & Control
- TPP Alberta
- Office of the hearings director

Registration

Dr. Michael Caffaro

- Practice permits
- Continuing professional development
- Registration assessments

Accreditation

Dr. Gordon Giddings

- Diagnostic & non-hospital surgical facility accreditation & standards
- Physician approvals & privileging in accredited facilities
- Radiation health registry for physicians & equipment

Professional Conduct

Dr. Dawn Hartfield

- Complaints Director
- Complaints intake, investigation & resolution

Physician Health Monitoring

Dr. Jeremy Beach

- Physician Health Monitoring Program
- Practice conditions monitoring

Chief Information & Privacy Officer

Mr. Jim Kiddoo

- Information Technology
- Privacy

Chief Innovation Officer

Mr. Ed Jess

- Analytics, Information & Research
- MD Snapshot reports
- Physician Prescribing Practices

Chief of Staff

Mr. Shawn Knight

- Governance
- Policy & standards of practice
- Government relations
- Communications
- People & Culture

Chief Financial Officer

Ms. Tracy Simons

- Finance
- Operations



In April 2021, as COVID-19 vaccines were rolling out, the virus put Philip from Calgary in the hospital for 22 days. There, he met Dr. Heather Patterson, a physician and photographer who was capturing the pandemic response through her lens.

Read about how Philip and Heather navigated the challenges of 2021 and how their friendship, which began because of COVID-19, isn't defined by the virus.



Use your smartphone's camera to scan the QR code and visit conversations.cpsa.ca/!



HAND SANITIZING GEL
GEL DÉSINFECTANT
POUR LES MAINS

ANTISEPTIC SKIN CLEANSER
NETTOYANT ANTISEPTIQUE POUR LA PEAU
KILLS GERMS WITH 71.2% ETHYL ALCOHOL
ALCOOL ÉTHYLIQUE CONCENTRÉ À 71.2 %
QUI TUE LES GERMES

450 mL / 15.2 fl. oz.

A message from 2021 CPSA Council President Dr. Louis Hugo Francescutti

2021 marked the first anniversary of COVID-19 and was our first full calendar year living in a pandemic state. There's no doubt it was another tough year for Albertans, physicians and physician assistants, and in many ways, was the opposite of 2020. Instead of 2020's guiding principle that everyone is in this together, 2021 saw conflicting beliefs divide friends, families, colleagues and communities.

Providing care during a public health emergency has been no easy feat, and I'd like to thank my fellow regulated members across the province for their ongoing commitment to providing safe, evidence-based medical care as we persist through a pivotal time in modern medical history. CPSA is a trusted leader in Alberta's healthcare system and it's important we use our voice to support evidence-based care. In 2021, our Council published open letters to regulated members and Albertans calling on them to seek information from credible sources, protect themselves and each other by following public health measures and, above all, get vaccinated against COVID-19 as vaccines became increasingly available. We also took time to listen to physicians and our partners across our province through a virtual, regional outreach program known as Regional Tour, which connected CPSA with five Alberta communities.

Despite the ongoing challenges we faced as a result of the pandemic, CPSA continued laying the groundwork



for future initiatives while also building on and actualizing much of the work we started in previous years. At the top of everyone's mind in 2021 was anti-racism, anti-discrimination and equity, diversity and inclusion—areas in which CPSA has begun to move forward. Throughout the year, Council put great emphasis on Indigenous health in our province by welcoming elders and knowledge keepers to our Council meetings, providing us an invaluable opportunity to listen and learn from their experiences. Most notably, Council formally established CPSA's first Indigenous Health Advisory Circle in December 2021 to guide how our commitment to Truth and Reconciliation is carried out through our work.

As of April 1, 2021, provincial legislation shifted CPSA Council to an equal composition of appointed public and elected physician members, which has brought many new and diverse perspectives to our Council table. It was an honour to serve as President alongside these talented individuals, and I encourage you to read their messages to understand

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Council's shared priorities of 2021 from the perspective of both our public and physician Councillors.

On behalf of CPSA Council, I'm pleased to endorse CPSA's 2021 annual report, which Council formally approved on May 12, 2022. I hope you enjoy learning about our year as we look at healthcare delivery and its regulation through the lens of compassion and the shared human experience.



Dr. Louis Hugo Francescutti

Blackfoot name: Sii-pyaa-po | "Travelling at Night"

During a 2021 visit to Siksika Health Services with leaders from CPSA, Dr. Francescutti was gifted a Blackfoot name during a special ceremony with area elders.

A message from the 2021 public members of CPSA Council

For more than two years we've navigated the COVID-19 pandemic, a public health crisis that has put Alberta's healthcare system to the test. Through the hardships, we witnessed how our shared humanity and the trusting relationships between healthcare providers and patients are at the heart of quality care.

Beyond the pandemic, 2021 emphasized our collective need to listen to people of diverse backgrounds and walks of life. This was the year the Albertan voice became more prominent on CPSA Council as we moved to an equal composition of elected regulated members and appointed public members. Council welcomed three new public members to our table as we continued working alongside our elected physician-member peers. All voices at the Council table are heard and respected, and it's a privilege and pleasure for us to work together to guide the medical profession.

While each CPSA Councillor brings a unique voice to the discussion, the public members in particular lend our personal perspectives as Albertans and patients. A challenging year like 2021 reinforced how each Councillor's experience, whether as a physician or patient, helps guide CPSA in its work towards equitable health care for all who live in Alberta.

CPSA Council remains focused on ensuring patients, particularly from underserved populations, receive safe, high-quality care. In April 2022, when addressing Pope Francis

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A message from the 2021 physician members of CPSA Council

Providing care during a pandemic has been the challenge of a lifetime. In 2021, guiding the medical profession during a public health crisis became more challenging in the face of an epidemic of misinformation, adding layers of complexity to our regulatory role. Through it all, CPSA Council remained focused on protecting patients and supporting regulated members in providing the best possible care.

about a path forward to reconciliation, former Grand Chief Wilton Littlechild issued a call to “go where there is no path and leave a trail for someone else.” We will answer this call by listening to, reflecting on and integrating the stories and experiences of people across Alberta as we explore a path towards equitable health care.

We extend our heartfelt gratitude to all healthcare workers for their dedication and compassion to Albertans seeking care. As we look ahead to 2022, we’re focused on continuing to fulfill CPSA’s mandate of protecting Albertans through our work, and bringing the perspective of patients to the decision-making table.

To protect Albertans, we need to have their voice at CPSA’s decision-making table. Welcoming three new appointed public members to CPSA Council in 2021 was instrumental in bringing new and more diverse perspectives to our team. Hearing these fresh voices only strengthens our ability to make informed and well-considered decisions in the interest of patient safety. Our public member peers on Council enable us to hear and learn from Albertans, enhancing how we as a Council use a patient-first approach to the way we regulate our profession.

While CPSA Council exists to regulate the practice of medicine, at the end of the day, we are still physicians just like our more-than 11,000 colleagues across the province. To Alberta’s physicians and healthcare teams: we see you, we hear you and we appreciate you. We’d also like to thank the vast majority of Albertans who take time to remember that care professionals are people too, and that health care, at its core, is the act of people caring for people—a privilege we take seriously.

A message from CPSA Registrar Dr. Scott McLeod

2021 started with a sense of optimism as many of us expected the year to be a significant improvement over 2020—especially with COVID-19 vaccines rolling out. However, it turned out to be another challenging year. For physicians and healthcare teams navigating the third and fourth waves of the pandemic, the professional demands were complicated by a social narrative that made their work even more difficult.

Looking back at the year, I'm struck by how, through the challenges and struggles, the humanity of health care shone within the relationships between care providers and patients, and among healthcare teams. And while our regulated members have taken steps to protect their patients and themselves through physical separation and layers of PPE, we still find ways to connect with the people behind the masks. CPSA's focus throughout the pandemic has been to support and guide physicians and physician assistants in providing safe, high-quality care, and I sincerely thank all healthcare workers who continually offer excellent, compassionate care to Albertans when they need it most.

CPSA continues to work toward putting our commitment to equity, diversity and inclusion into action. As Alberta's medical regulator, we play a key role in promoting anti-racism and anti-discrimination within our profession. As physicians, and as humans, our words and actions can hurt more than we realize, and we can only grow as healthcare providers if we are more intentional about how we approach our patients and our colleagues in every interaction. Our newly-



established Anti-Racism Anti-Discrimination Action Advisory Committee and Indigenous Health Advisory Circle will work with us to help us support and educate our profession in ways that make a real difference to how patients experience care in Alberta.

Healthcare workers have faced many challenges in 2021, but their compassion and professionalism have been on full display, as has their commitment to patients. I invite you to read on to learn more about the resilience and dedication of healthcare teams and how CPSA supported their delivery of safe, high-quality care.

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

Dr. Scott McLeod





Original artwork commissioned by CPSA.

ᓇᓇᑕᐱᓐᐃᓐᐃᓐᐃᓐᐃᓐᐃᓐ ~ nanātauihiwēwin ~
healing. 24" x 36". May 2022.

Acrylic, tobacco, sage, cedar, and
sweetgrass on double canvas.

Karlee Fellner ~ miyotehiskwew art.

"This piece is offered in gratitude to all
of those physicians and surgeons, and
healthcare professionals and support
staff, who hold those they serve in
compassion and love. kinanāskomitin
thank you. ay hay."



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Departments & statistics

Registration

All physicians, physician assistants and medical learners must be registered with CPSA before they provide patient care in Alberta. We review the applicant's education and qualifications, and assess skills when needed so patients receive the highest quality care. Registered members reaffirm their skills and professional development on an annual basis to renew their practice permit. We have the same expectations of all regulated members, including locums, physicians with Canadian credentials and those with international training to ensure they practice safely and competently.

Physician assessment is an important part of our work, and in 2021 we implemented improvements to our process for

assessing the practice readiness of physicians coming into Alberta from outside Canada. We continued working with specialist assessors and, in collaboration with Alberta Health Services, we recruited and trained 18 new Family Medicine Assessors to perform these high-stakes assessments. As a result, our Registration team completed 20 per cent more assessments than during each of the previous two years and cleared a four-month assessment backlog, helping reduce barriers to community-based health care.

2021 also saw the initiation of a summative assessment for physicians who have timed out on the Provisional Register and have not met criteria for the General Register. To transfer to the General Register and continue practising in Alberta, these physicians must pass the summative assessment, which reviews their medical knowledge, procedural skills, clinical decision-making skills, communication and professionalism.

Physician assistants came under CPSA regulation on April 1, 2021. Physician assistants have played an important role in health care for decades, and we're pleased to welcome them as the newest regulated member of Alberta's healthcare team. We have added statistics on this growing part of our membership and look forward to updating physician assistant registration statistics annually.

Registration & membership statistics

New applications and members	2021	2020	Variance	2019 ¹
Applications issued ²	755	782	-3.5%	822
Physician registrations³				
Graduates from Alberta universities	197	226	-12.8%	237
Graduates from other Canadian universities	152	176	-13.6%	155
USA and other	154	160	-3.8%	167
Total new registrations	580	647	-10.4%	652
Reactivated registrations	110	60	83.3%	85
TOTAL	690	707	-2.4%	737

1. 2019 data included for information only; variance is between 2020 and 2021.

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

3. Includes registrations from applications issued in prior years.



**On April 1, 2021, CPSA
began formally regulating
physician assistants.**

See images from a day in the life
of a physician assistant in Sundre
and find out more about these
important members of the evolving
healthcare team.



Use your smartphone's
camera to scan the
QR code and visit
conversations.cpsa.ca/

Members on an independent practice register¹	2021	2020	Variance	2019²
General Register	11,375	11,141	2.1%	10,876
Provisional Register (Conditional Practice)	629	787	-20.1%	817
TOTAL	12,004	11,928	0.6%	11,693

1. Unique individuals actively practising at any point throughout the year.
2. 2019 data included for information only; variance is between 2020 and 2021.

General Register breakdown¹	2021	2020	2019
Family physician ²	4,149	3,948	3,807
General practitioner	1,218	1,284	1,299
Non-specialist, defined practice	55	54	53
Specialist	5,953	5,855	5,717
Physician assistants	42	N/A ³	N/A ³
TOTAL	11,417	11,141	10,876

1. Unique individuals actively practising at any point throughout the year.
2. Certification by the College of Family Physicians of Canada.
3. CPSA formally began regulating physician assistants April 1, 2021. Prior to April 1, 2021, CPSA offered a voluntary register for physician assistants.

Provisional Register breakdown¹	2021	2020	2019
Family physician ²	114	164	120
General practitioner	296	368	447
Non-specialist, defined practice	38	39	34
Specialist	181	216	216
Physician assistants	0	N/A ³	N/A ³
TOTAL	629	787	817

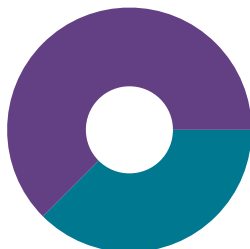
1. Unique individuals actively practising at any point throughout the year.
2. Certification by the College of Family Physicians of Canada.
3. CPSA formally began regulating physician assistants April 1, 2021.

Physician workforce breakdown

65.8%

Domestic medical graduates

Note: General Register and Provisional Register Conditional Practice combined.



34.2%

International medical graduates

Medical graduate breakdown

Canadian trained

38.2%

Specialist

24%

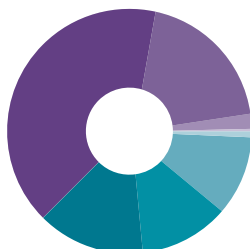
Family medicine specialist

3.5%

Non-specialist

0.1%

Non-specialist, defined practice



Internationally trained

13.5%

Specialist

9.5%

Family medicine specialist

10.2%

Non-specialist

0.9%

Non-specialist, defined practice

What's the difference between designations?

These physicians are equally qualified to provide primary care but have differences when it comes to their training and certification.

General Practitioner

Has 24 months of postgraduate training after medical school.

Family Physician

Has certification with the College of Family Physicians of Canada and a minimum of 12 months postgraduate training in family medicine.

Family Physician Specialist

Must have certification with the College of Family Physicians of Canada and 24 months of postgraduate training in family medicine.

Permit denials, restrictions and courtesy register

Practice permits denied, restricted or not renewed	2021	2020	2019
Denied	8	1	1
Restricted (see breakdown)	196	208	193
Not renewed (see breakdown)	485	465	370
TOTAL	689	674	564

Practice permits restricted ¹ by category	2021	2020	2019
General Register			
Family physician	61	58	53
General practitioner	42	49	48
Non-specialist defined practice	8	8	8
Specialist	46	52	49
Provisional Register			
Family physician	2	3	3
General practitioner	21	21	15
Non-specialist defined practice	6	6	7
Specialist	10	11	10
TOTAL	196	208	193

1. Not including the restrictions automatically placed on physicians on the Provisional Register.

Practice permits not renewed, by category	2021		2020		2019	
	Retired	Inactive ¹	Retired	Inactive ¹	Retired	Inactive ¹
General Register						
Family physician	41	91	39	80	30	58
General practitioner	53	30	48	26	41	18
Non-specialist, defined practice	0	1	3	0	0	2
Specialist	111	143	102	137	75	127
Provisional Register						
Family physician	0	4	0	8	0	0
General practitioner	0	2	0	5	0	7
Non-specialist, defined practice	0	0	0	1	0	2
Specialist	0	12	1	15	1	9
TOTAL	201	283	193	272	147	223

1. Includes deactivations for any reason other than retirement, including withdrawal from practice and moving to another jurisdiction.

Courtesy Register ¹	2021		2020		2019	
	# of Physicians	Avg. Days ²	# of Physicians	Avg. Days ²	# of Physicians	Avg. Days ²
Clinicians	4	15	3	2	22	8
Instructors	2	3	3	2	5	3
Learners	5	68	6	56	25	60
TOTAL	11	86	12	60	52	31

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

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

Registration assessments

Practice Readiness Assessment (PRA-AB)	2021	2020	2019
Initiated	92	77	78
Supervised practice assessment only	24	26	27
Preliminary clinical assessment plus supervised practice assessment	68	51	51
Completed*			
Passed	63 ¹	75 ²	67 ⁴
Failed	2	1	0
Withdrawn	2	1	0
On hold	2	2 ³	4
In progress at Dec. 31	40	15	27
Pass rate	95.8%	98.3%	100%

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

1. Includes 17 assessments initiated in 2020.
2. Includes 16 assessments initiated in 2019.
3. Includes one assessment initiated in 2019 on hold in 2020.
4. Includes 20 assessments initiated in 2018.

Return to practice	2021	2020	2019
Initiated	0	0	1
Completed*	0	0	1
In progress at Dec. 31	0	0	0

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

Change in scope	2021	2020	2019
Initiated	3	6	4
Completed*	5 ¹	4 ¹	6 ²
In progress at Dec. 31	0	2	0

*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.

Summative assessments	2021
Completed*	3
Approved for General Register	0
Pending decision	3

*Completed assessments may have decision in the next year.

Continuing Competence

Medicine is an ever-evolving practice and healthcare professionals must commit to life-long learning to ensure they continue to grow and improve, and Albertans continue to receive the best care possible. This is why our Continuing Competence team is committed to working with regulated members throughout their careers. Through innovative programs and educational tools (including the Physician Practice Improvement Program, Group Practice Review, MCC360® and Individual Practice Review), the goal is to provide support and resources that encourage self-reflection and a culture of continuous practice improvement.

As the pandemic continued into its second year, we were flexible with our regulated members, understanding that some needed to reschedule or defer their assessments due to COVID-19. After pivoting to virtual sessions in 2020 to protect everyone's health and safety, Continuing Competence began slowly reintroducing on-site assessments in 2021. Practice improvement and ongoing competence is a journey, and we are here to empower and support the profession in their commitment to quality medical practice and improved patient outcomes.

2021 also saw our team continue working to prevent the spread of infection in medical clinics. We offered clear, timely guidance on public health measures to help regulated members and medical clinics navigate the third and fourth waves of the pandemic. We prioritized communication with our regulated members and with Albertans, with regular emails to the profession, online FAQs and guidance documents, and recommendations to reduce the risk of transmission within the clinical setting. Our dedicated COVID-19 email account received over 1,500 emails in 2021, with our team providing evidence-based responses to help regulated members and Albertans receive reliable information about everything from vaccinations to mask use. We also aligned our Medical Device Reprocessing (MDR) standards with the province's standards to ensure a consistent approach across Alberta's medical settings. The updated MDR standards, along with a host of tools and resources to help medical clinics understand and meet the updated standards, came into effect Jan. 1, 2022.

Individual Practice Review (IPR)	2021	2020	2019
Physician referrals received	48	70	54
Files closed ^{1,2}	58	35	43
Referred to Professional Conduct ³	0	2	2
In progress at Dec. 31	80	90	57

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 referral¹	2021
Professional Conduct	15%
Physician Prescribing Practices	2%
Factor-based	29%
Physician Assessment & Feedback (PAF)	50%
Other	4%

1. 48 physicians were referred to IPR in 2021.

Physician Assessment & Feedback (PAF)*	2021	2020
Initiated	151	69
Cancelled	16	15
Closed	42	22
Closed—referred to IPR	17	25
In progress at Dec. 31	76	7

*PAF was implemented in 2020

Factor-based IPR	2021	2020	2019
Files opened	30	40	93
Cancelled	6	6	-
Referred to IPR	3	13	17
Closed	8	19	76
In progress at Dec. 31	13	2	0

Multi-Source Feedback+ (MSF+)	2021
Initiated	632
Files closed	190
Cancelled	191
In progress at Dec. 31	251

Group Practice Review (GPR)	2021	2020	2019
Clinic reviews initiated	18	26	20
Completed ¹	6	23	20
Cancelled	8	3	0
In progress at Dec. 31	4	0	0

1. Assessment and facilitation completed.

Infection Prevention & Control (IPAC)

Medical office assessments	2021	2020	2019
Medical Device Reprocessing (MDR)	40	32	125
General IPAC	0	11	0
Follow-up assessments	7	11	36
Public concerns	2	10	18
By request	0	0	0
Hair transplantation	1	0	0
TOTAL	50	64	179
Reportable breaches ¹	0	1	6

1. Redefined from "Reports to the Medical Officer of Health," "reportable breaches" now encompasses all breaches regardless of source of identification.

COVID-19 inspections and referrals

Origin	Physician files	Inspection outcomes		
		Voluntary agreement with COVID-19 practice restrictions	Referred to complaints director	File closed
Inspection initiated based on concerns	9	5	2	1
Concern submitted with conclusive evidence ¹	5	N/A	5 ²	N/A

1. No inspection carried out. Direct referral to complaints director based on evidence provided.
2. One resulted in COVID-19 practice restrictions

Analytics, Innovation & Research (AIR)

Research, data analytics and innovation not only help CPSA make evidence-based decisions, they are also crucial in allowing us to provide physicians and physician assistants with reliable, meaningful and updated resources that support high-quality patient care.

CPSA's Analytics, Innovation & Research (AIR) team is made up of the Research and Evaluation Unit (REVU), the Physician Prescribing Practices (PPP) program and the Tracked Prescription Program (TPP Alberta), Alberta's prescription drug-monitoring program administered by CPSA.

Much like we encourage regulated members to review data to improve their practice, the AIR team relies on feedback from the profession to improve the educational tools and resources CPSA provides. In the past, physicians expressed an interest in knowing more about their antibiotic prescribing, so in 2021, PPP worked on mobilizing antibiotic prescribing data from TPP Alberta. To support care providers in addressing public health concerns like antimicrobial resistance, individualized MD Snapshot-Prescribing reports were developed for all Alberta physicians. We also produced

broad-based reports about antibiotic prescribing trends in Alberta.

PPP's vision is to actively support patient-centred care, continuous quality improvement and interdisciplinary collaboration, and to empower prescribers to provide the safest and most appropriate care to their patients by using data and evidence-based approaches.

Committed to helping physicians improve their practice and provide excellent patient care through self-reflection and education, the AIR team and the tools and resources they've developed provide physicians with individualized information. This identifies opportunities for improvement in their practice, while also supporting greater awareness of their prescribing and medical practice over time.

Also in 2021, members of the REVU team contributed to three peer-reviewed manuscripts, adding to the evidence-based literature on various aspects of medical regulation:

- *A review of multi-source feedback focusing on psychometrics, pitfalls and some possible solutions*
- *Reducing prescribing of benzodiazepines in older adults: a comparison of four physician-focused interventions by a medical regulatory authority*
- *Exploring content relationships among components of a multisource feedback program*

Physician Prescribing Practices statistics

	High-risk patient identification project ¹	3-plus benzodiazepines & 3-plus opioids ²	3-plus benzodiazepines ³
Number of cases reviewed ⁴	127	296	445
Physicians contacted with notification and/or advice	6	3	42
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 three or more different benzodiazepines or Z-drugs within a three-month period, irrespective of the number of prescriptions, are contacted with information, support and education.
4. Each prescription dispensed that meets the respective criteria is reviewed.

Daily Oral Morphine Equivalent (DOME) project ¹	2021	2020	2019
Opened	2	4	1
Closed	2	4	11
In progress at Dec. 31	3	3	3

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 ¹	2021	2020	2019
Initiation	99	57 ²	75
Maintenance	1	2	4

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 ¹	Q1 2021	Q2 2021	Q3 2021 ²	Q4 2021 ³
All physicians who prescribed an opioid or a sedative (Benzodiazepines or like drugs) in a quarter provided with individualized profile in an online environment	9,007	8,981	9,649	10,398

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). However, reports were made available through the online Physician Portal.
3. Inaugural section on Antibiotic Prescribing added to the Prescribing Snapshot.



In the second year of COVID-19, we witnessed the emergence of an epidemic of misinformation.

Read about the impact of misinformation and the science behind why some trust misinformation in the first place.



Use your smartphone's camera to scan the QR code and visit conversations.cpsa.ca/

Physician Health Monitoring Program (PHMP)

When a regulated member has a health condition affecting their medical practice, our Physician Health Monitoring Program (PHMP) works with regulated members in a confidential and individualized manner to ensure they have the tools and supports needed to take care of themselves—and by extension, their patients. With the regulated member's consent, we also collaborate with their health providers and the Alberta Medical Association's Physician and Family Support Program to maximize available resources.

This unique and personal approach allows the majority of physicians working with PHMP to successfully balance their own health with their clinical responsibilities. The vast majority of regulated members in PHMP continue to practise with minimal, if any, disruption to their work.

2021 was another difficult year with COVID-19. We saw Alberta's healthcare system and care providers stretched to capacity. Not surprisingly, a number of regulated members contacted our PHMP program for guidance, resources and support—and we did our best to listen, understand and respond, knowing our regulated members deserve the same care and compassion they provide to patients. Fortunately, there was no significant increase in health conditions reported in 2021.

Types of monitoring

Health monitoring

The regulated member's care providers periodically provide brief, confidential fitness-to-practise updates to PHMP.

Practice monitoring

A trusted colleague at the regulated member's workplace provides periodic reports to PHMP regarding clinical performance and professional conduct.

Biological monitoring

Third-party consultants collect and interpret a regulated member's breath or urine samples. PHMP uses this form of monitoring for those recovering from a substance use disorder.

Physician Health Monitoring Program statistics

Physician files	2021	2020	2019
Opened	115	171	115
Closed	119	156	114
In progress at Dec. 31	263 ¹	269	260

1. As physician files opened and closed throughout 2021, the total number of files worked on was greater than the number of files listed as in progress at Dec. 31. A total of 396 files were open at some point in 2021.

Categories of issues monitored	2021	2020	2019
Medical	87	104	87
Psychiatric	80	74	63
Substance use disorders	38	38	43
Boundary	11	15	20
Criminal	2	5	5
Professionalism concerns	6	2	2
Blood-borne infection	6	7	8
Disruptive behaviour	1	3	4
Other ¹	32	21	28

1. Not yet categorized; health condition under review.

Practice Conditions Monitoring Program

Our PHMP team lends their monitoring skills and experience to CPSA's Practice Conditions Monitoring Program (PCMP). PCMP monitors compliance with practice conditions that may be imposed on a regulated member by various areas of CPSA, such as Professional Conduct or by a Hearing Tribunal. Types of practice conditions monitored include, but are not limited to, chaperone or prescribing conditions, restrictions to a regulated member's type of practice, limits to a regulated member's maximum weekly work hours or number of patients, restrictions on performing certain procedures, and patient age limits.

The *Health Professions Act* grants CPSA the authority, with consent, to obtain data such as patient charts and billing information from our trusted partners within the healthcare system to confirm regulated members are compliant with their practice condition.

CPSA recognizes most regulated members want to do right by their patients, and most with a practice condition often have the best intentions when it comes to providing good, safe medical care. Members of our PHMP team work closely with regulated members who have a practice condition to ensure a clear and complete understanding of the condition and help minimize the risk of intentional or inadvertent noncompliance, keeping patients safe.

Chaperone program: how we support positive patient encounters

As part of its practice condition monitoring processes, PHMP administers a chaperone program to use qualified chaperones when required as part of a CPSA-imposed practice condition.

When regulated members need a chaperone present during patient encounters, the program works to outline CPSA's expectations, chaperone roles and responsibilities, and reporting requirements. Properly trained chaperones work independently to observe examinations and procedures, adding a layer of protection to both patients and regulated members. The program also visits clinics periodically to confirm chaperone compliance and offer additional support and resources.

Practice Conditions Monitoring Program statistics

Monitored	2021		2020		2019	
	Physicians	Conditions	Physicians	Conditions	Physicians	Conditions
Opened	39	61	32	65	41	52
Closed	40	55	21	48	33	27

Professional Conduct

At some point in their medical careers, most physicians will experience a complaint. CPSA has a responsibility to ensure regulated members abide by CPSA's *Standards of Practice* and provide professional, ethical medical care. This means any complaint we receive must be taken seriously.

CPSA is a learning organization and our Professional Conduct team takes an educational approach to complaints resolution whenever possible. The goal is to work with regulated members to identify opportunities for education and growth, resolving complaints informally with the complainants' permission if we can. Occasionally, a complaint merits a formal hearing where an independent tribunal can weigh the facts and determine guilt and, if appropriate, a sanction that provides an appropriate deterrent and opportunity for learning.

The Professional Conduct team knows the complaints process can be difficult and stressful for both regulated members and complainants, and is committed to a process that is fair, timely and professional. In 2021, we began a careful review of our complaints policies and procedures to identify ways to streamline the process going forward and make it as straightforward as possible. Towards that goal, we're working to enhance the mutual understanding between the patient and the regulated member by enabling the regulated member to provide an initial response at the start of the complaints process. This will provide our Professional Conduct team with more information to make informed decisions and initiate an appropriate response at the early stages of a complaint.

We are also further developing a process for early consensual resolution in cases where lengthy and expensive investigations may not be the best approach. In addition, we are investing in our team through focused training and development, ensuring we can meet the demands of managing complaints in an ever-evolving landscape.

Complaints, investigation and resolution statistics

Complaints received	2021	2020	Variance	2019 ¹
New complaints ²	617	763	-19%	857
Complaint files closed	424	826	-49%	910
Complaint files in progress at Dec. 31	637	446	42%	502
Total physicians receiving a complaint	535	680	-21%	756

1. 2019 data included for information only; variance is between 2020 and 2021.
2. Includes complaints alleging sexual abuse and/or sexual misconduct.

Disposition of complaints on intake ¹	2021	2020	2019
Directed to informal resolution	133	167	153
Directed to initial physician response (Individual Practice Review (IPR)) ²	91	0	0
IPR redirect to closed	7	0	0
IPR redirect to dismissed	47	0	0
IPR redirect to expert opinion	6	0	0
IPR redirect to inquiry	31	0	0
Directed to investigation	311	261	359
Outright dismissed ³	82	335	345

1. How CPSA dealt with the complaint when first received. Disposition may change as more information on the complaint becomes available.
2. New process introduced in late 2021 (not a full year of reporting). Once the initial physician response is received, the matter is triaged to one of the four sub-processes.
3. Dismissed due to no or insufficient evidence of unprofessional conduct.

Types of complaints received* (%)	2021	2020	2019
COVID-19	3.5	0	0
Quality of care	35	47.6	46.7
Practice management	30	26.1	24.4
Medical reporting	6.4	7.6	12.8
Ethics	22	16.8	11.1
Unclassified	0.7	0.6	4.4
Third party	1.3	0.6	0.3
Systemic	1.1	0.6	0.3

*A single complaint may include multiple types.

1. COVID-19: New category formalized November 2021 – natures of Assessment/Diagnosis/Treatment, Professional Behaviour, Regulatory Compliance.
2. Quality of care: Diagnosis (incorrect or delayed), treatment (prescribing, procedural and counselling, referral/consultations, follow-up).
3. Practice management: Physician availability, office management including finance and communication.
4. Medical reporting: Release of records, report completion and accuracy.
5. Ethics: Confidentiality, informed consent, advertising/self-promotion, research-related and boundary violations (including sexual, financial and others).
6. Third party: Third party may refer to a government agency, Workers' Compensation Board and non-Workers' Compensation Board, other healthcare provider, pharmacist, employer, friend, etc.
7. Systemic: Access to human resources and technology, continuity of care and interdisciplinary issues.
8. Unclassified: All others.

Sources of complaints received (%)	2021	2020	2019
Patient ¹	67	63.8	62.2
Family member of patient	14	19	22.3
Complaints director ²	5.7	6.7	9.2
Third party ³	8	7.2	2.3
Lawyer	0.3	0.4	1.3
Other physician	5	2.9	2.7

1. Patient or legal guardian.

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

3. Third party may refer to a government agency, Workers' Compensation Board and non-Workers' Compensation Board, other healthcare provider, pharmacist, employer, friend, etc.

Average days to close a complaint by resolution process*	2021	2020	2019
Dismissed outright	105	24	13
Informal resolution			
Direct resolution ¹	78	64	50
Resolved with consent ²	237	167	230
Investigation³			
Dismissed after investigation	402	233	339
Resolved with investigation	573	575	465

*Complaints directed to hearing are not included. The days to close a complaint 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 regulated member and complainant.

2. Straightforward complaint where CPSA works directly with the regulated member 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.

Complaint or hearing assessments statistics

Fitness to practice assessments ¹	2021	2020	2019
Initiated	2	2	0
Completed	2	2	0
In progress at Dec. 31	0	1	0

1. Represents assessments resulting from a complaint or hearing.

Regulated members assessed under Section 118, <i>Health Professions Act</i> (incapacity)	2021	2020	2019
Files opened	0	0	0
Assessments completed	0	0	0

Disciplinary hearings statistics

	2021	2020	2019
Hearing Tribunals convened ¹	23	16	9
Hearing outcomes ²	19	12	5
Decision pending	4	1	3
Ongoing (continuation of proceedings)	1	2	2

1. Some Tribunals met more than once within the calendar year; may relate to hearings conducted in a prior year.

2. Allegations proven and/or 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 resulting from appeals	2021	2020	2019
Registration denied due to character/reputation	0	0	0
Registration denied due to failed assessment	0	2 ¹	1 ²
Practice conditions imposed	0	0	0
Suspended due to complaint—reversed by Council appeal panel	0	0	0
TOTAL	0	2	1

1. Decision upheld.

2. Decision overturned.

Professional Conduct appeals	2021	2020	2019
Dismissed complaints			
By complainant	63	93	82
To Complaint Review Committee (CRC)*	45 ¹ , 8 ² , 4 ⁴	64 ¹ , 10 ² , 1 ⁴ , 4 ⁶	40 ¹ , 14 ² , 2 ³ , 20 ⁶ , 2 ⁷
To Alberta Ombudsman**	7 ² , 1 ⁵	0	1 ²
Hearing decisions			
By complaints director, to Council	1 ⁸	0	0
By regulated member, to Council	0	0	1 ¹ , 1 ⁶ , 1 ⁷ , 1 ⁸ , 1 ⁹
By regulated member, to Courts*	0	0	1

*Reviewed in the calendar year.

**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 regulated members are clear on the boundaries and inherent power imbalances that exist in their professional relationship with patients. Alberta's Patient Relations legislation under the *Health Professions Act* (HPA) mandates a zero-tolerance policy for any regulated healthcare professional found guilty of sexual abuse or sexual misconduct. For incidents that took place on or after the legislation's implementation on April 1, 2019, CPSA regulated members found guilty of sexual abuse face automatic, permanent cancellation of their practice permit, while regulated members who are guilty of sexual misconduct receive, at minimum, automatic licence suspension.

In 2021, we introduced part two of our mandatory Patient Relations training module, which regulated members were required to complete to renew their practice permits for 2022.

CPSA launched part one of the module in 2019 in partnership with the University of Calgary.

CPSA's standards on *Boundary Violations: Sexual* and *Boundary Violations: Personal* identify our expectations for appropriate conduct during patient interactions, and our advice to the profession documents provide additional guidance for regulated members.

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 CPSA regulated member. 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 and sexual misconduct statistics

	Sexual abuse			Sexual misconduct			Both ³
	2021	2020	2019	2021	2020	2019	2021 ⁴
Complaints opened	3	10	2	12	16	3	1
Complaints closed	1	2	0	2	1	0	0
Complaints in progress	10	8	2	21	9	3	1
Hearings	1	0	0	1	0	0	0
Complaints dismissed	1	1	0	5	0	0	0
Physician permit cancellations	0	1	1 ¹	0	0	1	0
Physician permit suspensions	0	0	0	1	1	0	0
Patients who accessed funds ²	4	3	1	6	4	0	2

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

1. Regulated member withdrew from practice.
2. "Patients who accessed funds" may have been granted access to funds in the current year or in previous years. Some of these patients may have been granted access to funds in a previous year and continue to access funds in the current year.
3. "Both" represents where both natures, sexual abuse and sexual misconduct are involved.
4. 2021 was the first year of reporting statistics for combined cases of both sexual abuse and sexual misconduct. Statistics for the "both" category were not recorded or reported on in 2020 or 2019.

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 supporting these facilities in providing safe, quality care and meeting 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 maintain patient safety. 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

To adapt to the COVID-19 pandemic, our Accreditation team introduced a hybrid model for diagnostic and non-hospital surgical facility facilitation assessments. Through 2021, we continued combining virtual and in-person elements to reduce the number of assessors and the time they spent on site at facilities. We prioritized patient and staff safety by ensuring high-risk elements were assessed on site, along with activities that required direct observation or validation. Meetings and interviews were conducted virtually whenever possible.

Patient care is at the core of our work. In 2021, our Accreditation team supported facilities in bringing their much-needed skills to help care for Albertans whose health was affected—directly or indirectly—by COVID-19.

We collaborated with Alberta Health and Alberta Health Services throughout the year to expand the role of non-hospital surgical facilities to support the Alberta Surgical Initiative (ASI) and the uptake of services to address the pandemic surgical backlog.

In 2022, we will begin enforcing all accreditation-related requirements in the *Health Professions Act* (HPA)—specifically, the requirement that regulated members do not refer patients for testing at unaccredited facilities. Through 2021, we worked to accredit approximately 100 sleep medicine diagnostic facilities to align with the HPA, ensuring Albertans have safe, competent care from their sleep medicine diagnostic facilities.

Accreditation statistics

Facility type	Accreditation renewed ¹			Accredited (new)			Physicians approved to provide services		
	2021	2020	2019	2021	2020	2019	2021	2020	2019
Diagnostic Imaging	119	58	83	41 ²	3 ²	12 ²	57	52	47
Diagnostic Laboratory Medicine	53	25	39	8	0	0	N/A	N/A	N/A
Non-Hospital Surgical	4	11	18	2	0	0	74 ³	51 ³	103 ³
Pulmonary Function Diagnostics	48	11	11	12 ²	2 ²	6 ²	14	16	16
Neurodiagnostics	5	1	21	0	3	0	9	2	22
Cardiac Stress Testing	1	1	6	1	0	1	1	4	8
Sleep Medicine Diagnostics	4	4	2	15 ²	8 ²	6 ²	9	9	47
TOTAL	234	111	180	79	16	25	164	134	243

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

Albertans expect safe, high-quality medical care from their care providers at every interaction. CPSA supports patient safety by setting standards for care and holding regulated members to those standards.

CPSA's *Standards of Practice* and *Code of Conduct*, and the Canadian Medical Association's *Code of Ethics and Professionalism* are guiding documents that lay out the minimum expectations for ethical medical practice in Alberta. Often referenced in CPSA's complaints and hearings processes, these documents are enforceable under the *Health Professions Act* (HPA) and help Albertans feel confident their providers are held to a high standard.

While CPSA's *Standards of Practice* set the minimum expectations for professional behavior and conduct, regulated members are encouraged to exceed these expectations in care delivery. In 2021, CPSA had 40 standards of practice and 31 advice to the profession documents to set expectations and provide scenario-based guidance, to support regulated members in their

practice. CPSA's Standards of Practice team also answers questions from regulated members and provides information to Albertans on what to expect during care interactions through advice to Albertans documents, of which there were five in 2021.

In 2021, CPSA reviewed the following standards during two separate consultation periods:

- *Cannabis for Medical Purposes*
- *Continuity of Care*
- *Episodic Care*
- *Virtual Care* (formerly *Telemedicine*)

The following updated standards took effect in 2021:

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

Now that physician assistants are formally regulated by CPSA, they are held to the same standards as physicians.



As the province's medical regulator, CPSA is responsible for addressing racism, discrimination and implicit bias in our healthcare system.

Listen as three CPSA team members discuss the devastating impacts of discrimination on patients and providers in our healthcare system, and some of CPSA's current initiatives to promote an equitable, diverse and inclusive workplace.



Use your smartphone's camera to scan the QR code and visit conversations.cpsa.ca!



2021 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, 2021 comprise:

- the summary statement of financial position as at December 31, 2021;
- the summary statement of revenue 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 26, 2022.

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 to the summary financial statements.

Auditor's responsibility

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

PricewaterhouseCoopers LLP

Chartered Professional Accountants

Edmonton, Alberta
May 26, 2022

Summary Statement of Financial Position

As at December 31, 2021

Assets

Current assets	2021 \$	2020 \$
Cash and cash equivalents	33,441,013	34,261,703
Accounts receivable	2,523,687	1,933,685
Accrued interest receivable	13,351	10,937
Prepaid expenses and other assets	608,602	704,761
	36,586,653	36,911,086
Investments	33,990,067	29,918,431
Equipment and leasehold improvements	5,278,491	5,950,161
Employee future benefits - registered plan	12,249,582	9,023,571
	88,104,793	81,803,249

Liabilities

Current liabilities	2021 \$	2020 \$
Accounts payable and accrued liabilities	3,485,242	2,838,508
Deferred fee revenue	21,303,136	25,531,212
Deferred contributions	338,329	203,558
Deferred leasehold inducements	336,716	336,716
	25,463,423	28,909,994
Deferred fee revenue	-	107,768
Deferred rent inducement	292,179	214,777
Deferred leasehold inducements	2,076,415	2,413,131
Employee future benefits - supplemental plan	8,026,684	7,902,881
Employee future benefits - defined contribution supplemental plan	308,635	-
	36,167,336	39,548,551

Net Assets

	2021 \$	2020 \$
Invested in equipment and leasehold improvements	5,278,491	5,950,161
Internally restricted	10,526,875	8,890,808
Unrestricted	36,132,091	27,413,729
	51,937,457	42,254,698
	88,104,793	81,803,249

Approved by the Council President

Summary Statement of Revenues and Expenditures

For the year ended December 31, 2021

Revenues	2021 \$	2020 \$
Physician annual fees	26,319,114	26,185,373
Practice readiness fees	2,444,662	1,696,030
Professional corporation fees	1,876,100	1,858,890
Investment income	799,706	898,641
Grant funding	721,929	766,279
Physician registration fees	721,200	734,600
Miscellaneous	577,234	599,325
Recovery of investigation and hearing expenditures	323,435	474,863
Continuing competence	272,946	164,178
Physician health monitoring fees	92,075	104,112
	34,148,401	33,482,291

Expenditures	2021 \$	2020 \$
Administration	3,134,791	4,585,557
People and culture	596,200	551,707
Information technology and privacy	3,162,001	2,693,574
Office of the Registrar	1,373,442	1,246,870
Communication and government relations	1,140,120	1,228,896
Governance	1,089,666	1,167,851
Amortization	890,923	890,631
CPSA activities		
Registration	2,505,518	2,357,946
Practice readiness	2,250,233	1,838,512
Professional conduct	5,071,219	4,887,342
Continuing competence	3,868,394	3,371,467
Analytics, innovation and research	3,125,815	3,018,395
Physician health monitoring and practice conditions monitoring	1,894,477	1,883,145
	30,102,799	29,721,893

	2021 \$	2020 \$
Excess of revenues over expenditures before other items	4,045,602	3,760,398
Developmental costs	234,039	305,296
Accredit health facilities and equipment		
Revenues	3,454,318	2,674,956
Expenses	(2,944,602)	(2,448,520)
Excess of revenues over expenditures for facilities	509,716	226,436
Excess (deficiency) of revenues over expenditures before other income	4,321,279	3,681,538
Other income		
Fair value changes in investments	2,333,268	634,642
Investment income building fund	1,126,351	389,823
	3,459,619	1,024,465
Excess of revenues over expenditures for the year	7,780,898	4,706,003

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

Notes to Summary Financial Statements

December 31, 2021

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, 2021 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

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

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

2. Summary of select significant accounting policies

Investments

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

Revenue recognition

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

- Investment income – includes interest and dividends. Interest is recognized on the accrual basis and dividends on the ex-dividend date.
- 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 certain employees. Effective December 31, 2020, the defined benefit pension plan was closed to new entrants and active members stopped accruing credited service. The benefits are based on years of service up to December 31, 2020 and the employees' final average earnings. In the year-end summary statement of financial position, CPSA recognizes the defined benefit obligation, less the fair value of the plan assets.

	2021		2020	
	Registered \$	Supplemental \$	Registered \$	Supplemental \$
Fair value of plan assets	52,848,521	-	49,665,240	-
Accrued benefit obligation	(40,598,939)	(8,026,684)	(40,641,669)	(7,902,881)
Plan surplus (deficit)	12,249,582	(8,026,684)	9,023,571	(7,902,881)

3. Comparative figures

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



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