

Attendees:

Council Members - Voting:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley
- Nicole Cardinal
- Patrick Etokudo

- Christopher Fung
- Levonne Louie
- Linda McFarlane
- John O'Connor
- Laurie Steinbach
- Ian Walker
- Tyler White (attended virtually)

Council Members – Non-Voting:

- Todd Anderson
- Brenda Hemmelgarn

- Chaim Katz

Additional Attendees:

- Scott McLeod, Registrar
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Sue Welke, Program Manager, Governance
- Pam Gill, Hearings Director and In-house Legal Counsel
- Nazrina Umarji, returning Hearings Director and In-house Legal Counsel

- Jeremy Beach, Assistant Registrar
- Michael Caffaro, Assistant Registrar
- Charl Els, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Dawn Hartfield, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Tracy Simons, Chief Financial Officer

Guests (Internal):

- Ms. Keely McBride, Program Manager, Policy
- Ms. Chantelle Dick, Standards of Practice Advisor
- Dr. Nicole Kain, Program Manager, Research and Evaluation
- Dr. Nancy Hernandez-Ceron, Data Analyst
- Dr. Danielle Michaels, Senior Medical Advisor
- Dr. Monica Wickland-Weller (attended virtually)

Guests (External):

- Dr. Ehi Iyayi, Chair, Anti-Racism Anti-Discrimination Action Advisory Committee (attended virtually)
- Dr. Maryana Kravtsenyuk, Council member elect
- Dr. Oluseyi Oladele, Council member elect (attended virtually)
- Mr. Gareth Jones, incoming student observer
- Dr. Jay Rosenfield, former president Medical Council of Canada (attended virtually)
- Ms. Cathy Chichak, Canadian Strategy Group
- Ms. Reagan Bartel, Director of Health, Metis Nation of Alberta and member of the Indigenous Health Advisory Circle (attended virtually)

Regrets:

- Michael Taylor

Resources for Council Members:

- **CPSA Strategic Plan**
- **CPSA Council Reference Manual**
- **Principles to Guide Council Interactions**
- **Council Conflict of Interest Policy**

- **Council Member Code of Conduct Policy**
- **Councillor's Oath**
- **CPSA Values**
- **Commonly used Acronyms**

Thursday, December 1, 2022 starting at 0800

Note: items in blue font contain links to additional information.

1.0 Call to Order, Introductions, and Check-in for In-Camera Session (Council and Executive Team)

An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.

1.1 Approval of In-Camera agenda and items on In-Camera consent agenda:

- Minutes-in-camera, September 8, 9 and September 26, 2022

1.2 Approval of Council Effectiveness Survey Questions

1.3 President's opening remarks

- Feedback from September Council Meeting

2.0 Call to Order and Introductions – public session

2.1 Traditional Territorial Acknowledgement

At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.

To open the December 1, 2022 Council meeting, John O'Connor, elected member of Council, provided the land acknowledgement noting the sacrifices that have been made and are continuing to be made by Indigenous Peoples. He shared his commitment to building trusting relationships and offering safe, appropriate care to First Nations, Metis and Inuit Peoples.

2.2 Conflict of Interest Declaration (Real, Potential or Perceived)

No Conflicts related to the matters on the agenda were declared. Levonne Louie noted her recent appointments as a board member for the Medical Council of Canada and the Law Society of Alberta.

2.3 Approval of agenda and consent agenda items

*Consent Agenda matters are proposed for unanimous consent and without debate, however Council members may seek clarification or ask questions. Any Council member may also request that a consent agenda item be moved to the regular agenda by notifying the Chair **prior** to the meeting. By approving the consent agenda, any individual approvals such as those noted below are considered approved.*

- Minutes, [September 8 and 9, 2022](#) and [decision items from September 8 and 9, 2022 in-camera session, minutes from Emergency Meeting on September 26, 2022, confirmation of electronic vote re: election results](#) (**for approval**).
- [Appointment of Hearings Director](#) (**for approval**)
- [Competence Committee Meeting Summary Report](#) (**for information**)
- [Finance and Audit Committee Meeting Summary Report](#) (**for information**)
- [Governance Committee Meeting Summary Report](#) (**for information**)
 - Terms of Reference (**for approval**)
 - [Competence Committee](#)
 - [Governance Committee](#)
 - [Medical Facility Accreditation Committee](#)
 - [Committee Chair appointments](#) (**for approval**)
 - [Committee appointments – Council Members](#) (**for approval**)
 - [Committee appointments – Non-Council members](#) (**for approval**)
- [Legislation and Bylaw Committee – Committee Meeting Summary Report](#) (**for information**)
- [Medical Facility Accreditation Committee Meeting Summary Report](#) (**for information**)
- [Report re: Attendance at Siksika's Every Child Matters Powwow](#) (**for information**)

Council approved or received as information the items on the Consent agenda, including the appointment of Ms. Nazrina Umarji as Hearings Director, replacing Ms. Pam Gill.

3.0 Reports

3.1 [President's Report](#)

The President's Report, highlighting the President's activities since September was received as information.

3.2 [Registrar's Report](#)

Council received the Registrar's Report as information. Discussion looked at the work to develop a Memorandum of Agreement with Siksika Nation which recognizes the sovereignty of the nation and clarifies the role of CPSA as a

regulatory authority available to support and assist them. Other items of note were the impacts of the revised legislation around Medical Assistance in Dying, the implications resulting from a recent court decision about awarding costs for hearing tribunals and the new Customer Experience Team at CPSA.

4.0 Registration

4.1 Accelerated Practice Readiness Assessment Pilot (verbal)

In September, Council supported moving forward with an initiative to shorten CPSA's registration processes in certain circumstances. At the December meeting, Council was updated on this work and advised that the new process will likely roll out in mid-January. This is leading edge work amongst Canadian regulators and other provinces will be watching the results closely with at least one other province considering developing a similar model.

4.2 [Alberta Sponsorship Model for Practice Readiness Assessments](#)

Council reviewed a proposal to extend the sponsorship model to allow others, not just Alberta Health Services, to be considered as the sponsoring body for a CPSA regulated position. Based on feedback from Council, the proposed criteria for a sponsor will be revised for consideration by Council at the February Council meeting.

5.0 Committee Reports

5.1 Legislation and Bylaw Committee Report

5.1.1 Executive Elections Policy

Council approved the revisions to the [Executive Elections Policy](#).

5.1.2 [Proposed Bylaw Revisions](#)

Council approved the amendments to the [CPSA Bylaws](#). The revised Bylaws, excluding those related to Bill 46, the Health Statutes Amendment Act, 2020, will be posted on the public website after January 1, 2023.

5.2 [Anti-Racism Anti-Discrimination Action Advisory Committee Report](#)

Dr. Ehi Iyayi, Chair of the Committee, reported to Council regarding the work of the Anti-Racism Anti-Discrimination Action Advisory Committee since the September Council meeting. In addition to providing input to an online course about microaggression for regulated members, the Committee is providing input and guidance for a Advice to the Profession document on Anti-Racism and Anti-Discrimination.

5.3 [Indigenous Health Advisory Circle](#)

Tyler White, public member of Council and Co-Chair of the Indigenous Health Advisory Circle, provided an update on behalf of the members of the Circle. The Circle will be guiding the Department in the planning and development an SOP to address Indigenous-Specific Racism and Discrimination.

Ms. Regan Bartel, member of the Circle and Director of Health for the Metis Nation of Alberta was also introduced to Council.

5.4 [Building Fund Initiatives Working Group](#)

Linda McFarlane, Chair of the Building Fund Initiatives Working Group advised Council of the changes to membership on the Committee, including the appointment of Richard Buckley as Chair in 2023. The Group will be reviewing the submissions of expressions of intent regarding the CPSA Healthier Albertan Grant following the December 15 deadline.

5.5 [History Project](#)

Council approved the recommendation to revisit the History Project in December 2023.

6.0 Standards

6.1 Consultation 024 – approval for implementation

- *Restricted Activities*

Council approved the Restricted Activities standard of practice as presented. It will be implemented once the Health Professions Restricted Activities Regulation is implemented by the provincial government. Announcements will be made in The Messenger to advise the profession of the implementation of this Standard and it will be available on the [Standards of Practice section of the CPSA website](#).

6.2 Consultation 025 – approval for consultation

- Female Genital Mutilation
- Safe Prescribing
- Medical Assistance in Dying (MAiD)

The above standards were approved for [Consultation](#). The Consultation will be open from December 12, 2022 until January 11, 2023

7.0 In Camera (Council and others by invitation)

An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.

7.1 Government Relations Update

7.2 Council only – Registrar Performance Review

Friday, December 2, 2022 starting at 0800

8.0 Call to Order for In-Camera Session (Council and Executive Team and others by invitation)

An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.

9.0 Call to Order and Introductions for public session

9.1 Traditional Territorial Acknowledgement

At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.

Levonnie Louie, public member of Council, provided the traditional territorial acknowledgement on the second day of the Council meeting. She acknowledged the harms and mistakes made in the past to Indigenous peoples and indicated her desire to move forward in partnership towards reconciliation and collaboration. She is humbled and grateful for the support she has received from those in the Indigenous community who have answered her many questions and are assisting her as she continues to learn about the issues around Truth and Reconciliation.

10.0 Professional Conduct

10.1 [Update – Project Bluebird](#)

Council was provided with a detailed look at the work that has been ongoing to improve the Complaints process.

11.0 [Executive Committee Report](#)

- **Governance Review Implementation – Competence based, skills matrix to fill positions on Council**

As requested at the December Council meeting, additional information and examples of competency-based, skills matrix nomination processes were presented. Council

tasked the Governance Committee to bring forward to the May 2023 Council meeting, a recommended model for competency-based selection of Council members.

12.0 Strategic Action Plan - Update

Council was provided with an update on the development of a Strategic Action Plan that further operationalizes the 2022-2026 Strategic Plan. Additional details, including the Key Performance Indicators and Targets will be provided to Council in the new year.

13.0 Council Education

13.1 Presentation from Research and Evaluation Unit (REVU)

Through a data-sharing agreement with Alberta Health, CPSA's Research and Evaluation Unit developed and demonstrated a dashboard that includes physician billing data that is used to estimate the volume of work of regulated members. The dashboard gives CPSA information that can monitor compliance with practice standards, identify practice outliers, identify practice trends and incorporate information into competence enhancement tools.

13.2 Finance 101

Due to time constraints, this presentation was deferred.

13.0 In Camera (Council and others by invitation)

An in-camera session of Council provides an opportunity for Councillors to discuss sensitive matters in confidence. Any decisions made in-camera are shared in the public session.

Attendees:

Council Members - Voting:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley
- Nicole Cardinal
- Patrick Etokudo

Council Members – Non-Voting:

- Todd Anderson
- Brenda Hemmelgarn

Additional Attendees:

- Scott McLeod, Registrar
- Susan Ulan, Deputy Registrar
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Shawn Knight, Chief of Staff
- Sue Welke, Program Manager, Governance

- Christopher Fung
- Levonne Louie
- Linda McFarlane
- John O'Connor (attended virtually)
- Laurie Steinbach
- Ian Walker
- Tyler White (attended virtually)

- Chaim Katz (attended virtually)
- Michael Taylor

- Jeremy Beach, Assistant Registrar
- Michael Caffaro, Assistant Registrar
- Charl Els, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Dawn Hartfield, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Tracy Simons, Chief Financial Officer
- Pam Gill, Hearings Director and In-house Legal Counsel

Guests (Internal):

- Ms. Keely McBride, Program Manager, Policy
- Mr. Jason MacDonald, Program Manager, Infection Protection and Control
- Dr. Monica Wickland-Weller, Senior Medical Advisor, Analytics, Innovation & Research (attended virtually)

Guests (External):

- Dr. Ehi Iyayi, Chair, Anti-Racism Anti-Discrimination Action Advisory Committee (attended virtually)
- Steven Bellemare, Director, Strategic Engagement and Advocacy, CMPA (attended virtually)

Thursday, September 8, 2022 starting at 0800

1.0 Call to Order, Introductions, and Check-in for In-Camera Session (Council and Executive Team)

Council met in-camera with the Registrar, Deputy Registrar, Assistant Registrars, Acting Hearings Director, Chief Financial Officer, Chief of Staff and the Chief Innovation Officer

2.0 Call to Order and Introductions – public session

Ms. Strilchuk called the public session to order at 0849. The newest members of Council, Dr. Todd Anderson, Dean at the University of Calgary and Dr. Michael Taylor, representative for the Professional Association of Resident Physicians of Alberta were introduced and welcomed to their first in person meeting with Council.

2.1 Traditional Territorial Acknowledgement

At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.

To open the September 8, 2022 Council meeting, Richard Buckley, elected member of Council, provided the land acknowledgement and shared the story of his settler heritage. He spoke of his hopes for the future and his personal commitment to Truth and Reconciliation.

2.2 Conflict of Interest Declaration (Real, Potential or Perceived)

No conflicts of interest were declared.

2.3 Approval of agenda and consent agenda items

*Consent Agenda matters are proposed for unanimous consent and without debate, however Council members may seek clarification or ask questions. Any Council member may also request that a consent agenda item be moved to the regular agenda by notifying the Chair **prior** to the meeting. By approving the consent agenda, any individual approvals such as those noted below are considered approved.*

- Minutes, May 26 and 27, 2022 and decision items from May 26 and 27, 2022 in-camera session, and minutes from Special Meeting on July 19, 2022 (**for approval**).
- Council Meeting Schedule 2024 (**for approval**)
- Competence Committee Meeting Summary Report (**for information**)
- Finance and Audit Committee Meeting Summary Report (**for information**)
- Governance Committee Report (**for information**)
- Medical Facility Accreditation Committee Meeting Summary Report (**for information**)
- Registration Policy updates (**for approval**)
 - Provisional Register Policy – Conditional Practice – General Practice/Family Medicine
 - Provisional Register Policy – Conditional Practice – Specialty Discipline Practice
- CPSA Strategic Plan – print version (**for information**)

Prior to approving the items on the consent agenda, clarification was provided regarding the Competence Committee's report around the requirement for 2 new physician members for that Committee. Those positions are not filled by physician members of Council. They will be recruited from the general membership.

MOTION C39-22: Moved by Levonne Louie and seconded by Linda McFarlane that Council approves the agenda and items on the Consent agenda as circulated. Carried.

3.0 Reports

3.1 President's Report

Ms. Strilchuk referred Council to her written report highlighting the areas and events in which she has been engaged over the last 3 months. She highlighted her participation at the Federation Of Medical Regulatory Authorities of Canada (FMRAC) conference which was very engaging with speakers addressing Indigenous concerns, as well as equity, diversity and inclusion. She shared that the conference marked the end of Dr. McLeod's term as President of FMRAC and it was evident that he was highly respected for the leadership he provided to the organization over the last two years.

3.1.1 Council Retreat for 2023

Council made the following suggestions with respect to the proposed themes for the retreat:

- Ask the keynote speaker to address innovations and innovative thinking about the delivery of care in collaboration with other healthcare practitioners such as nurses and pharmacists; the focus should be narrowed from the broader topic of how to be more innovative in healthcare.
- Need to ensure Council look inwards as well as outwards.
- Ensure there is flexibility as other themes may emerge
- Ensure innovation is transferable to all groups, particularly minorities and underserved populations

Motion 40-22 Moved by Christopher Fung and seconded by Daisy Fung to approve the 2023 Retreat themes and outcomes. Carried.

3.1.2 Registrar's Performance Evaluation – Process for 2022

The general process to be followed was approved in 2018. In 2020, given it was the year for the renewal of the Registrar's contract, a comprehensive 360 assessment was conducted. That will not be done in 2022, and this year will revert to gathering feedback from Council members and Dr. McLeod's direct reports. Given the newly approved Strategic Plan, the work in 2023 may be increased given new KPIs will be developed and assessed.

MOTION C41-22: Moved by John O'Connor and seconded by Jaelene Mannerfeldt that Council approves:

- 1) the 2022 Registrar and CEO's Performance Management process; and
- 2) the President as the Lead with support of Executive Committee for the 2022 Registrar and CEO's Performance Management process.

Carried.

3.2 Registrar's Report

Dr. McLeod began his presentation by acknowledging that Dr. Susan Ulan would be retiring at the end of the month and that Mr. Shawn Knight would be leaving CPSA for a position with the College of Registered Nurses of Alberta. Joining Dr. McLeod's Executive team is Dr. Charl Els. The Deputy Registrar position will remain vacant for the next few months. That workload will be shared amongst all the Assistant Registrars.

As part of his regular reporting to Council, Dr. McLeod reviews progress by all teams at CPSA in meeting the Key Performance Indicators (KPIs) for their area. As noted in the written report, the KPIs for Project Bluebird are reported as being delayed. He provided an overview of this project and noted that it is a massive, transformational project which is beginning to show success. Council was provided with details about the work to manage files more efficiently and in a timely manner. External investigators are contracted to help manage the ebb and flow of complaint submissions and will be an integral part of the sustainability of this work going forward. He assured Council that all high-risk files are addressed immediately. Response times on files have improved as there is now an agreement with Alberta Health Services (AHS) which allows physicians to access necessary files to respond to a complaint in a timely manner. Responding to a question about bias, Dr. Hartfield indicated that her team views themselves as a neutral party that is trying to resolve a situation to everyone's satisfaction. Team members have been involved in a number of training programs including resolution training, procedural fairness training and unconscious bias training. Many of the processes required for this work are dictated by legislation, making it difficult to have another medical regulator audit the work. However, in conversations with her colleagues, Dr. Hartfield is confident that the work of CPSA around complaints files is in line with others in Canada. When a decision is taken to a Complaint Review Committee (CRC) and that Committee overturns the decision, the Professional Conduct Team reviews the complaint process that was used to identify areas for improvement. This ensures continuous feedback and improvement.

Dr. Hartfield shared that the *Health Professions Act* (HPA) provides a number of options to resolve a complaint, one of which is to seek out an expert opinion to review the care that was given and offer an opinion on the case before it goes to investigation. This is an area that she expects will be used further and she asked for assistance from the Deans to identify experts who could be contacted for this work. The experts chosen would need to be members in good standing who have experience in a similar practice to the physician involved in the complaint. In some cases, it may be necessary to go out of province if the physician's work is very specialized to ensure individuals are not known to each other.

Responding to a question about the pressures on staff, Dr. Hartfield indicated that as the team becomes fully staffed, the pressures are easing and staff members are finding time to use their vacation allotments.

Responding to a question about support for complainants, Dr. Hartfield indicated that external counselling is available to individuals who bring forward a boundary violation complaint. For other types of complaints, staff can direct complainants to a variety of counselling supports.

Additional data about the complaint process will be shared with Council in December. Going forward, better information about the complaint process will be available as a new technology tool will be used to track complaints from the time it is submitted until it has been closed. Dr. McLeod noted that with additional data around complaints, CPSA may be able to provide education and support to the profession to take a preventative and proactive approach in providing care.

Regarding a concern that underrepresented populations may not feel comfortable or may not know how to submit a complaint, Dr. Hartfield advised that CPSA has partnered with AHS in the development of a toll-free line for Indigenous patients to use. Callers will be able to tell their story in their own words. The story will be written down and consideration may be given to using this story as the required written complaint mandated by the HPA. Other options being pursued to ensure the complaint process is free of barriers include the use of language lines and translation services.

Given that the HPA directs that a complaint must be in written form and signed by a complainant, anonymous complaints cannot be accepted. However, Dr. Hartfield indicated that if she is made aware of something really egregious, as per section 56 of the HPA, she may initiate the complaint. In conjunction with the work to improve the complaints process, work is underway to allow individuals to submit a concern about their care. Because this would fall outside of the legislated complaint process, it would be possible to accept an anonymous concern which would then be taken to a physician as feedback on their practise.

Other areas reported on from the Registrar included:

- Working with the incoming president of the Canadian Medical Association around physician wellness
- Encouraging communication between physicians and other regulated health professionals in the community to work together in solving conflicts and finding ways to meet the needs and demands of patients when resources are limited.
- Upcoming changes with respect to the work of the Federation of Medical Regulatory Authorities of Canada (FMRAC). Looking to develop greater standardization of common regulatory concerns across Canada, including matters such as Indigenous-specific racism; becoming more agile and responsive to the needs of the regulators.
- Planning for The International Association of Medical Regulatory Authorities conference in Indonesia in 2023.

4.0 Registration

4.1 New Registration Category

Dr. Caffaro noted that Council was provided access to the draft policies previously. Since the last meeting, the Finance and Audit Committee reviewed the annual fee for this permit category and will be making a recommendation for same later on this agenda

MOTION C42-22: Moved by Levonne Louie and seconded by Jaelene Mannerfeldt that Council approves the final policy criteria that creates the registration category of "Non-Clinical" for certain regulated members. Carried.

5.0 Physician Resource Concerns in Alberta

Dr. McLeod shared some of the headlines that have appeared in the media in Alberta and across Canada which highlight the concerns about a shortage of physicians. While we have access to data about the number of physicians registered to practice in Alberta, Dr. McLeod shared some examples around the complexities behind the data. For instance, if a physician does not provide their primary practice location, it is possible that while they are registered in Alberta, they may, in fact, be practicing in another province. The data also does not report on the physician's hours of work, so it is difficult to assess how much care is being provided. However, the data paints a general picture that the demand for physicians is outstripping available resources.

Dr. McLeod went on to share data about the current work in Alberta to register International Medical Graduates (IMGs). Given the mandate to protect the public, CPSA has created a number of processes to ensure IMGs who are registered to practice in Alberta will provide safe and competent care. To ease some of the pressures on the healthcare system, several CPSA team members looked at our current processes to determine if there might be any viable options to expedite the registration process for IMGs, particularly if the individual was already licensed in a jurisdiction with similar training and competency requirements. Other considerations were proposed around the Criminal Record Check process, sponsorship, enhancing communication with AHS, shortening the Practice Readiness Assessment, etc. Additional work will be required to develop a recommended course of action that would include a full risk assessment and review by legal counsel. Council stressed the need to ensure the process is transparent.

On the topic of sponsorship, Council requested further information around licensing physicians in Alberta who are practising on the First Nations. At the present time, the default is that the provincial regulator licenses physicians who practice in First Nations communities within that province. However, Dr. McLeod presented some alternative models that could be pursued in conjunction with Indigenous leaders to ensure appropriate licensing of physicians practicing on First Nations. This could be discussed at the Indigenous Health Advisory Circle. It was suggested that the Chiefs and Health boards could be invited to further these conversations.

A motion was not required and Dr. McLeod committed to bringing a proposal back for Council consideration before the next Council meeting.

6.0 Committee Reports

6.1 Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAAC) Report

Dr. Iyayi, chair of ARADAAAC provided Council with an update on the work of the Committee to date. He spoke to the following specific action items:

-
- The collection of data on gender and race on CPSA's annual Renewal Information Form (RIF)
 - Development of advice documents for the profession as well as for Albertans regarding discrimination.
 - Collaborating with the Indigenous Health Advisory Circle on a Standard of Practice about discrimination

He noted that the Committee's Action Plan is a living document that outlines the Committee's projects and deliverables for the coming year and beyond. In collaboration with Alberta Health Services and the Alberta Medical Association, an on-line course is being created to educate members on race-based micro-aggressions and help them respond. Members will be strongly encouraged to participate and all three organizations will embed it in their work with staff/members. As the course will be available to regulated members, the Committee will review the data and any feedback about the course to map out next steps which could include making the course mandatory, or developing additional courses. Before closing, Dr. Iyayi thanked Council and Dr. McLeod for their commitment to this work.

6.2 Indigenous Health Advisory Circle

Mr. Tyler White, co-chair of the Indigenous Health Advisory Circle provided an overview to Council of the work of the Circle to date. He recognized the individuals who are part of the Circle, referring to them as an amazing group of individuals. He thanked Shawn Knight for his support of this work. The Circle is committed to sharing their experiences, knowledge and wisdom with CPSA and to provide guidance in a number of areas including the Strategic Plan, development of a Standard of Practice to address Indigenous specific racism as well as a statement specific to anti-Indigenous racism. An Elder attends all meetings of the Circle and she guides the group as everyone shares their stories and experiences. In this way it is hoped that the Circle is a safe space of trust that will not re-traumatize or create harm to the participants.

6.3 Building Fund Initiatives Working Group

Ms. Linda McFarlane, Chair of the Building Fund Initiatives Working Group presented the recommendations from the Working Group for approval by Council.

The Working Group reviewed the principles that were proposed to guide the use of the funds, and Council requested additional information on the third principle around sustainability. The Working Group explained that it was important to them to know that the project would be able to continue its objectives after the initial funding provided through this project was exhausted.

MOTION C43-22: Moved by Laurie Steinbach and seconded by Jaelene Mannerfeldt that Council approves the principles as presented. Carried.

Regarding the evaluation criteria, Council recommended that additional clarity may be needed regarding the degree and type of collaboration that is expected based on the scale of the grant.

MOTION C44-22: Moved by Ian Walker and seconded by Levonne Louie that Council approves the evaluation criteria and weighting for any project submissions as amended. Carried.

MOTION C45-22: Moved by Jaelene Mannerfeldt and seconded by Christopher Fung that Council approves the name of the grant as *CPSA Healthier Albertan Grant*. Carried.

The last item to be approved was to revise the Working Group Terms of Reference with a change to the composition of the working group. Additional members will join in December. It was noted that the members at large do not need to be physicians but should have experience reviewing grants.

MOTION C46 – 22: Moved by Laurie Steinbach and seconded by Daisy Fung that Council approves the amendments to the Terms of Reference for the Building Fund Initiatives Working Group. Carried.

As next steps, the RFP will be updated and a communication plan developed to solicit proposals to receive this grant funding. It is expected that the submissions will be reviewed beginning in the first quarter of 2023. Council was invited to send questions or feedback about the RFP to Tracy Simons or Linda McFarlane.

Ms. Strilchuk expressed her thanks to Ms. McFarlane and the Working Group members and asked that they extend her thanks to the consultant involved with this work, Mr. Greg Lamothe.

7.0 Standards

7.1 Consultation 022

- *Infection Protection and Control (IPAC) Standard* (formerly Reprocessing of Medical Equipment)

Jason MacDonald presented the Infection Protection and Control Standard, highlighting the reason for the name change and summarizing the feedback from the consultation as being supportive of the proposed changes. Council questioned the removal of the Quality Assurance requirement when consultation feedback supported its inclusion. It was noted that the Infection, Protection and Control Requirements which support this standard include requirements around Quality Assurance. Council felt that the Standard needed to continue to reference Quality Assurance and Mr. MacDonald indicated that a robust statement would be added to the Standard indicating that physicians must follow the Quality Assurance requirements listed in the Infection Protection and Control Requirement documents.

Responding to a question about the term clinical settings, Mr. MacDonald indicated this refers to the location in which a physician practices, and would not specifically address a long-term care centre unless a physician ran a clinic within a long-term care facility.

MOTION: C47-22: Moved by Christopher Fung and seconded by Patrick Etokudo that Council approves the updated version of the Infection Protection and Control Standard (formerly Reprocessing of Medical Equipment) which incorporates the feedback from the consultation process, for implementation on November 1, 2022 with the amendment that Quality Assurance is included as a “must” in the Standard and references the Infection Protection and Control Requirement documents. Carried.

- *Medical Services Requiring Accreditation Outside of Hospitals Standard*

Chantelle Dick presented the request to rescind the above standard. She indicated that the provisions of this standard are addressed in the accreditation standards. Further the requirement for CPSA to approve some services such as acupuncture and hair transplantation was inconsistent and not congruent with the role of a regulator. These procedures are not unregulated as they are part of the IPAC standards. Responding to a question about the risks associated with these procedures, Dr. Ulan noted that the CPSA does not accredit any other treatments offered by physicians, so it seemed incongruent that CPSA should have a role in this area. She added that physicians are expected to work within their scope and have a level of expertise to provide any treatments. Additionally, the *Practising Outside of Established Conventional Medicine Standard* also addresses this issue..

MOTION C48-22: Moved by Levonne Louie and seconded by Daisy Fung that Council approves the rescission of the Medical Services Requiring Accreditation Standard effective October 1, 2022 as recommended during the consultation process. Carried.

7.2 Consultation 023 – approval of the standard

- *Continuing Competence Standard*

Dr. Ulan presented the Continuing Competence Standard for approval. The Standard was developed in response to the introduction of Bill 46, the Health Statutes Amendments Act which directed Colleges to establish a continuing competence program. At the present time the continuing competence program requirements are set out in regulation. By developing a Standard of Practice for Continuing Competence, CPSA will have greater flexibility to make changes if needed in the future. Dr. Ulan noted that the process of moving the requirements from the regulation to a standard was prescriptive and also required the development of a program manual to accompany the standard. Based on the feedback received during the consultation process, most members were not aware of the current requirements and there will be a robust communication plan to accompany the implementation of this Standard. The requirements will be aligned with the Continuous Professional Development Requirements of the Royal College and the College of Family Physicians of Canada. While CPSA did not want to be too prescriptive about actions

physicians engage in for their Quality Improvement, it is apparent physicians need additional guidance on this work and this will be addressed in the communication plans. It is expected that Bill 46 will be proclaimed early in 2023 at which time this Standard will be implemented. Council asked that this Standard be reviewed after the first two years of implementation.

MOTION C49-22: Moved by Linda McFarlane and seconded by Jaelene Mannerfeldt that Council approves the updated version of the newly developed Continuing Competence Standard which incorporates the feedback from the consultation process. This standard will be implemented once the corresponding provisions within Bill 46, The Health Statutes Amendment Act, 2020, come into force with an early review cycle of two years. Carried.

7.3 Consultation 024 – *Restricted Activities* Standard

- Approval for Consultation

Ms. Keely McBride presented on Consultation 024. The Restricted Activities Standard was developed as a result of Bill 46, the Health Statutes Amendment Act which is removing restricted activities from the professional regulations. As such, the Standard reflects the current regulation and there has been no change to the scope of authorization. This information will be shared as part of the consultation process to assure members that nothing has changed regarding current practice.

At the request of Council, wording will be added to the Standard about introducing trainees to ensure there is consent for a trainee to undertake the activity under the supervision of an individual authorized to perform the restricted activity.

MOTION C50-22: Moved by Levonne Louie and seconded by Richard Buckley that Council approves the draft Standard of Practice for Restricted Activities for consultation. Carried.

7.4 IV Sedative and Anesthetic Accreditation Standard

Dr. Gordon Giddings presented the Accreditation Standard for approval by Council. He noted the work done by the accreditation team, advisory committee, Medical Facility Accreditation Committee, as well as Fizza Gilani, Program Manager, Prescribing and Analytics and Dr. Monica Wickland-Weller, Senior Medical Advisor. The standard was developed to ensure that treatments using IV sedatives and anesthetics were performed as safely as possible. This is a practice that has emerged recently both nationally and internationally. He described some of the barriers to care that existed and noted that while the introduction of this standard regulates the use of this treatment, it is not an endorsement of the treatment. By introducing a transparent tool to accredit a facility that offers these treatments, CPSA can have some assurance that there are safeguards in place for the treatments and that patients understand what the therapy entails. Dr. Giddings and his team consulted widely in the development of the standard and also looked at the work being done by other regulators in this area.

Council thanked Dr. Giddings and his team for their work in bringing this standard forward. At the present time there is some evidence to support this treatment, but the evidence is not yet robust to consider this a mainstream treatment. Although psychosis is noted as a side effect, Dr. Charl Els advised that psychosis episodes are dependent on the dosage given and the dosages used for these purposes is well below that threshold. Dr. Wickland-Weller added that patients are closely monitored post treatment and must have a responsible adult monitoring them after they return home.

MOTION C51-22: Moved by Jaelene Mannerfeldt and seconded by Daisy Fung that Council approves the Accreditation Standards for IV Sedative and Anesthetic. Carried.

The public session closed at 1616.

8.0 In Camera (Council and others by invitation)

- **Registrar's Report - Staff Engagement Survey Results**

Council met in-camera to discuss these matters in confidence.

Friday, September 9, 2022 starting at 0800

9.0 Call to Order for In-Camera Session (Council and Executive Team and others by invitation)

Council met in-camera with the Registrar, Deputy Registrar, Assistant Registrars, Acting Hearings Director, Chief Financial Officer, Chief of Staff and the Chief Innovation Officer

Council held the election for the members of the Executive Committee during their in-camera session. The announcement of the Executive Committee Members for 2023 is shared publicly at the conclusion of the election process:

MOTION C52-22 Moved by Daisy Fung and seconded by Laurie Steinbach that Council accepts the results of the Executive Election nomination and voting process and confirms:

Stacey Strilchuk as Council President for 2023

Jaelene Mannerfeldt as Council Vice President for 2023

Nicole Cardinal as the Executive Committee's Member-at-large for 2023

Carried

10.0 Call to Order and Introductions for public session

Ms. Strilchuk called the public session to order at 0928.

10.1 Traditional Territorial Acknowledgement

At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.

Christopher Fung, elected member of Council, provided the territorial land acknowledgement for the second day of the Council meeting. He reflected on his hopes that territorial land acknowledgements will serve to encourage everyone to weave respect and understanding of Indigenous people into the fabric of society.

11.0 Committee Reports (Continued)

11.1 Finance and Audit Committee

Ms. Levonne Louie asked Ms. Tracy Simons to present the draft business plan which becomes the basis for the budget. Ms. Simons noted that the budget for 2023 will not reflect the recently approved strategic plan. The 2024 budget will be based on the work to implement the new strategic plan. In developing the business plan and budget for 2023, the leadership team does a risk assessment to prioritize the work. Council requested further information around staff benefits, and were advised that the contract with the current benefit provider ends in May 2023. Prior to renewing the contract, staff will be given an opportunity to provide feedback into the benefits they would value. Clarification was also provided regarding the proposed adjustments to salaries which will not be retroactive. With respect to the funds allocated to the talent pipeline, these funds are to identify staff for learning opportunities as part of the succession planning within CPSA.

MOTION C53-22: Moved by Jaelene Mannerfeldt and seconded by Laurie Steinbach that Council approves the proposed 2023 Business Plan as recommended by FAC and as contained in the Council dossier. Carried.

Following approval of the Business Plan, Ms. Louie and Ms. Simons presented the 2023 Budget. Ms. Louie prefaced the discussion by noting that the Finance and Audit Committee also reviewed the budget development process.

Ms. Simons noted that:

- the budget is developed based on a number of assumptions, including the continuation of a hybrid work and meeting environment
- the recommendation to increase honoraria rates was based on the work of a consultant in which the honoraria rates provided by CPSA were compared to other, similar organizations.
- overall, a net loss is planned in 2023. This is not seen as an issue given 2022 will end with an unrestricted surplus which is higher than targeted as the organization continues to experience fewer in person meeting expenses.

The following discussion points were noted:

- Decreasing numbers of physicians will reduce revenues
 - If more international medical graduates are recruited to Alberta, assessment costs may increase
 - Due to inflation, a number of fees will be increasing as they are based on the actual expenses required to do the work
-

- CPSA has the highest physician fees in Canada, but CPSA also provides more services than other medical regulators. CPSA also engages in significant research.
- As many physicians will likely be surprised by the increase in registration fees, Council suggested a communication plan be developed which includes information about the benefits physicians receive as part of their registration.
- A suggestion was made to cap any increases to registration fees for 3 years. Ms. Simons noted that normally that would be an option, however, given the unknowns related to the new strategic plan, inflation, physician supply and market volatility, the decision was made to not lock in the fees at this time.
- Regarding honoraria rates, it was noted that Council members only receive honoraria based on the time spent in a meeting, they do not receive honoraria for reviewing materials to prepare for meetings and appeals.

MOTION C54-22: Moved by Laurie Steinbach and seconded by Daisy Fung that Council approves program fee changes contained in *Appendix D: Fee Changes for 2023*.

- Therapeutic Decision Making (TDM) exam admin and recheck fee
- Practice readiness fees
- Non-Clinical Register annual fees
- Physician health monitoring fees
- Radiation equipment annual and registration fees

Noting that the non-clinical register fee is 25% of the regulated member fee. Carried.

MOTION C55-22: Moved by Nicole Cardinal and seconded by Linda McFarlane that Council approves the Honorarium rates for 2023. Carried (1 opposed)

MOTION C56-22: Moved by Ian Walker and seconded by Laurie Steinbach that Council approves the 2023 CPSA budget as recommended by FAC and as contained in the Council dossier with a physician annual fee of \$2,200. Carried (1 opposed)

11.2 Governance Review Committee

- Presentation of Governance Review Implementation Plan

Ms. Laurie Steinbach presented the results from the Governance Review and the recommendations from the Governance Review Committee. She presented four big changes that would result from approving the Governance Review Committee's recommendations and noted that

implementation will likely continue through 2023. The following matters were discussed:

- Council agendas need a clearer focus at the governance level; Council should not be directly involved in operations.
- Materials provided to Council in advance of meetings should reflect how the information relates to public interest.
- Council decisions and discussions should focus on public interest
- Composition of the Committees will be reviewed to ensure Committee membership meets the needs of the Committee's work.
- If Council approves the recommendation to remove the current elections model in favour of a nominations policy and process, an external agency would be contracted to support the work.
- The matter of having voting members and non-voting members on Council was brought up during the Governance Review, but the Governance Review Committee decided not to make any recommendations to change the current model.
- The matter of student engagement with CPSA is not part of the broad Governance Review Implementation plan and could be reviewed as part of the more detailed steps of implementation.
- Specific decisions such as the approval of Committee Terms of Reference will be brought to Council; the oversight by the Executive Committee is to ensure that the implementation plan is being completed and the Committee will provide regular updates at Council meetings.

MOTION C57-22: Moved by Christopher Fung and seconded by Levonne Louie that Council approves the following:

- 1) the Governance Review Implementation Plan with the exception of the nominations model/skills matrix which would be brought back to a future meeting;
 - 2) a Communications Strategy is developed to inform and educate regulated members and the public about the governance changes resulting from the Governance Review; and
 - 3) CPSA's Executive Committee has overall responsibility for the Governance Review Implementation Plan.
- Carried (1 opposed)

12.0 Council Education

- Discussion questions: Dr. Death Podcast

Council engaged in an informal discussion around the Podcast and the implications of this situation relative to regulatory work. While checks and balances exist at Universities and in the registration process, most acknowledged that it may be possible for an individual who does not have the required competency to slip through the cracks. Dr. Ulan noted that as the regulator, the CPSA needs to continue the work to reduce or

remove barriers that exist around the reporting of concerns. As well, CPSA needs to work with others to ensure competence of physicians is regularly and appropriately assessed. However, the system as a whole also has to do better to prevent similar situations occurring in the future.

13.0 In Camera (Council and others by invitation)

Council met briefly with the Registrar and then on their own prior to the final meeting adjournment at 15:55.

Gail Jones
Recording Secretary

To ensure transparency of the decision-making of the Council of the College of Physicians and Surgeons of Alberta, a report noting decisions passed during In-camera sessions will be brought forward to the next public meeting.

In-Camera Sessions: September 8 and 9, 2022

Council met in-camera at various times during the September 8 and 9, 2022 Council meeting to discuss sensitive issues.. The following motions were made:

MOTION C38-22: Moved by Christopher Fung and seconded by Levonne Louie that Council approves the in-camera agenda and items on the in-camera consent agenda as circulated. Carried.

MOTION C52-22: Moved by Daisy Fung and seconded by Laurie Steinbach that Council accepts the results of the Executive Election nomination and voting process and confirms:
Stacey Strilchuk as Council President for 2023
Jaelene Mannerfeldt as Council Vice President for 2023
Nicole Cardinal as the Executive Committee's Member-at-large for 2023
Carried.

Council also met in camera as part of the September 26,2022 Emergency Council meeting, but no motions were passed at that meeting.

Attendees:

Council Members - Voting:

- Stacey Strilchuk, President
- Jaelene Mannerfeldt, Vice President
- Daisy Fung, Executive Committee Member-at-Large
- Richard Buckley
- Nicole Cardinal
- Patrick Etokudo
- Christopher Fung
- Levonne Louie
- Linda McFarlane
- Laurie Steinbach
- Ian Walker
- Tyler White

Council Members – Non-Voting:

- Todd Anderson

Additional Attendees:

- Scott McLeod, Registrar
- Gail Jones, Senior Executive Assistant (Recording Secretary)
- Sue Welke, Program Manager, Governance
- Michael Caffaro, Assistant Registrar
- Charl Els, Assistant Registrar
- Gordon Giddings, Assistant Registrar
- Ed Jess, Chief Innovation Officer
- Pam Gill, Hearings Director and In-house Legal Counsel

Guests (Internal):

- Mr. Dean Blue, Director, Accreditation
- Ms. Jill Hastings, Program Manager, Registration Assessments
- Ms. Keely McBride, Program Manager, Policy
- Mr. Phong Van, Director, Continuing Competence

Regrets:

- Brenda Hemmelgarn (non-voting)
- Chaim Katz (non-voting)
- John O'Connor (voting)
- Michael Taylor (non-voting)

Resources for Council Members:

- **CPSA Council Reference Manual**
- **Principles to Guide Council Interactions**
- **Council Conflict of Interest Policy**
- **Council Member Code of Conduct Policy**
- **Councillor's Oath**
- **CPSA Values**
- **Commonly used Acronyms**

Monday, September 26 starting at 1900.

1.0 Call to Order and Introductions – public session

Ms. Strilchuk called the meeting to order at 1900.

1.1 Traditional Territorial Acknowledgement

At each Council meeting, individuals are invited to share a personalized message to recognize and respect Indigenous Peoples who lived and continue to live on this territory, and for the land to which we are all connected. This type of acknowledgement is part of CPSA's ongoing efforts to develop healthy and reciprocal relations with Alberta's Indigenous communities—a key element of reconciliation, a process we are committed to.

Ms. Strilchuk provided the Traditional Territorial Acknowledgement and spoke about the upcoming National Day for Truth and Reconciliation. She shared the message that she has provided to Siksika as part of their upcoming Every Child Matters: Traditional Powwow.

1.2 Conflict of Interest Declaration (Real, Potential or Perceived)

No conflicts were declared.

1.3 Approval of agenda and consent agenda items

MOTION C58-22: Moved by Laurie Steinbach and seconded by Levonne Louie that Council approves the agenda as circulated. Carried.

2.0 Registration

2.1 International Medical Graduates (IMGs) Registration Proposal

Dr. McLeod presented the proposal for a pilot project that would provide an additional route for international medical graduates who are trained in certain jurisdictions that would enable them to begin practicing in their identified community faster than current processes allow. The pilot would leverage current processes to ensure there is an ongoing assessment of a physician's practise while removing some of the perceived barriers which may be preventing individuals from applying for positions within Alberta. Council noted that if CPSA waives the requirement for a candidate to write the Medical Council of Canada (MCC) Exam, they would only be eligible to practice within Alberta. However, Dr. McLeod indicated if a candidate wanted to be registered in other provinces, the option to write the MCC exam would still be available to them, just not required to be registered in Alberta. Responding to a question about available positions that are sponsored by Alberta Health Services, it was noted that there are usually more than 100 sponsored positions available in Alberta at any given time. By reducing the costs of the preliminary assessment, Alberta Health Services may be able to add sponsorships. Additional work is underway to expand the sponsorship model as well to help address other needs in a community.

The question of ensuring that incoming physicians are able to provide culturally safe care was raised. Dr. McLeod advised that this is a matter that needs to be addressed for all physicians, including those currently registered in Alberta and is part of the work of the Continuing Competence department, as it works to implement CPSA's new Strategic Plan. As regards International Medical Graduates, Dr. Caffaro noted that International Medical Graduates are required to take some online course modules developed in partnership with the University of Calgary and Alberta Health Services that touch on culturally safe care. At this time there are no Indigenous specific courses that they are required to take, however, the Medical Council of Canada provides resources on Indigenous Health.

Responding to a question about expanding the list of approved jurisdictions, Dr. McLeod indicated that CPSA relies on the Royal College and the College of Family Physicians of Canada to determine which jurisdictions have an equivalency of training. If a candidate requests a review of their training and one of these two bodies deems it to be equivalent to Canadian training, other jurisdictions could be added to the list in the future.

It was recognized that this pilot will not solve all the issues related to physician resource concerns. The purpose of the pilot is to ensure CPSA's processes are not seen as the main barrier for the recruitment of IMGs to Alberta. By including the supervised practise assessment for the first three months of the candidates' placement in their identified community, any concerns around the physician's competency will be caught quickly. Council was advised that the training and reporting system for the supervisors is very rigorous.

The timeline for this work to begin is immediate. The processes to be followed already exist and it would just be a matter of working with any new applicants from the approved jurisdictions. With Council approval, notification of the new processes will be shared with stakeholders. While two draft policies were shared with Council, these are operational policies which do not require Council approval.

MOTION C59-22: Moved by Levonne Louie and seconded by Richard Buckley that Council approves the proposed pilot for an alternative approach to registering IMGs from approved jurisdictions. Carried.

The public session adjourned at 19:55.

3.0 In Camera (Council and others by invitation)

- Privileging in Accredited Facilities

Council met in camera prior to final adjournment.

Gail Jones
Recording Secretary

From: [Gail Jones](#)
To: [Council 2022](#)
Cc: "[Scott McLeod](#)"; [Sue Welke](#); [Keely McBride](#)
Subject: RE: Action Required - Declaring candidates elected
Date: Monday, October 24, 2022 8:15:00 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)

Thank you everyone. This motion has now passed. The results will be published in the November Messenger, but all candidates will be advised that they are welcome to share the results.

Gail Jones, BComm (she/her)

Senior Executive Assistant to Dr. Scott McLeod, Registrar

780-969-4970 | 1-800-561-3899 ext. 4970
2700 - 10020 100 Street NW Edmonton AB T5J 0N3
gail.jones@cpsa.ab.ca | cpsa.ca |



This email was sent from the traditional territory of the Treaty 6 First Nations and the homelands of the Métis people.

This email may contain confidential and/or private information. Any unauthorized disclosure, copying, or taking action on the contents is strictly prohibited. If you received this email in error please notify the sender and delete.

From: Gail Jones
Sent: Friday, October 21, 2022 11:17 AM
To: Council 2022 <Council.2022@cpsa.ab.ca>
Cc: [REDACTED]
[REDACTED]

Subject: RE: Action Required - Declaring candidates elected

The motion has been moved and seconded as noted below. Please provide me with your approval by replying "approve" to this e-mail.

Gail Jones, BComm (she/her)

Senior Executive Assistant to Dr. Scott McLeod, Registrar

780-969-4970 | 1-800-561-3899 ext. 4970
2700 - 10020 100 Street NW Edmonton AB T5J 0N3
gail.jones@cpsa.ab.ca | cpsa.ca |



This email was sent from the traditional territory of the Treaty 6 First Nations and the homelands of the Métis people.

This email may contain confidential and/or private information. Any unauthorized disclosure, copying, or taking action on the contents is strictly prohibited. If you received this email in error please notify the sender and delete.

From: Gail Jones

Sent: Friday, October 21, 2022 10:20 AM

To: Council 2022 <Council.2022@cpsa.ab.ca>

Cc: Scott McLeod [REDACTED]; Sue Welke [REDACTED]; Keely McBride [REDACTED]

Subject: Action Required - Declaring candidates elected

To Council Members:

The [election results](#) are in and I have posted them on [SharePoint](#).

As per Council Bylaws, 15-11 "*The candidate or candidates with the largest number of votes shall be declared elected by the Council*". In accordance with previous practice, the declaration of the candidates as elected is being facilitated over e-mail. This practice provides timely feedback to Council, all registered members and provides additional time to for the Governance Committee to consider committee appointments. As per past practice, emails have been sent directly to all candidates notifying them of the election results and indicating that the results will be confirmed by Council before public announcements are made.

I will need to have the following motion moved and seconded by a voting member of Council:

Moved by Levonne Louie and seconded by Patrick Etokudo that Council declares, as a result of the elections which concluded on October 19, 2022, the physicians listed below have been duly elected to a 3 year term beginning January 1, 2023:

Dr. Daisy Fung

Dr. Richard Buckley

Dr. Oluseyi Oladele

Dr. Maryana Kravtesenyuk

Once the motion is moved and seconded, I will send out a follow up e-mail to call for a vote.

As part of the election process, we have asked our IT department to confirm that the election program ran as expected. They have confirmed this and noted that there were no irregularities which would have impeded accessibility to the election platform.

Thanks,

Gail Jones, BComm (she/her)

Senior Executive Assistant to Dr. Scott McLeod, Registrar

780-969-4970 | 1-800-561-3899 ext. 4970

2700 - 10020 100 Street NW Edmonton AB T5J 0N3

gail.jones@cpsa.ab.ca | cpsa.ca |



This email was sent from the traditional territory of the Treaty 6 First Nations and the homelands of the Métis people.

This email may contain confidential and/or private information. Any unauthorized disclosure, copying, or taking action on the contents is strictly prohibited. If you received this email in error please notify the sender and delete.

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 1, 2022	Pam Gill		
Agenda Item Title:	Appointment of Hearings Director per s.14(1) of the HPA		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	<p>It is recommended that Council remove Ms. Pam Gill as Hearings Director.</p> <p>It is further recommended that Council appoints Ms. Nazrina Umarji as the Hearings Director of the College of Physicians & Surgeons of Alberta, per section 14(1) of the <i>Health Professions Act</i>.</p>
Background:	<p>Section 14(1) of the Health Professions Act requires Council to appoint a Hearings Director. Ms. Nazrina Umarji was appointed to this position by Council in 2020. Ms. Umarji then left for maternity leave in October 2021 and Ms. Pam Gill was delegated to be the Acting Hearings Director, subsequently appointed as the Hearings Director in March 2022. Ms. Gill's contract with the CPSA is coming to an end as of December 31, 2022 and Ms. Umarji is prepared to step back into the role of Hearings Director.</p> <p>The <i>Health Professions Act</i> prohibits the Hearings Director and Complaints Director (Dr. Dawn Hartfield) from being the same person. The College must publish a directory with the contact information for the Hearings Director, which is currently done on the CPSA website.</p>
Next Steps:	Appoint Nazrina Umarji as Hearings Director.
List of Attachments:	
1. NA	

Submission to:	Council		
Meeting Date:	Submitted by:		
December 1-2, 2022	Dr. Richard Buckley		
Agenda Item Title:	Competence Committee Report from October 19, 2022		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	N/A		
Background:	<p>The Competence Committee met on Wednesday, October 19, 2022, to receive updates and discuss the following items:</p> <ul style="list-style-type: none"> • Assistant Registrar's report - Following Dr. Susan Ulan's retirement on September 30, Dr. Els presented his first Assistant Registrar report to the Committee. Key staffing updates for the Continuing Competence programs were reported. Drs. Terri Staniland and Nigel Flook retired from their positions as Senior Medical Advisors in September. Two new Senior Medical Advisors have been added to the team and their adjustment has been seamless and their contributions invaluable to date. All Programs continue to be on track in meeting Key Performance Indicators for 2022. Several inquiries have been received from members regarding the application of the newly proclaimed amendments to the Mental Health Protection Act, specifically as it pertains to psychedelic use and opioid transition services. • Competence Committee Terms of Reference - The Committee made a minor adjustment to the confidentiality section of the April 2021 TORs which were then submitted for approval to the Governance Committee for review on November 9th, 2022. • GPR Multi-Variant Factor Analysis – The Committee received a high-level overview of Dr. Nigel Ashworth's research on a multivariate model of the predictors of a well performing clinic. Fifty family medicine groups were randomly selected to participate in this research in 2017. The research methods included a pre- and post-questionnaire, on-site SoP review by trained RNs, and a 10-points chart review on patient files. The research concluded that the volume of patients seen in a day, the number of errors or missing information per chart, and the resources available are all predictors of how well/bad a clinic will perform. • Physician Education Modules – Ms. Sue Welke presented an overview of a physician education project done in collaboration with 		

AHS and AMA. The objective is to increase physician literacy on racism and discrimination with the optics of positioning Alberta physicians as leaders in addressing racism in health care settings. Continuing Competence will be involved in the further content development. The online anti-racism course is scheduled to debut in the spring of 2023.

- **Competence Committee Membership**

Chair Appointment:

A motion was carried by the Committee to recommend Dr. Richard Buckley for the Chair position for an additional one-year term in 2023.

Chair Term:

A second motion was carried to recommend to the Governance Committee that the current one-year term for a Chair be amended to a two-year term. These two recommendations were put forward to the Governance Committee at the meeting on November 9th, 2022.

- **Competence Committee Recruitment**

Dr. Ioana Bratu presented her resignation to the Committee Chair in August 2022, increasing our requirement for regulated members to three. A recruitment drive was undertaken in September 2022. Ads were posted on our website, various partner's websites, and social medias with little to no results. In consultation with the Chair, a decision was made to reach out to past applicants to gauge their interest. The response has been positive, and a vetting process took place in the first week of November. A new membership list for 2023 was presented to the Governance Committee on November 9th, 2022.

- **COVID-19 Practice Restrictions**

Practice Restrictions:

Following practice inspections and conduct-related investigations, permit restrictions were issued to a total of six members. Some affected members asked for the restrictions to be examined and lifted. The issue was discussed at the August 24, 2022 Competence Committee meeting. The Committee recommended the restrictions to temporarily remain in place. Afterwards, the topic was raised at a Leadership meeting on August 25, 2022, and the same was affirmed. Restrictions will not be lifted at this time and the issue will be iteratively revisited. Dr. Els provided an update to the Committee in October.

Prescribing of Ivermectin:

Isolated incidents of prescribing of Ivermectin continue to occur, and the matter has been raised at a Leadership meeting. There was reaffirmation that these issues would be addressed in the same way as before, as per previous directives offered by Council.

	<ul style="list-style-type: none"> • IPR Fee Structure The IPR program sought provisional input from the Committee on whether to maintain their current cost structure or adjust it in order to meet their recovery goal of 100% from physicians who use the program. The subject was brought up for tentative discussion only and a direction from the Committee will be sought at a next meeting for approval of the 2024 IPR fee structure.
Next Steps:	The Competence Committee will meet next on February 1 st 2023 with potential for an orientation session to be held the same day.
List of Attachments:	
1. n/a	

Submission to: **Council**

Meeting Date:	Submitted by:		
December 1, 2022	Levonne Louie, Chair FAC		
Agenda Item Title:	Finance & Audit Committee Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable):	n/a		
Background:	<p>The Finance & Audit Committee (FAC) met on November 10 and addressed the following issues:</p> <p>1) Audit Planning for 2022</p> <p>The firm of PricewaterhouseCoopers LLP (PwC) will continue to serve as the CPSA's auditors for the 2022 fiscal year for both the CPSA audit and the pension fund audit. Mr. Robert Newton will be the new lead partner on the engagement. Mr. Newton has prior experience working on the CPSA file and we are hopeful that the audit will flow smoothly.</p> <p>The committee received the audit plan report for 2022 and approved the scope of the audit.</p> <p>The materiality initially set for the CPSA audit is based on 3% of forecasted revenues and the pension fund audit is based on 2.5% of net assets.</p> <p>The timing of the audit year end work will be shifted from Feb/March to April/May with an increase in the audit fees due to the increase in labour costs for accounting firms. PwC is committed to delivering the audited financial statements for the May Council meeting.</p> <p>There will also be an increase in fees for 2022 of \$1,250-\$2,500 related to the adoption of a revised CAS 315, a Canadian Auditing Standard on <i>Identifying and Assessing the Risks of Material Misstatement</i>.</p>		

2) Investment advisor search (non-pension assets)

FAC received a report on the progress to date for the search for investment managers for the non-pension reserve assets. With the assistance from Mercer, a RPF was issued on August 12, 2022. There were 20 proposals received, with 5 firms being shortlisted for interviews.

The committee reviewed the scoring criteria used by Mercer to evaluate the proposals.

FAC was satisfied with the process followed to search for investment managers and scoring criteria used to short-list the applicants.

The recommendation from Mercer was to select two investment managers (as we have done in the past) to better manage the risk. The assets would be split and we would allow each of the selected managers to manage ½ of the assets. FAC approved the approach.

Management along with Mercer will interview the 5 short-list firms and will advise FAC of the two selected firms. New investment managers will commence their services in 2023.

3) Activity update – Q3 September 2022

a) Business Activity Update

The Business Activity Update lists the key performance indicators (KPI), the associated targets and the actions/ tactics from the approved 2022 Business Plan. The document is broken down by the six business pillars that are in the current Strategic Action Plan.

FAC received a report on the business activity to the end of September 2022.

b) CPSA Risk Register

FAC received a report from management on the CPSA Risk Register. Quarterly the leadership team identifies new risks and reviews existing risks to CPSA. Risks are classified as under the following categories:

- Financial
- Legal
- Operational/Strategic
- Reputational

FAC reviewed the process followed by management to identify and manage risk factors relating to the financial and operational management of CPSA and was satisfied with the process.

c) People & Culture Statistics

FAC received a report for information outlining key human resource statistics for Q3 2022 compared to prior years.

d) Financial Results

As of September 30, 2022, there is a year-to-date operating income of **\$402,000** compared to the budgeted loss of \$3,158,000 resulting in more income, or positive variance, of \$3,560,000.

	Sept 30, 2022	Budget	Variance	
Revenues	(25,013,000)	(22,085,000)	2,928,000	13%
Expenses	24,611,000	25,243,000	632,000	3%
Operating <Income> Loss	(402,000)	3,158,000	3,560,000	
Development Costs	18,000	143,000	125,000	87%
Sub-total after Development Costs	(384,000)	3,301,000	3,685,000	
Amortization & rental inducements	412,000	415,000	3,000	1%
Accreditation, net	(123,000)	(100,000)	23,000	-23%
Sub-total	(95,000)	3,616,000	3,711,000	
Other <income> loss	4,506,000	(225,000)	(4,731,000)	
Net Loss	4,411,000	3,391,000	(1,020,000)	

The Other loss line items consists of losses in the market value of investments since December 31, 2021.

The total net loss to the end of September is \$4,411,000, of which a major portion is due to the decrease in market value of investments.

4) Reporting - Executive Limitations Financial Conditions

FAC received a report on the compliance with the executive limitations as listed in the Governance Manual, Part 4 – Executive Limitations.

FAC was satisfied the Registrar is in compliance with the financial requirements of the Executive Limitations.

The committee also reviewed the Management Control Framework which details CPSA's approach for delegating authority and responsibility for purchasing decisions to its employees. This includes defining limits for when contracts and competitive bid processes are required.

No changes were recommended to the framework.

5) Review of Directors' and Officers' Insurance & HIROC's risk assessment checklist results

CPSA has insurance coverage through the Health Insurance Reciprocal of Canada (HIROC). All the medical regulator authorities (MRA) are under the umbrella of the Federation of Medical Regulatory Authorities of Canada (FMRAC) with each province having their own individual insurance coverage.

HIROC presented a summary of the Directors' and Officers' insurance coverage. The committee also received a presentation about CPSA's historical insurance claims and a comparison of CPSA's claims to the other medical regulatory authorities.

FAC was satisfied with the level of insurance coverage in place at the CPSA for Councilors and committee members.

FAC also received a report from HIROC on CPSA's year 2 results on a self-review of the risk assessment checklist. These checklists were created by the medical regulatory authorities with HIROC's assistance as best practice guidelines for regulators. These checklists are the bases for FIRMS (FMRAC integrated risk management system).

These checklists were developed across the following modules:

- Governance
- Leadership
- Registration & Licensure
- Complaints & Resolution
- Quality Assurance of Medical Practice
- Facility Accreditation – Quality Review Programs
- Integrated Risk Managements

- Human Resources
- Finance
- Records Management Privacy & IT
- Security & Premises

FAC is satisfied that management has established a process to identify and manage risk factors relating to the financial and operational management of CPSA.

HIROC also provided FAC with a document that lists 21 questions that healthcare boards need to be asking their senior leaders with respect to managing organizational risk. The document is attached for your information.

6) CFO Priorities and Succession Plan

FAC received an annual report providing an overview of the CFO roles and responsibilities. The role of CFO includes oversight of the following:

- Finance (includes payroll)
- Risk Management
- Infrastructure
- Office Support

The committee received an overview of the priorities for 2023 and the succession planning for the CFO role.

7) FAC Terms of Reference

FAC reviewed its Terms of Reference. No changes were recommended.

8) Pension Governance Annual Reporting

FAC reviewed a self-assessment for an annual review of its roles and responsibilities under the Pension Plan Governance policy. The FAC is compliant with its roles and responsibilities.

The FAC agreed in 2019 to remain with Mercer as the actuary for the CPSA's defined benefit pension plan through the transition period for the new pension plan. The issuing of a request for proposal for pension actuarial services is scheduled for 2023.

9) Safe Disclosure of Work Violations annual reporting

FAC received a report from Ms. Jessica McPhee, Director, People & Culture on the safe disclosures of work violations for 2022.

	<p>CPSA staff policies and directives outline the business standards and ethical obligations CPSA employee must meet at work. These policies support the mission and vision and apply to all CPSA team members. The <i>Safe Disclosure of Work Violations</i> policy outlines how team members can safely bring forward serious concerns within CPSA.</p> <p>A small number of policy violations (less than five) were reported to the Director, People & Culture which related to respect in the workplace, leadership development and culture enhancements. FAC reviewed the follow-up provided by People & Culture and was satisfied with the approach.</p>
Next Steps:	n/a
List of Attachments:	
21 Questions	



21 Questions

Guidance for healthcare boards on what they should ask senior leaders about risk.

Drawing on strong ethical and evidence-based principles, HIROC, in collaboration with subscribers, has developed guiding questions to help boards of healthcare organizations carry out a critical governance function – the oversight of key organizational risks.

Strategic context

- 1 What are the organization's vision and strategic objectives and do they reflect the core mandate of delivering high quality, safe care?

Board education

- 2 How does the board get the knowledge and experience necessary to oversee risk management in a healthcare organization?

Risk culture

- 3 What is the board doing to encourage speaking up across the organization about potential risks and unsafe practices?

Risk management program

- 4 What is the organization's policy/ plan/framework for identifying, assessing and managing key risks?
- 5 How do senior leaders demonstrate ownership for key risks?

Key risks (patients & staff)

- 6 What are the most significant risks related to care?
- 7 What are the themes/trends arising from patient complaints?
- 8 What are the most significant risks related to human resources?

Key risks (other)

- 9 What are the most significant risks related to finances?
- 10 What are the most significant risks related to leadership?
- 11 What are the most significant risks related to external relations?
- 12 What are the most significant risks related to information management/ technology?
- 13 What are the most significant risks related to facilities/infrastructure?
- 14 What are the most significant risks related to regulatory compliance?
- 15 What are other significant risks (e.g. research, education)?

Risk management

- 16 How are decisions made on additional controls or actions required to manage key risks?

Risk prioritization

- 17 How do senior leaders determine top organizational risks and which risks to report to the board?

Risk reporting

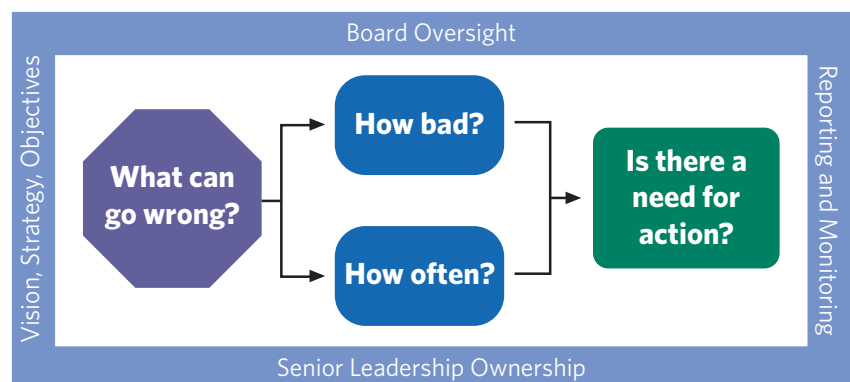
- 18 What records are kept for key risks and how do these roll-up into regular, effective reports for management and the board?

Crisis response

- 19 How does the organization plan for, respond to and learn from crises?

Assurance and evaluation

- 20 How is the board assured that controls for key risks are working?
- 21 How is the organization's risk management program evaluated?



A simplified risk management framework



21 Questions

Guidance for healthcare boards on what they should ask senior leaders about risk.

Questions and Recommended Practices

Strategic context

- | | |
|--|--|
| 1 What are the organization's vision and strategic objectives and do they reflect the core mandate of delivering high quality, safe care? | <ul style="list-style-type: none"><input checked="" type="checkbox"/> Ensure the organization's vision, mission, values and strategic objectives reflect the core business of healthcare including patient care and ensuring patient safety.<input checked="" type="checkbox"/> Use the organization's risk management knowledge and reports to inform strategic planning activities and annual operational planning. |
|--|--|

Board education

- | | |
|---|--|
| 2 How does the board get the knowledge and experience necessary to oversee risk management in a healthcare organization? | <ul style="list-style-type: none"><input checked="" type="checkbox"/> Incorporate training on healthcare risk management in board orientation and through regular board education sessions.<input checked="" type="checkbox"/> Ensure generative discussion at least once a year on healthcare risk management and emerging trends.<input checked="" type="checkbox"/> Identify a select number of board members to be 'risk champions'. |
|---|--|

Risk culture

- | | |
|---|---|
| 3 What is the board doing to encourage speaking up across the organization about potential risks and unsafe practices? | <ul style="list-style-type: none"><input checked="" type="checkbox"/> Understand the principles of "high reliability organizations" and create an environment to enable: preoccupation with failure, sensitivity to operations, deference to expertise, resilience, and reluctance to simplify interpretations.<input checked="" type="checkbox"/> Communicate expectations to senior leaders that they openly discuss risk issues and concerns with the board.<input checked="" type="checkbox"/> Ensure senior leaders foster psychological safety throughout the organization and that staff feel comfortable raising concerns related to risks and unsafe practices.<input checked="" type="checkbox"/> Measure staff comfort level in speaking up through safety culture surveys. |
|---|---|

Risk management program

- | | |
|--|--|
| 4 What is the organization's policy/plan/framework for identifying, assessing and managing key risks? | <ul style="list-style-type: none"><input checked="" type="checkbox"/> Develop and implement a risk management policy that operationalizes a simplified approach to integrated risk management.<input checked="" type="checkbox"/> Ensure a board sub-committee (e.g. finance or quality) has ownership for the risk management program.<input checked="" type="checkbox"/> Ensure adequate resources to coordinate organizational risk management efforts. |
| 5 How do senior leaders demonstrate ownership for key risks? | <ul style="list-style-type: none"><input checked="" type="checkbox"/> Ensure every key risk has an accountable senior leader assigned to it.<input checked="" type="checkbox"/> Ensure the senior leader accountable for a risk is the one to speak to that risk at board meetings. |

Key risks (patients & staff)

- | | |
|--|---|
| 6 What are the most significant risks related to care? | <input checked="" type="checkbox"/> Receive regular reports related to patient harm and “never events” (including types, frequency and severity).
<input checked="" type="checkbox"/> Ask probing questions regarding steps being taken to reduce patient harm.
<input checked="" type="checkbox"/> Ensure risks related to care have prominence on the organization’s risk register report. |
| 7 What are the themes/trends arising from patient complaints? | <input checked="" type="checkbox"/> Incorporate trends from patient complaints into the organization’s risk identification process.
<input checked="" type="checkbox"/> Ensure the board receives regular reports on patient complaints and experience. |
| 8 What are the most significant risks related to human resources? | <input checked="" type="checkbox"/> Incorporate trends from staff incidents, engagement and culture surveys into the organization’s risk identification process.
<input checked="" type="checkbox"/> Ensure the board receives regular reports on staff safety and engagement.
<input checked="" type="checkbox"/> Ensure an effective process for credentialing of independent health professionals (e.g. physicians). |

Key risks (other)

- | | |
|--|--|
| 9 What are the most significant risks related to finances? | <input checked="" type="checkbox"/> Ensure requirements are met in relation to a balanced budget.
<input checked="" type="checkbox"/> Incorporate trends from internal/external audits into the organization’s risk identification process.
<input checked="" type="checkbox"/> Ask probing questions regarding steps being taken to reduce financial risk (e.g. contracts, fraud, funding). |
| 10 What are the most significant risks related to leadership? | <input checked="" type="checkbox"/> Monitor common leadership related risks (e.g. leadership succession, culture, change management, strategic projects).
<input checked="" type="checkbox"/> Regularly review the organization’s policies to prevent conflicts of interest and ethical breaches. |
| 11 What are the most significant risks related to external relations? | <input checked="" type="checkbox"/> Incorporate data from community complaints, media relations (including social), and fundraising issues into your risk identification process.
<input checked="" type="checkbox"/> Regularly review reports on government and community engagement. |
| 12 What are the most significant risks related to information management/ technology? | <input checked="" type="checkbox"/> Incorporate trends from information and technology-related incidents into your risk identification process.
<input checked="" type="checkbox"/> Ensure there are plans to monitor and manage cybersecurity. |
| 13 What are the most significant risks related to facilities/ infrastructure? | <input checked="" type="checkbox"/> Incorporate trends from facility-related issues into the risk identification process.
<input checked="" type="checkbox"/> Ensure there are plans to monitor and manage facility-related risks. |
| 14 What are the most significant risks related to regulatory compliance? | <input checked="" type="checkbox"/> Maintain an inventory of appropriate legislation and regulations that includes periodic assessment of compliance and plans to address significant gaps.
<input checked="" type="checkbox"/> Ensure a robust policy and framework for management of privacy. |
| 15 What are other significant risks (e.g. research, education)? | <input checked="" type="checkbox"/> Ensure a robust research ethics program to review research activities. |

Risk management

- 16** How are decisions made on additional controls or actions required to manage key risks?
- ☑ Ask probing questions regarding how key risks are managed (e.g. reduced, avoided, shared, and/or retained) and the overall adequacy of controls.
 - ☑ Review insurance coverages and trends on an annual basis.

Risk prioritization

- 17** How do senior leaders determine top organizational risks and which risks to report to the board?
- ☑ Implement a quantitative, objective risk scoring framework for assessing relative impact and likelihood of risks.
 - ☑ Ensure senior leaders periodically report on lower scoring but concerning or emerging risks.

Risk reporting

- 18** What records are kept for key risks and how do these roll-up into regular, effective reports for management and the board?
- ☑ Employ an easy to maintain risk register.
 - ☑ Ensure regular reporting of the risk register to the board (e.g. at least semi-annually at sub-committees, annually with full board).

Crisis response

- 19** How does the organization plan for, respond to, and learn from crises?
- ☑ Ensure there is a crisis response plan (including a business continuity plan as appropriate) to cover a range of key risks.
 - ☑ Ensure that staff are aware of their roles in a crisis and practice response plans on a regular basis.
 - ☑ Ensure clarity on what crises should be reported to the board.
 - ☑ Ensure a process for debriefing following every crisis.

Assurance and evaluation

- 20** How is the board assured that controls for key risks are working?
- ☑ Receive reports regarding serious patient/staff safety events including the implementation of recommendations.
 - ☑ Establish an audit plan to ensure key controls put in place to manage key risks have been implemented.
- 21** How is the organization's risk management program evaluated?
- ☑ Annually assess the maturity of the risk management program.
 - ☑ Annually assess effectiveness of the risk management program (e.g. compliance with the 21 questions and recommended practices).
-

Appendices and Resources

- A. Case study
- B. Sample Risk Policy & Risk Register Report
- C. Core Knowledge & Other References



21 Questions

Appendix A

Case Study:

The Mid Staffordshire NHS Foundation Trust Public Enquiry

Background and Context

The Mid-Staffordshire National Health Service (NHS) Foundation Trust (Mid-Staffs) was a 500 bed, dual site acute care hospital approximately 250km north-west of London, UK. Over the course of a number of years (2005-2009), it was estimated that between 400 and 1200 patients died as a result of poor or substandard care received at Mid-Staffs. Considered one of the biggest scandals in the NHS, patients were treated in unsafe settings, often discharged inappropriately, kept in substandard or unsanitary conditions, administered pain medication late or not at all, or left in an undignified, soiled state for hours without attention from staff.

Five inquiries occurred in order to investigate the care at the hospital and the appalling conditions patients experienced. The culminating inquiry, led by Sir Robert Francis, QC, identified significant risks to patient care and a toxic work and patient safety culture within Mid-Staffs. His report also identified systemic failures within the Trust and outside the Trust that failed to properly identify problems within the hospital or allowed known problems to persist for years.

Summary of Key Findings Related to Risk Management and Patient Safety

- Warning signs indicating problems with the quality of care and patient experience were ignored by the board and senior leadership within the organization. Many in the organization did not feel they had the ability to speak up or be heard should they have wished to express a concern related to patient care.
- The board ignored external reports, audits, and peer reviews of the performance of the organization and did not ensure proper oversight and accountability to ensure the recommendations of these reports were implemented.
- Many audits called into question the effectiveness of the organization's risk management program citing a lack of attention to organizational risks other than the achievement of financial targets or other metrics reported on the organizations scorecard; the board was not focused on or ignored improving patient quality or care.
- A perilous and negative safety culture was noted to be pervasive throughout the organization up to and including the Trust's board. Despite data indicating significant quality of care problems, those charged with quality improvement, namely the board and leadership, failed to act or appreciate the gravity of the situation, or in some cases, simply ignored the problem. It was noted that an engrained culture existed that was tolerant of poor standards, exhibited a focus on finance and targets, denial

"The Trust Board was weak. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention."

"It (the Board) did not tackle the tolerance of poor standards and the disengagement of senior clinical staff from managerial and leadership responsibilities."

of concerns, and an isolation from practice elsewhere. The Trust's culture was also focused on self-promotion, rather than self-reflection and openness. It took false assurance from good news and rationalized or ignored bad news.

- Trust management and the board had no culture of listening to patients and there were inadequate process for dealing with complaints. This was attributed also to inattention and a lack of importance placed on complaints by management and the board.
- The board failed in its responsibility to exercise good governance and accountability practices; while focused on financial targets, the board completely abdicated its responsibility to provide oversight and effective risk management practices in areas related to patient care.

Key Recommendations Related to Risk Management and Patient Safety

1. Organizations must employ rigorous and robust systems to ensure that a culture of openness and commitment to safe care exists throughout the organization from the frontline to the board. For example, staff must be free to speak up, feel that they will be heard, decisions must be made with patient care being a top priority, a commitment to learn from mistakes, intolerance of poor standards, and looking inwards not outwards.
2. The board and senior leadership are the key components to promoting a positive safety culture.
3. Boards and senior leadership need to understand that they are responsible for patient safety and quality of care. As part of their overall accountability to patients, they need to monitor risks to patient care and ensure senior leadership is focusing on reducing risks to patients.
4. Board members should be trained in fundamentals of patient safety, quality improvement, and risk management.
5. Boards need to ensure as part of their risk management program, a robust assurance and compliance program to ensure that standards are being met and that the board receives accurate information on quality of care and patient safety within the organization.

"These failures were in part due to a focus on reaching targets, achieving financial balance and seeking foundation trust status at the cost of delivering acceptable standards of care."

"The patient voice was not heard or listened to, either by the Trust Board or local organizations which were meant to represent their interests. Complaints were made but often nothing effective was done about them."

For More Information

[Inquiry Chairman's Press Statement](#)

[Full Inquiry Report](#)

[Channel 4 News \(UK\) video summary](#)



21 Questions

Appendix B

Risk Management – Sample Policy

Purpose

The board of [insert organization name here] is committed to ensuring an effective and integrated risk management program is in place to identify, assess, and manage key risks to the organization.

Policy

1. The board of [insert organization name here] will oversee a comprehensive integrated risk management program for identifying, assessing, managing, and monitoring key risks to organizational objectives and prioritizes risks with high probability and impact.
2. The board will lead the organization in developing a culture that fosters physical and psychological safety throughout the organization so that staff feel comfortable raising and escalating concerns.
3. The senior leadership team is responsible for operationalizing the organization's integrated risk management program.
4. The board ensures the controls/mitigation strategies have been identified to manage the top risks facing the organization.
5. The board ensures that necessary resources available to assist those accountable and responsible for managing risk.

Definitions

- Risk – The possibility of loss or harm; described in terms of likelihood of occurrence the associated impact should it occur. The terms risk and hazard are not interchangeable: a hazard is a source of potential damage or harm (e.g. water on the floor), while a risk is the potential that harm will occur if exposure to the hazard occurs (e.g. visitor fall).
- Strategic Risks – Risks that pose major threats to achieving the organization's vision and strategic objectives particularly related to patient care and human resources; could also include risks related to finances, leadership, information management, facilities, regulations, external relations, teaching and research.
- Integrated Risk Management – A continuous, proactive, systematic approach to identifying, assessing, prioritizing, acting on, and reporting strategic risks from an organizational-wide, aggregate perspective.
- Risk Register – A report providing a high level summary of the strategic risks to the organization and including information related to risk owner, risk ratings, and key controls.

Oversight

The [insert board/committee name here] will be responsible for oversight of risk management at [insert organization name here].

Reporting

The corporate risk register will be presented and discussed [frequency] at the meeting of the [insert board committee name here]; and [annually/semi-annually] to the whole board.

Risk Management – Sample Risk Register Report

REF #	Risk category	Risk name	Description	Senior Lead	Controls	Gaps	Impact (current)	Likelihood (current)	Risk level (initial)	Risk level (current)	Adequacy of controls
CARE-1	Care	Access	The risk that the organization is not able to provide appropriate level or access to services. Demand > Capacity.	F. Jones	Patient and family advisory council/ patient perspective; Daily safety huddle;	Contingency plan development;	High	Medium	Very High	High	High
CARE-2	Care	Medication Errors	Risk of overdose with high alert medications.	F. Jones	Medication reconciliation (admission, transfer, discharge); Two identifier policy and audit;	Independent double check knowledge and testing;	High	High	High	High	Medium
HR-1	Human Resources	Workplace Violence	Risk of significant harm from violence against staff.	L. Peters	Violence in the workplace policy (including zero tolerance); Non-violent crisis intervention;	Crisis response drills;	Medium	Low	Medium	Medium	Medium
IT-1	IS/ Technology	Breach/ Loss of Information	Risk of a data breach (internal or external) and compromise of patient data.	J. Smith	Timely application of security patches and upgrades; Penetration tests;	Intrusion detection and notification solutions; Cyber incident management plan;	High	High	High	High	Medium
LEAD-1	Leadership	Strategic Projects	Risk of deficiencies/failures in large scale projects.	L. Clark	Clearly defined scope, plans, deliverables; Project Manager hired;	Stakeholder engagement; Insurance (building/ construction);	High	High	Very High	High	High
FIN-1	Financial	Revenue/ Funding	Risk of insufficient revenue/funding.	L. Clark	Government communication strategies; Contingency plan in place for unanticipated expenses;	Approve and monitor project enhancements;	High	Low	High	Medium	Very high



21 Questions

Appendix C

Core Knowledge & Other References

Core Knowledge:

[HIROC Risk Notes](#) – concise two page documents providing risk management information on topics that matter in healthcare

- Risk – Concepts and Misconceptions
- Risk Assessment
- Risk Identification
- Risk Management
- Integrated Risk Management (IRM/ERM)
- The Link Between Risk Management, Patient Safety, and Quality Improvement
- Patient Safety
- Just Culture
- Risk Notes: High Reliability and Resiliency, Human Error and Human Factors, Patient Engagement

[HIROC Common Taxonomy of Key Risks in Healthcare Organizations](#)

Other Risk Management References:

[HIROC Risk Profiles](#): information on best practices for managing key risk from a shared risk management database (e.g. Care - Access, Financial - Revenue/Funding, Human Resources - Workplace Violence/Disruptive Behaviour)

Caldwell, J. (2012). [A framework for board oversight of enterprise risk](#). Chartered Accountants of Canada.

Chartered Professional Accountants of Canada. (2009). [20 questions directors of not-for-profit organizations should ask about risk](#).

Mikes A, Kaplan R. (2014). [Towards a contingency theory of enterprise risk management](#). Harvard Business School Working Paper.

Other Patient Safety References:

Berwick D, Shojania K, et al. (2015). [Free from harm: accelerating patient safety improvement fifteen years after To Err Is Human](#). National Patient Safety Foundation.

Canadian Institute for Health Information, Canadian Patient Safety Institute (2016). [Measuring patient harm in Canadian hospitals](#).

Canadian Patient Safety Institute. (2018). [A framework for establishing a patient safety culture](#).

Canadian Patient Safety Institute. (2015). [Never events for hospital care in Canada: safer care for patients](#).



HIROC is Canada's leading provider of healthcare liability insurance. As a not-for-profit, we partner with our subscribers to provide innovative insurance and risk management solutions that help them reduce risk, prevent losses and improve patient safety.

www.hiroc.com

4711 Yonge Street, Suite 1600
Toronto, ON M2N 6K8
416-733-2773
Toll Free: 1-800-465-7357

1200 Rothesay Street
Winnipeg, MB R2G 1T7
204-943-4125
Toll Free: 1-800-442-7751

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 1, 2022	Levonne Louie		
Agenda Item Title:	Governance Committee Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	
Background:	<p>The Governance Committee met on November 9 and discussed the following matters:</p> <ol style="list-style-type: none"> 1. Physician Member Election – a debrief of the process and an overview of the election results. Regarding the assignment of mentors for the newly elected Council members, Ms. Louie will connect with the new Councillors at the December Council meeting (or early in January if a connection is not possible in December). Ideally, mentors would attend the January Orientation session with their mentees. 2. Governance Review Implementation Update – The Committee was given a high-level overview of the process to be followed in implementing the recommendations from the Governance Review. While the Executive Committee has oversight to ensure items are being implemented, the Governance Committee will be tasked with reviewing, refining and recommending specific, new governance policies and processes to Council. 3. Committee appointments – the outcomes of the Committee’s discussions around Committee chairs and membership recommendations are attached in separate reports. 4. Orientation Outline and 2023 Orientation Process – the Orientation session for new Council members will be held on January 26, 2023 from 0900 to 1500 at the River Cree Casino. As noted above, we will attempt to have mentors for the new Council members assigned so that they can be invited to attend with their mentee. The Committee provided feedback to the January 26 Agenda, and an Orientation Manual that is under development.

5. Updates to Terms of Reference – based on the Committee’s reviews of the requests that came forward to update the Terms of Reference for the Governance Committee, Competence Committee and Medical Facilities Accreditation Committee, recommendations to approve these revisions are included in a separate report. The report contains tracked and clean copies of the relevant Terms of Reference
6. 2022 Learning Plan – Interim Results – The Committee was provided with some preliminary information regarding Council member engagement in learning activities during 2022. A full report will be provided at the Committee’s first meeting in 2023, along with a 2023 CPSA Council Learning Plan for review and recommendation to Council. The Committee discussed the February 2023 in-Council learning session, and a session will be designed to review regulatory cases (from a different regulator) and provide an opportunity for Council members to share decision-making experiences. The possibility of getting assistance from a law firm to design the session was also discussed.
7. Involving Medical Students in CPSA – Chaim Katz, student observer on Council, submitted a written proposal requesting the Committee’s consideration around additional opportunities to involve student members in the work of Council and its Committees. A fulsome discussion occurred and while the Committee saw merit in having student members gain a greater understanding of the work of a regulator, other avenues exist that would likely provide more value to the learners.
8. The Committee approved a schedule of meetings for 2023 that increases the frequency of meetings for the Committee given their additional responsibilities regarding legislation, bylaws and policy work and the implementation of the items from the Governance Review.
9. Amending the Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation – the Committee was provided an overview of the process that will be followed once Alberta Health finalizes the updates to the Regulation as required by Bill 46.
10. Council Effectiveness Survey and Council Self-Evaluation – as the Committee responsible for the development and administration of these evaluation tools, the Committee reviewed the plans for the Council Effectiveness Survey and the Council Self-Evaluation Survey. The Council effectiveness questions are linked on the agenda to be approved at the first in camera session. The actual survey

	<p>will be part of the final in camera session of the December Council meeting. Council members are asked to review and think about the questions in advance of the meeting. Responses will be gathered in real time and discussed during the Council meeting. The Council Self-Evaluation survey will be conducted following the December Council meeting, and must be wrapped up by the first week of January.</p>
Next Steps:	Following the approvals, Committees and affected individuals will be notified of the decisions made by Council.
List of Attachments:	

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 1, 2022	Levonnie Louie		
Agenda Item Title:	Governance Committee – Committee Chair Appointments		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	<p>That Council appoints the following individuals as Chairs for the noted Committees for a one-year term commencing January 1, 2023:</p> <p>Competence Committee – Richard Buckley Finance and Audit Committee – Levonnie Louie Governance Committee – Levonnie Louie Medical Facility Accreditation Committee – Ian Walker Anti-Racism Anti-Discrimination Action Advisory Committee – Daisy Fung Building Fund Initiatives Working Group – Rick Buckley (to be confirmed at December Council meeting following BFIWG meeting on November 29)</p> <p>Additionally, that Tyler White and Lindsay Crowshoe be appointed as co-chairs for the Indigenous Advisory Circle for a one-year term commencing January 1, 2023.</p>
Background:	<p>All recommendations were made in consultation with the various committees and the staff who support those committees.</p> <p>Plans are in place to provide for succession planning on both the Finance and Audit Committee and the Governance Committee, given Ms. Louie’s appointment to Council could end in October, 2023 dependent upon the timing of the appointment of a public member to assume her position on Council.</p>

Next Steps:

Following Council approval of these appointments, the Committee and Chairs will be advised.

List of Attachments:

N/A

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 1, 2022	Levonnie Louie		
Agenda Item Title:	Governance Committee – Committee appointments - Council members		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to <u>Choose an item.</u> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	<p>That Council appoints the following Council members to the Committees noted below for a three-year term commencing January 1, 2023:</p> <p>Daisy Fung – Finance and Audit Committee Maryana Kravtsenyuk – Governance Committee Oluseyi Oladele – Governance Committee Laurie Steinbach – Governance Committee Richard Buckley – Competence Committee Patrick Etokudo – Building Fund Initiatives Working Group Ian Walker – Building Fund Initiative Working Group</p>
Background:	<p>With the resignation of Linda McFarlane, the Competence Committee will have an additional opening for a public member of Council. As Council is awaiting 2 public member appointments, one of those individuals may be appointed to the Competence Committee.</p> <p>Ian Walker and Levonnie Louie indicated, given the needs of the Committees and their own responsibilities, that they will be stepping away from the Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAAC). The Governance Committee chose not to recommend any further appointments to that Committee pending additional discussions at ARADAAAC.</p> <p>Levonnie Louie also advised the Committee that she will be stepping down from her position on the Building Fund Initiatives Working Group. The two appointments to the Working Group</p>

	<p>noted above are pending confirmation by the Working Group following their meeting on November 29.</p> <p>The proposed listing of all Council Committee appointments is attached.</p> <p>To note, further discussions about the History Project are included on the agenda for the December Council meeting.</p>
Next Steps:	
List of Attachments:	
<ol style="list-style-type: none"> 1. Council Committee Member Listing – Proposed for 2023 	

Councillor	Committee Appointments
Buckley, Richard	Council Appeals Competence (Chair) CPSA History Project Building Fund Initiatives Working Group
Cardinal, Nicole	Council Appeals Executive Finance and Audit Building Fund Initiatives Working Group
Etokudo, Patrick	Council Appeals Finance and Audit Medical Facility Accreditation Building Fund Initiatives Working Group
Fung, Daisy	Council Appeals Anti-racism, Anti-discrimination Action Advisory (Chair) Finance and Audit
Kravtsenyuk, Maryana	Council Appeals Governance
Louie, Levonne	Council Appeals Governance (Chair) Finance and Audit (Chair)
Mannerfeldt, Jaelene	Council Appeals Executive Finance and Audit
Oladele, Oluseyi	Council Appeals Governance
Steinbach, Laurie	Council Appeals Anti-racism, Anti-discrimination Action Advisory Committee Governance

Councillor	Committee Appointments
Strilchuk, Stacey	Council Appeals Executive Ex-officio on Competence, Finance and Audit, Governance (non-voting), Legislation and Bylaw, Medical Facility Accreditation (non-voting) and Building Fund Initiatives Working Group.
White, Tyler	Council Appeals Governance CPSA History Project Indigenous Health Advisory Circle (Co-Chair)
Walker, Ian	Council Appeals Governance Medical Facility Accreditation (Chair) Building Fund Initiatives Working Group
TBA, Public Member 1	Council Appeals
TBA, Public Member 2	Council Appeals

Committee	2022 Councillor Members	Membership as per TOR
Competence	Buckley (term to Dec. 31, 2025) (Chair) Public Member - vacant Strilchuk (ex-officio)	1 public member and 1 physician member
Council Appeals	All Council Members	As per HPA
Executive	Strilchuk (Chair) Mannerfeldt Cardinal	Elected – 1 year terms only
Finance and Audit	Louie (term expires Oct. 30, 2023) (Chair) Fung, D. (term to Dec. 31, 2025) Mannerfeldt (term to Dec. 31, 2024) Cardinal (term to Dec. 31, 2024) Etokudo (term to Jun. 22, 2024) Strilchuk (ex-officio)	2 public members from Council, 3 physician members from Council (and 1 member of the public, not on Council)
Governance	Louie (term expires Oct. 30, 2023) (Chair), Kravtsenyuk (term to Dec. 31, 2025) Oladele (term to Dec. 31, 2025) Steinbach (term expires Jun. 14, 2024) White (term to Mar. 31, 2024), Walker (term to Dec. 31, 2023), Strilchuk (ex-officio)	3 public members, 3 physician members, President is ex-officio, non-voting
Medical Facility Accreditation	Walker (term to Dec. 31, 2023) (Chair) Etokudo (term to Jun. 22, 2024) Strilchuk (ex-officio)	1 public member, 1 physician member
CPSA History Project Working Group	Buckley (term to Dec. 31, 2022) White (term to Mar. 31, 2024)	Ad-hoc – no terms of reference at this time. Consideration to be given to asking Jim Stone to join the Committee. Other appointments to be made once terms of reference developed and approved.

Committee	2022 Councillor Members	Membership as per TOR
Anti-racism, Anti-discrimination Action Advisory Committee	Fung, D (term to Dec. 31, 2022) (Chair) Steinbach (term expires Jun. 14, 2024)	Interested Councillors
Indigenous Health Advisory Circle	White (term to Mar. 31, 2024) (Co-chair)	Terms of Reference still in draft format
Building Fund Initiatives Working Group	Cardinal Buckley Etokudo Walker Strilchuk (ex – officio)	2 physician members of Council 2 public members of Council

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 1, 2022	Levonne Louie		
Agenda Item Title:	Governance Committee – committee appointments – non-Council members		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	<p>That Council appoints the following people to the Committees noted below for a three-year term effective January 1, 2023:</p> <p>Dr. Christine Kennedy – Competence Committee Dr. Vince Elgersma – Competence Committee Dr. Lori Olivieri – Competence Committee Dr. Kerri Novak – Competence Committee</p> <p>Dr. Maria Bacchus - Medical Facility Accreditation Committee (MFAC) Dr. Jesse Slade Shantz - Medical Facility Accreditation Committee (MFAC) Dr. Nazneem Wahab - Medical Facility Accreditation Committee (MFAC) Dr. Dominic Cave - Medical Facility Accreditation Committee (MFAC)</p> <p>Dr. Melanie Stapleton – Hearing Tribunal and Complaint Review Committee Dr. Timothy Chan – Hearing Tribunal and Complaint Review Committee</p>
Background:	In recommending these appointments, the Governance Committee reviewed the processes followed to recruit and vet the above-named candidates. The Committee was also provided with Curricula vitae for all candidates. Based on the information

	provided to the Governance Committee by the Competence Committee, MFAC and the Hearings Director's Office, the Committee is confident that the processes were open and transparent.
Next Steps:	Once approved by Council, Committees will notify their new members.
List of Attachments:	

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:
December 1 and 2, 2022	Christopher Fung

Agenda Item Title:	Legislation and Bylaw Committee Meeting Summary Report
--------------------	--

Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation. <input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter. <input checked="" type="checkbox"/> The attached is for information only. No action is required.
-------------------	--

AGENDA ITEM DETAILS

Recommendation (if applicable) :	Not applicable
----------------------------------	----------------

Background:	<p>The Legislation and Bylaw Committee met on November 4, 2022. The following is a summary of the matters discussed at that meeting:</p> <ol style="list-style-type: none"> 1. An update of legislative changes related to CPSA including: <ol style="list-style-type: none"> a. <i>Health Statutes Amendment Act, 2020</i> (formerly Bill 46) which includes the revisions to the <i>Physicians, Surgeons, Osteopaths and Physician Assistants Profession Regulation</i> b. <i>Health Professions (Protecting Women and Girls) Amendment Act, 2022</i> (formerly Bill 10) c. Labour and Immigration Consultation d. Medical Assistance in Dying (MAiD) 2. CPSA Bylaws – Phase 1 Revisions – see separate report on the approval of the proposed revisions. 3. CPSA Bylaws – Phase 2 – Comprehensive Bylaw Review – this will be undertaken in the new year. 4. Executive Elections Policy – See separate report regarding approval of a revised Executive Elections Policy 5. Governance Review Implementation Plan – discussed the Governance Review Implementation Plan, and the amalgamation of the work of the Legislation and Bylaw Committee with the Governance Committee.
-------------	--

Next Steps:	
-------------	--

List of Attachments:	
----------------------	--

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 2, 2022	Dr. Gordon Giddings, Assistant Registrar, Accreditation		
Agenda Item Title:	Medical Facility Accreditation Committee Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable):	Not applicable
Background:	<p>The Medical Facility Accreditation Committee (MFAC) met on June 23, 2022, October 27, 2022, and September 26, 2022 and addressed the following:</p> <ol style="list-style-type: none"> 1. Introductions of New Committee Members/CPSA Team Members <ul style="list-style-type: none"> Ms. Stacey Strilchuk, Council President, Ex-officio member Mr. Dean Blue, Director, Accreditation 2. Departing MFAC Members <ul style="list-style-type: none"> Dr. Todd Remington – June 30, 2022 Dr. Angela Scharfenberger – September 30, 2022 Dr. Iona Bratu – December 31, 2022 Dr. Tom Szabo – December 31, 2022 3. MFAC Proposed New Members <p>MFAC members agreed to recommend approval of four new members for submission to Governance for its consideration.</p> 4. 2023 MFAC Chair <p>Members were in unanimous agreement to recommend/nominate Dr. Ian Walker to be put forward to the Governance Committee as the new Chair of MFAC starting January 2023.</p>

5. MFAC Meetings

Members indicated support for a change to the MFAC Terms of Reference to transition the voting privileges from the Council President, ex-officio member to a non-voting member. This change will be presented to the Governance Committee in November.

Members were advised that there is an opportunity to restructure the participation of CPSA staff in the conversations, deliberations, and discussions that MFAC has. This will eliminate any potential accusation of CPSA staff driving an agenda or having an undue influence over the committee. What will be added is the use of an 'observation' room. The agenda will be split into two sessions, a 'public' (meeting management, standards revisions, general conversations around committee business etc.) and an 'in-camera' (discussion regarding particular facilities, items where MFAC would be granting authority under the health professions act etc.). In camera sessions would include committee members, Dr. Giddings, Mr. Blue, and Ms. Wilson-Perry. This would allow MFAC to pull in MFAC's legal representation to provide real-time legal advice during committee deliberations and discussions.

6. Facility Accreditation/Physician Approvals

- Completed a 4 Year review of the following accredited facilities:
 - Pulmonary Function - 14
 - Sleep Medicine - 5
 - Diagnostic Imaging - 11
 - Laboratory Medicine - 17
 - Neurodiagnostics - 11
 - NHSF - 6
- Completed the accreditation of the following new facilities/new modalities/facility moves/facility closures/facility renovations:
 - Sleep Medicine - 4
 - Diagnostic Imaging - 16
 - Pulmonary - 3
 - Neurodiagnostics - 1
 - Laboratory - 2

7. New Advisory Committee Member Approvals

- Diagnostic Imaging - 2
- NHSF - 3
- Pulmonary Function - 1

8. CPSA Indigenous Health Advisory Circle

At a previous MFAC meeting, Dr. Giddings was asked to share more detail regarding the Indigenous Health Advisory Circle and their direction. Further detail was provided to the Committee members.

9. Standards

The following were submitted and recommended for approval by Council:

- Off-label use of Sedatives and Anesthesia Standards

The following annual standards revisions were presented and approved:

- Non-Hospital Surgical Facility Standards
- Pulmonary Function Diagnostics Standards
- Sleep Medicine Diagnostics Standards

10. Accreditation Status of a Private Diagnostic Imaging Facility

Committee members were advised that on June 17, 2022, CPSA received a submission from the legal team of a private diagnostic imaging facility medical director. The response included additional information on the current outstanding accreditation non-conformances regarding the facility, which was reviewed by CPSA and found that further corrective actions were required to satisfy outstanding non-conformances.

The Advisory Committee on Diagnostic Imaging (ACDI) held an emergent ad-hoc meeting on July 21, 2022. The facility submission was reviewed. After discussion, the ACDI members agreed that the submitted corrective measures did not satisfactorily address the outstanding non-conformances and recommended the cancellation of the facility accreditation. This cancellation would be completed under Schedule 21, Section 8.4 and not under CPSA Bylaw as previously suggested.

Numerous questions were raised (and answered) during discussions by the Committee members.

Committee members noted that, in the decision letter to the facility, the medical director should be advised that he can reapply for Accreditation at any time and will be subject to all administrative and assessment processes for new facilities.

A Motion was made and approved (unanimously) indicating that the Medical Facility Accreditation Committee made a decision to cancel the diagnostic imaging facility accreditation of a diagnostic imaging facility due to non-compliance with submitting acceptable corrective measures regarding outstanding non-conformances outlined in the

February 8, 2019 - 4-year diagnostic imaging 4-year accreditation report.

A decision letter was compiled (as per the above motion) with input from MFAC legal counsel and forwarded to the facility medial director.

11. Global Imaging Group Review

With regard to a group of diagnostic private imaging facilities, at a previous meeting MFAC directed that:

- there be an emergent meeting of the ACDI to consider the findings of the obstetrical ultrasound review to corroborate the appropriate next steps
- pending the ACDI review, that there be a temporary suspension of the provision of remotely supervised obstetrical ultrasound at all applicable facilities (3) until the issues are further investigated and deemed to be resolved.

At the September 26, 2022 MFAC ad hoc meeting, Committee members agreed that for:

Slave Lake and Drayton Valley - They were in support of the continuation of suspension of remotely supervised obstetrical ultrasound imaging until all conditions have been met to the satisfaction of the CPSA.

Whitecourt – They were in support of lifting the obstetrical US imaging suspension in as all submitted evidence has been met the satisfaction of the CPSA.

During discussion, Committee members were advised that the facility group have indicated interest in resolving the outstanding complaint issues. Additional time was required for CPSA to review the recent submission in depth. This will then be brought forward at the November ACDI meeting.

Committee members were also reminded that, on the recommendation of MFAC and the ACDI, the new facility application is currently on hold while the Global Review remains active.

12. Audit of Advisory Committee Meeting

An MFAC member audit of the following Advisory Committee meeting was provided to the Committee for information:

- Advisory Committee on Diagnostic Imaging (ACDI) – May 12, 2022 – audit conducted by Dr. Remington
- Advisory Committee on Non-Hospital Surgical Facilities (ACNHSF) – June 17, 2022

	<p>No concerns or issues were noted with regard to the ACDI audit. With regard to the ACNHSF the following was noted:</p> <p><i>The process appeared efficient. However, a few strong voices seemed to have dominated most discussions. The Chairperson should find ways to proactively invite other perspectives and opinions.</i></p> <p>This feedback will be presented to the appropriate advisory committees.</p> <p>13. The restructuring of the Accreditation Department privileging and approvals process was reviewed/discussed in an in camera session.</p>

Submission to:	Council
-----------------------	----------------

Meeting Date:	Submitted by:		
December 1, 2022	Levonne Louie		
Agenda Item Title:	Attendance at Siksika's Every Child Matters Powwow		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Background:	<p>I had the honour of attending and representing the CPSA at the Every Child Matters Traditional Powwow held on September 30, 2022, the National Day for Truth & Reconciliation ("Orange Shirt Day") at the Calgary Scotiabank Saddledome. The Powwow was co-presented by Siksika Health Services, the Calgary Hitmen and the Calgary Sport and Entertainment Corporation. It was also supported by a number of sponsors, including the CPSA. This is the first time this event has been held and they estimated there were 7500 people in attendance.</p> <p>Amongst the attendees were many dignitaries including the honourable Lieutenant Governor of Alberta, Salma Lakhani, Health Minister Jason Copping, Chief Ouray Crowfoot and many of his Siksika Councillors, Brett (the "Hitman") Hart and Ryan Straschnitzki (Humboldt Broncos). Following the Grand Entry and numerous speeches, a Victory Song announced the beginning of the traditional powwow.</p> <p>I had the opportunity to speak with the husband of the Lieutenant Governor as he recognized the CPSA logo and staff on the beaded medallion we had been presented with last year and approached me. Dr. Zaheer Lakhani is a cardiologist working in Edmonton and we had an interesting conversation about various topics. I also had the privilege to meet her Honour, Lieutenant Governor Lakhani as she came over to see who her husband was engaged in conversation with. I also spoke briefly with Minister Copping, but our Council colleague, Tyler White, had a much more in-depth conversation with the Minister.</p>
--------------------	--

I appreciated the conversations I had with numerous Siksika Nation members who took time to answer my many questions. These included conversations with Councillors Jenny Goodin and Wade Healy and the head of Tyler's Emergency Services team. A thought that stayed with me was when Councillor Healy explained that many people think of a Powwow as a ceremony when actually, it is a celebration. The exuberance and energy of the dancers, singers, and drummers certainly showed this.

One of the most moving parts of the Powwow was when the dancers performed an Honour Dance for Residential School Survivors. As the Survivors gathered in the center of the arena, the audience stood to acknowledge them and dancers of all ages circled them and embraced them. Initially, it appeared there were a number of Survivors present (perhaps 20). However, it was very sobering when you thought about how many more did not survive and return home. It was a very touching and emotional moment.

I feel very honoured to have been able to attend this Traditional Powwow and I extend my thanks to Tyler White and his team for organizing and hosting this event.

President's Report
College of Physicians and Surgeons of Alberta Governing Council

Prepared for December Council – December 1st and 2nd 2022

September 2022

- September 1st CPSA AMA Executive Committee meeting
- September 6th Meeting with Minister Copping and Registrar
- September 6th Pre-Council meeting with CPSA Executive Committee
- September 12th CLEAR Executive Leadership Program – 3 days – Louisville
- September 15th CLEAR conference – 3 days – Louisville
- September 15th CPSA AMA meeting
- September 20th Monthly meeting with Registrar
- September 21st Government Relations meeting with Registrar
- September 22nd AMA Fall Rep Forum – 2 days – Calgary
- September 26th Emergency Council meeting

October 2022

- October 7th Government Relations meeting with Registrar
- October 11th Building Fund Initiatives Working Group meeting
- October 13th Government Relations meeting with Registrar
- October 14th Indigenous ARP meeting – Calgary
- October 14th Mosaic PCN visit with Registrar
- October 17th Monthly meeting with Registrar
- October 18th Competence Committee meeting
- October 18th Government Relations meeting with Registrar
- October 20th Premier's Address Chamber Luncheon with Registrar
- October 26th Government Relations meeting with Registrar
- October 27th MFAC meeting
- October 31st CPSA Council Planning meeting

November 2022

- November 1st CPSA and AMA Executive Committee meeting
- November 1st Meeting with Minister Copping and Registrar
- November 1st Meeting with CPSA Executive Committee – Registrar PR
- November 2nd Government Relations meeting with Registrar
- November 3rd ARADAAAC meeting
- November 4th Leg and Bylaws Committee meeting
- November 8th Executive Committee meeting

- November 9th Governance Committee meeting
- November 10th Finance and Audit Committee meeting
- November 10th Government Relations meeting with Registrar
- November 17th Government Relations meeting with Registrar
- November 22nd Government Relations meeting with Registrar
- November 24th Retreat – Pre meeting
- November 28th Council Pre meeting with Executive Committee
- November 29th Building Fund Initiatives Work Group meeting
- November 29th Government Relations meeting with the Registrar
- November 30th Monthly meeting with the Registrar

To: CPSA Council
From: Scott McLeod
Date: December 1st, 2022

Introduction

It's hard to believe that 2022 is coming to an end. I knew the year was going to be difficult, but I did not predict how tough it was going to be for so many people. With the war in Ukraine on going, inflation rates not seen for decades, a health system struggling to stay intact and health care provider burnout at all-time highs, it is hard to say anything but...it's been a tough year for everyone.

Five years ago I wrote the following statement as the opening to my 2017 end of year Registrar's Report.

"It has now been 5 months since becoming the Registrar and I continue to learn a great deal about the College, the health care landscape in Alberta and the opportunities that exist to make this the best health care system in Canada. I continue to be impressed with the talents that exist in the CPSA Staff, the incredible engagement of our Councilors and the commitment to excellence in care by everyone who holds a leadership role in Alberta health care."

After 5 years and 5 months as the Registrar, I'm still learning a great deal every day and I continue to be impressed with the talents that exist at CPSA and the broader health care system. Looking back to 2017, it feels like that was a much simpler time. Since then we've had an incredible amount of disruption that has put our health care system into turmoil and unearthed many of the issues that were brewing under the surface. For example, the crisis in primary care is not a result of COVID-19. It may have become accelerated as a result of COVID-19 but the challenges have been there for decades.

It's times of crisis that we can stand up and show that CPSA is an essential part of the health care system. It's even more important that we remain a reliable, professional and trustworthy part of the system to help provide stability during a very turbulent time.

Despite the challenges that we've all addressed in the past year, we have remained focused on our job of protecting the public. Our team is getting stronger by the day and we're proud of the work we do to help Albertans receive safe, high quality health care.

1. CPSA Organizational Updates

a. Staff Engagement Survey:

As I reported back in September, our CPSA engagement survey results showed that overall we have a 62% engagement score which is 18 points lower than 2019. Even though we could come up with lots of reasons for that number, we have used the survey results as a

launching point to better understand what has happened over the past few years. This fall we hired an independent consultant to do some small group sessions with all the departments as well as individual sessions with those who were uncomfortable with the larger groups. During those sessions we had excellent participation and we learned a great deal about where the challenges and opportunities are for CPSA. What our consultant heard was not that of disengagement but rather a desire to be even more engaged. Our team wants to be a part of making CPSA an even better place to be and that leaders need to embrace that more.

Our consultant shared that there were no major transformative issues that needed to be addressed, but that it was more about the little things and making sure the senior leaders are seen more and that we see more of people in the organization.

We are currently working through the feedback now and will be sharing it with the entire CPSA team in the coming weeks. We will then be committed to the work required to ensure CPSA's engagement improves.

b. Departmental updates

There are more detailed reports from individual departments available to Council members as information, but I just want to highlight a few things.

Every department at CPSA has worked incredibly hard over this past year. In addition to the daily work that everyone is invested in we have also asked everyone to participate in the strategic planning process to turn the CPSA Strategy into actions. Also, as noted above we have invested a great deal of time into understanding the engagement survey results and developing plans to address the concerns raised.

In addition, Professional Conduct has continued to make great progress with Project Bluebird and the Registration department has created a new register and a new process for registering international graduates while completing 40% more Practice Readiness Assessments (PRAs) than in a typical year. The Accreditation Department has welcomed a new director, Mr. Dean Blue, and transitioned the privileging authority to the facility medical directors. Physician Health Monitoring continues to work on the creation of the Fatigue Risk Management Self Learning Modules and remains fully committed to the Federation Of Medical Regulatory Authorities of Canada (FMRAC) working group on impairment and assessing functional capacity. The Continuing Competence department said farewell to Dr. Ulan and welcomed a new Assistant Registrar, Dr. Charl Els, while still meeting all of their Key Performance Indicators (KPIs).

The People and Culture Department has managed an incredibly high number of staff hires while also working with operations to do a compensation review to ensure continued alignment with our total compensation philosophy. Our operations team not only ensured the organization ran well but also supported the rollout of the Healthier Albertan Grant and supported the reopening of the office in the spring.

We have also seen the introduction of the Customer Experience (CX) team that was created to improve people's experience with CPSA. This three member team oversees all public inquiries and resolved over 750 tickets in the first month with an 84% satisfaction rating.

Our communications team has continued to engage the public, the profession and the CPSA team. With all the changes listed above there has been a component of that work that has involved the communications team and they have still been able to do things like introduce live tweeting during Council meetings and the Conversations website to engage with Albertans about their healthcare experiences.

The departure of our Chief of Staff left a huge hole in the organization, but the team has stepped up in his absence to do some incredible work. Keely McBride, our new Program Manager, Policy has been able to manage all the Bill 46 requirements and address the many other policy needs of the organization and is working hard to develop a policy framework for the organizations that aligns with the authorities, responsibilities and accountabilities for decision making in the organization. Sue Welke, Program Manager, Governance has worked closely with Council to implement the governance review recommendations and support multiple Council committees that are essential to the organization's success.

The Analytics, Innovation and Research (AIR) department continues to drive innovation in the organization. One major step forward for us is the new arrangement with Alberta Health for Dr. Nancy Hernandez-Ceron from AIR to be working directly with the department to assess what data is available and what data can help CPSA provide a more accurate assessment of risk. This will be important for our work in predictive analytics. More information about this initiative will be shared with Council during the December meeting.

Last but certainly not least, the department of Information Management is truly an unsung hero of CPSA. They are the department that keeps all the information we have safe, secure and private while supporting the Information Technology infrastructure required to run all internal processes as effectively and efficiently as possible.

As I said there is much more in the individual departmental reports, but this should give you a good sense of the ongoing work by CPSA team members.

c. CPSA Leadership Retreat.

Last month the CPSA senior leadership got together for a retreat to address three key issues.

- i. Feedback from the engagement survey focus groups – see notes above
- ii. How CPSA should move forward with performance reviews:
Here we discussed the various requirements for CPSA that include such things as identifying talent and supporting people's development, pay for performance considerations, formal performance management and every employee's right to get feedback on a regular basis. There was excellent discussion that will help guide us in our work moving forward.
- iii. The CPSA Strategic Plan's action plan – this will be addressed later in the Council agenda

d. KPIs

Attached you will find an update on our [KPIs](#) as well as our performance [dashboard](#).

2. The Profession

It is well known that the profession of medicine is struggling. This is not unique to Alberta and my colleagues across the country are experiencing the same challenges we are. One of the biggest issues is the lack of patient medical homes for all Albertans. It's important to note that this is not about the numbers of physicians and physician assistants. It's more about how physicians are choosing to practice.

The great resignation is a reality for all sectors. Health care is not immune to this trend. When I speak with family physicians, what I'm hearing is that maintaining the current model of the patient medical home is not viable as it is currently constructed. When a family physician can make more money as a hospitalist or a locum, there's plenty of work to go around and they can balance their lifestyle better. It's difficult to convince new graduates, or experienced family physicians for that matter, to take on the challenges of full scope family medicine. Practicing good family medicine has many challenges that have not been appropriately respected for decades and now we're seeing the end result of that. Unless there is a radical rethink about how we train, retain, attract, pay and support family physicians these challenges are going to continue for many years to come.

3. Provincial Update

a. Partner Engagement

We work with many of our partners on a regular basis and the following just gives you a glimpse into the sort of things we engage in:

- i. *Siksika First Nation* – CPSA continues to have a strong relationship with Siksika and we're currently working with them to develop an MOU recognizing their Nation's sovereignty and our working relationship with them. This is an exciting opportunity and I believe it will be the first of its kind in Canada.
- ii. *Enoch Cree Nation* – CPSA is working closely with Enoch Cree nation to help support their plan to open a Chartered Surgical Facility on their Nation. We have had some initial meetings and we will be meeting with Chief Thomas and their Council in the coming weeks to find even more opportunities to build that relationship. This relationship and experience will do far more than help their Nation establish a CSF, it will help us incorporate an indigenous health care lens to all of our accreditation processes.
- iii. I was fortunate to be asked By Dr. Nicole Cardinal to present to the *Indigenous Health Clinical ARP* at the Grey Eagle Resort in Calgary past October. It was a great opportunity to meet many great leaders in indigenous health care and that led to a follow-up meeting with Dr. Chris Sarin, Senior Medical Officer of Health with the First National and Inuit Health Branch of the Government of Canada.
- iv. On November 24th, myself and other CPSA leaders will be meeting with the CEO of *Dynalife* to visit one of their facilities and become aware of what they're doing as they take over the provision of lab services in Alberta. This is a good chance to build partnership with key institutions in Alberta

b. Medical Assistance in Dying (MAID)

March 2023 marks the date when the restriction on MAID for those with a diagnosis of a mental illness is lifted. This will be the time that individuals with a diagnosis of mental illness can ask for medical assistance in dying.

This past spring there was an expert panel report provided to the federal government providing recommendations on how to address this change in the *Criminal Code of Canada*. One of the recommendations that came from this expert panel report was the following:

Recommendation 1: Development of MAID Practice Standards

The federal, provincial and territorial governments should facilitate the collaboration of physician and nurse regulatory bodies in the development of Standards of Practice for physicians and nurse practitioners for the assessment of MAiD requests in situations that raise questions about incurability, irreversibility, capacity, suicidality, and the impact of structural vulnerabilities. These standards should elaborate upon the subject matter of recommendations 2-13.

Unfortunately, this recommendation has not been interpreted in the same way by all jurisdictions. Some see this as a clinical standard which the medical regulators would expect MAID providers to follow, while others believe this should be a form of regulatory standard of practice (SOP). In working through this, the Federal Government has created a task force to develop such a standard that could be applied nationally, but we are still unsure as to what it would look like.

My concern is that creating a regulatory SOP that could be interpreted as guidance in the interpretation of the *Criminal Code of Canada* would put both CPSA and MAID providers at risk. I am in the camp that feels this should be a clinical practice standard that we would expect physicians to follow.

Dr. Gus Grant, CPSNS Registrar, is working with the Federal Government on this and should have an update for us before Christmas.

c. Recent Court of Appeal Decision in Alberta

The Alberta Court of Appeal recently made a decision that will change how CPSA can approach cost orders in professional discipline cases. In *Jinnah v Alberta Dental Association and College*, the Court set aside an order for a dentist to pay \$37,500 in investigation and hearing costs. The Court stated that “[t]he College should bear the costs associated with the privilege and responsibility of self-regulation unless a registrant has committed serious unprofessional conduct, is a serial offender, has failed to cooperate with investigators, or has engaged in hearing misconduct.”

As a result of this decision there will be a significant shift in what can be asked for related to hearing costs and we are already seeing this being challenged.

4. National Updates

a. Federation Of Medical Regulatory Authorities of Canada (FMRAC)

As of December 30, Fleur-Ange Lefebvre will be retiring from FMRAC. The FMRAC Board has decided to hold off on hiring a long-term replacement for Fleur-Ange and instead hired a consultant to work for one year to help establish what the future of FMRAC will look like and who should lead that organization moving forward.

Dr. Marcie Lorenzen has been selected as that contractor and I'm confident she will do an excellent job moving the organization forward while ensuring the existing work of FMRAC continues.

b. Medical Council of Canada

MCC Continues to work with the medical regulators to find new and innovative ways to help support us in the assessment of competency to practice especially in area of International Medical Graduates. As details unfold I will keep Council updated.

c. College of Family Physicians of Canada

Nothing to report

d. Royal College of Physicians and Surgeons of Canada

Nothing to report

e. Association of the Faculties of Medicine of Canada

Nothing to report.

5. International Updates

a. International Association of Medical Regulatory Authorities (IAMRA)

Nothing to report.

b. Federation of State Medical Boards (FSMB)

Nothing to report

Conclusion

This has been another busy year for CPSA and I'm proud of everything our team has been able to accomplish in a very short period of time. I recognize that not everyone agrees with the work CPSA has done, but I'm confident we have always worked to protect the public and function as a stable and reliable organization during times of great uncertainty.

CPSA Business Activity Update
For the Period Ending September 30, 2022

Status Options	
	White - Complete
	Green – Exceeding/Meeting Target
	Yellow - Below target at this time; plan to be on target by year end
	Red – Significant Delay

Business Intelligence Strategy

Definition: Clear understanding and governance around the confidentiality, integrity and availability of the data that are required to fulfill the CPSA mandate in all areas. Development of analytics infrastructure to manipulate and report for all areas of the CPSA that need data informed results/decisions. This will be a unified model for all areas of the CPSA that not only looks at what we currently have and how to use it, but also future needs and scalability in the systems that will support it.

Action #	Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
A301	Data Discovery	Understand how to operationalize and act on new and existing data discoveries			Prescribing Analytics	CINO	Exceeding/Meeting Target	80%		Bi-weekly updates from Nancy on AH data review and planning	AH Data Update presentation on July 14th re:billing and patients per day	Met with AH to discuss next steps on Information Sharing Agreement, PIA and HISA
A302	Physician Factors Developed	Continue to validate physician factors.	Identify Alberta physicians on the continuum. Physician risk score populated on internal database for use by all CPSA departments,		Prescribing Analytics	CINO	Completed	100%		Utilizing existing data and planning for the incorporation of specific new data sets from AH.	All models updated to incorporate latest RIF data and presented to physician factors working group at FMRAC	All models updated to incorporate latest RIF data and Practice Checkup Finalized and on Portal
A303	Differential Fee	Finalize rationale for differential fees for physician annual fees. Roll out functionality for 2023 billing.	Physicians to be billed a fee along with the annual fee when certain criteria is met.		Admin	CINO/CFO	Below Target	60%	Defer to 2024 based on Council feedback.	Differential Fees working group presented concept to Council at their March meeting. Approved in concept to continue developing concepts on how various scenarios could be applied.	Continue to develop concept. Developing scenarios for physicians impacted. Feedback from Council to consider renaming to Registration Surcharge fees. Looking at 2024 for possible implementation based on Council feedback.	Continue to focus on 2024 for possible implementation based on Council feedback.

Digital Health Strategy

Definition: Digital health refers to the use of information technology/electronic communication tools, services and processes to deliver health care services or to facilitate better health (definition from Canada Health Infoway).

KPI #	KPI's		2022 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
Action #	Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
A301	Educate Public on Digital Health	Continue to educate and communicate to the public and membership the risks and benefits of receiving and delivering healthcare through digital means. Expect increase in communications and health care emerges from the pandemic. Measure the member and public awareness on the impact that digital health technologies and means have on public safety.	Public and membership acknowledge risks and benefits in receiving and delivering healthcare through digital means.		Communications	Director Communications	Exceeding/Meeting Target	75%	Our work with the Alberta Virtual Care Coordinating body continues, supporting surveys and branding.	Virtual care communication support is on track for Q1.	Virtual care communication support is on track for Q2.	Virtual care communication support is on track for Q3.
A302	Digital Health Framework	Pilot and evaluate the effectiveness of the regulatory framework for digital health technologies and roll out communications to educate members.	The regulatory framework for digital health technologies is proven effective and members are aware of expectations.		Prescribing Analytics	CINO	Completed	100%		Virtual Care Standard complete. Ongoing work with Virtual Care Working Group (AH Committee, Ewan Chairs) and Digitally Enabled Care Working Group (Ed Chairs).	Virtual Care Standard complete. Ongoing work with Virtual Care Working Group (AH Committee, Ewan Chairs) and Digitally Enabled Care Working Group (Ed Chairs).	Virtual Care Standard complete. Ongoing work with Virtual Care Working Group (AH Committee, Ewan Chairs) and Digitally Enabled Care Working Group (Ed Chairs).
A303	Digital Health SOP	Operationalize the use of the Telemedicine SOP and to educate physicians regarding the expectations. Communicate the SOP for digital health effectively to members and the public. Measure the effectiveness of the SOP for digital health.	Physicians are educated about the telemedicine SOP and it becomes one of the CPSA tools used. The members and the public acknowledge the SOP for digital health. Members adhere fully to the SOP.		Office of the Registrar	COS	Completed	100%		The SOP is deployed and in force so the majority of the work is completed, however we have not yet found a manner to evaluate its effectiveness.	The standard took effect Jan. 1, 2022: direct emails were sent to all members; a second email was sent when the updated Advice to the Profession was published on Jan. 20, 2022. It was featured on the homepage of the website, along with articles in Messenger (Dec. 2021, Jan. & Feb. 2022). Patient FAQs ("Advice to Albertans") were published in Jan. 2022. 74 virtual care-related queries have been received by the SoP Advisor, allowing the opportunity to communicate and clarify expectations.	This is considered completed.

Learning Organization Strategy												
Definition: A learning organization is an innovative organization that anticipates future trends and takes pro-active steps to prepare. A learning organization takes calculated risks and uses learnings from past successes and failures to continually improve processes.												
KPI #		KPI's	2022 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
LOS001		Departments are engaged in CQI	66%		Prescribing Analytics	CINO	Exceeding/Meeting Target	75%		Slight delay/issues with data analysis that has now been resolved with Registration.	Registration and PHMP both engaged in CQI work.	Registration and PHMP both engaged in CQI work.
Action #	Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
A301	CPSA CQI	Continuous quality improvement (CQI) of all CPSA processes (ongoing)	Regular reporting on results and action plans Processes improve across CPSA	LOS001	Prescribing Analytics	CINO	Exceeding/Meeting Target	75%		Developing a department by department plan and reporting for CQI	Trying new CQI approach and action plan with PHMP. Hopefully will work with one other department in 2022	Trying new CQI approach and action plan with PHMP. Hopefully will work with one other department in 2022
A302	Bluebird Project – Skill Enhancement	Engage Professional Conduct Team in learning about bias in investigations and improved quality of investigations - facilitate knowledge transfer during Bluebird Project.	Establish investigator training program on bias and quality investigations.		Complaints & Discipline	Director Professional Conduct	Exceeding/Meeting Target	100%		20%	25%	100%
A303	History of CPSA	Develop and begin implementation of a project plan and determine the scope of resources required to create a history of CPSA	Complete project plan and begin implementation of project.		Office of the Registrar	COS	Significant Delay	10%	This work has been delayed due to other priority work.	Council established a History Project Committee at the March 2022 meeting. A TOR for the Committee has been drafted.	No additional progress has been made since last reporting.	No progress
A304	Governance Review	Governance Review	A governance review allow an organization to re-examine its membership structure, by-laws, board role, board composition, governance approach or model, and organizational policies to ensure that goals of good governance and accountability to stakeholders are met.		Office of the Registrar	COS	Exceeding/Meeting Target	75%		A consultant was engaged to carry out the Governance Review. The consultant conducted a survey, interviews, and submitted an External Scan and Preliminary Recommendations.	Council members have provided their feedback on the recommendations from the Governance Review. The Governance Review Committee will meet in August to develop a recommendation to Council regarding an implementation plan around the items from the Governance Review that will be incorporated into CPSA's governance structure if approved by Council at the September Council meeting.	The plan was presented to Council and accepted to move forward with the plan. The executive will work with staff to execute the next steps.

Organization Presence & Influence												
Definition: CPSA is a respected and credible organization that promotes high quality healthcare for all Albertans and is recognized as a key stakeholder in the Alberta and Canadian healthcare scene. As an innovative and forward thinking regulator, CPSA is and is sought out to participate in health related initiatives provincially, nationally and internationally.												
KPI #		KPI's	2022 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
ORG001		Improve media sentiment score	Average media sentiment score of 68%		Communications	Director Communications	Below Target	67%	While we're only 1% below target, we continue to see CPSA popping up in the media in relation to UCP leadership candidate comments regarding their desire to remove CPSA leadership.	Average sentiment score of 68.3% in Q1	Average sentiment score of 67% in Q2	Average sentiment score of 65% in Q3
Action #	Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
A301	Disruptive Physicians	Continue bilateral initiative with Alberta Health Services (AHS) regarding disruptive physicians.	Develop a plan with AHS to address disruptive physicians building on the work of Proactive		Office of the Registrar	Deputy Registrar	Below Target	65%	Working with partner organizations had a slow start but we're on track to move things forward.	Will meet with AMA to explore options.	Will need to reevaluate this work given the lack of engagement or alignment with AMA and AHS.	AMA, AHS and CPSA are developing a collaborative online Education Project: Micro aggression Training for Physicians
A302	Provincial Quality Work	Contribute to provincial initiative to promote physician quality improvement. Collaboration with AHS, AH, University faculties.	Develop an implementation plan with the other stakeholders of the Provincial CPD Steering Committee to operationalize the Provincial CPD Framework. Focus on quality improvement (QI) work.		Office of the Registrar	Deputy Registrar	Completed	100%	The framework is complete, however there are insufficient provincial finds to put it into place. It will need more investment from the broader health system.	COVID and provincial partner capacity issues delayed the launch which was intended for 2021.	The CPD Network was launched April 28, 2022 with a focus on 2 pillars (data and coaching). Meeting Aug 23 to discuss funding options including the possibility of an AH grant.	The framework is done, but no funding to move forward.
A303	Communication/ Brand Strategy	Continue Communications Strategy, Brand Strategy, Physician and Albertan engagement, media and marketing	Communication and brand effectiveness assessment to measure the effectiveness of brand change. Ongoing efforts related to public and physician engagement.		Communications	Director Communications	Exceeding/Meeting Target	75%	Our communications work continues, including support for the Strategic Plan roll-out, utilizing social media for our 2021 Annual Report content and media work to support various CPSA initiatives.	Branding, media and communication work on track in Q1.	Branding, media and communication work on track in Q2.	Branding, media and communication work on track in Q3.
A304	Project Bluebird - overview	Project Bluebird - transformation of the Complaints Process Three Year Strategy.	Improved transparency on reporting of statistics; established metrics; public and member improved engagement and satisfaction.		Complaints & Discipline	Director Professional Conduct	Below Target	70%	i-Sight software implementation underway and expected to be live by January 2023 which will provide individualized and detailed statistical dashboards for reporting. Complaints processes in each work stream are currently under revision or mostly revised and on track for completion by first Quarter 2023.	20%	20%	70%

Organizational Culture and Capacity Strategy												
Definition: To develop a culture where our people are intrinsically invested in our work, our teams, and each other. To develop a capacity and mix of staff to meet current and adaptable future needs to address a changing regulatory landscape.												
KPI #		KPI's	2022 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
OCC001		Exemplary Employee engagement as reported on the employee engagement survey	80% score on survey		People & Culture	Director PnC	Below Target	62%	Engagement scores came back as 62% and significant work is underway to better understand the data. A team experience strategy is developed and will be implemented over five years with the support of a culture crew.	Engagement survey is set to launch in May.	Results came back as lower than anticipated at 62% hence the below target. Initiatives are being developed to address and enhance culture.	Focus groups and one-on-one interviews are underway and all teams have been presented with their results.
Action #	Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
A301	Employee Engagement	Partner with (potentially new) vendor to conduct employee engagement survey Next survey 2022	Engagement scores increase to 80%		People & Culture	Director PnC	Below Target	75%	Engagement scores came back as 62% and significant work is underway to better understand the data. A team experience strategy is developed and will be implemented over five years with the support of a culture crew.	Kincentric hired, survey drafted and will launch May 12	Results came back as lower than anticipated at 62% hence the below target. Initiatives are being developed to address and enhance culture.	Focus groups and one-on-one interviews are underway and all teams have been presented with their results.
A302	Workforce Plan Previously Performance Management	Adjust performance management to drive behaviors we need/align with HR Philosophy and Total Compensation Philosophy	Alignment of staff with required competencies		People & Culture	Director PnC	Exceeding/Meeting Target	75%		Will be addressed in performance management and living our culture initiative.	Work is underway on this project and will continue in Q3.	New strategy will roll out in Q4.
A303	Workforce Plan Previously Talent Pipeline	Develop talent pipeline (continued) Create succession plan/knowledge transfer/growth opportunities for staff at all levels	Process & succession plan created. Increased staff engagement Improved survey results – best employer More upward movement in organization Succession planning in place and continually iterative.		People & Culture	Director PnC	Exceeding/Meeting Target	75%		Initial work initiated with more to come in Q2.	Work is underway on this project and will continue in Q3.	This work is being rolled in with Total compensation and team experience and will continue in 2023.
A304	Workforce Plan Previously Staff training	Equity, Diversity & Inclusion training for staff (enhanced training)			People & Culture	Director PnC	Exceeding/Meeting Target	75%		Plan completed and implementation to begin in Q2.	Implementation work is underway.	This work is being rolled in with Total compensation and team experience and will continue in 2023.
A305	People Resource Center	Streamline work processes: Continued rollout of People Resource Centre in second phase. (year 2 of 2)			Admin	CFO	Below Target	85%	Shortage of staff delayed rollout. Plan to roll out the payroll module in 2022.	Roll out of the new payroll module deferred to Q2.	Roll out of payroll still in parallel run testing due to shortage of staff in the payroll team. New Payroll Administrator hired in mid May 2022. Defer rollout to later in 2022.	Payroll team processing parallel run phase. Additional new part-time payroll team member hired in Sept 2022. Rollout targeted for Q4.
A306	Total Compensation Review	Conduct salary & benefit review	Alignment of compensation with Total Compensation philosophy		Admin	CFO/Director PnC	Exceeding/Meeting Target	90%		Consultant hired and external survey on Total Compensation is in progress. Results from the survey are expected early May.	Analysis of survey results in progress. Working with Total Compensation advisory team to review scenarios for 2023 budget impact.	New salary grids approved for Oct 2022 incorporating cost of living adjustment. New salary grids for Jan 2023 incorporated into 2023 budget approved by Council in Sept. Focus groups scheduled for fall to gather staff input into benefit options that are meaningful and align with Total Compensation Philosophy.
A307	Anti-Racism, Anti-Discrimination Action Advisory Committee	Establish Anti-Racism, Anti-Discrimination Action Advisory Committee			Office of the Registrar	COS	Exceeding/Meeting Target	90%		The first Committee meeting was in February, and the Committee TOR was approved at the March 2022 CPSA Council meeting.	The Anti-Racism Anti-Discrimination Action Advisory Committee (ARADAAC) was struck in July 2021. The Terms of Reference were approved in March 2022. Action planning is now taking place based on the TORs. The AC has held 3 out of 5 meetings planned for in 2022. The AC will meet again at the end of July and early November. The work of the committee is now on-going.	This work continues to go well. The ARADAAC is a strong group with an excellent Chair. They updated Council at the last council meeting. Based on the KPI, this would be completed because it's been established, but we are now ensuring it thrives and remains a key part of CPSA moving forward.
A308	License Portability Framework for MRAs	Introduce the fast track license option at FMRAC and expand collaboration to all participating MRAs	Participating MRAs apply framework for fast track license option among the provinces		Registration	Director Registration	Exceeding/Meeting Target	75%		Then may be part of the mobility act which we are also up to date so far	Up to date as per information received, no update on mobility act	Up to date as per information received
A309	HPA - Act to Protect training	Patient Relations part I continue follow up and part 2 will be added to annual renewal end of 2021 with follow up into 2022	Physicians have completed training for Part 1 & Part 2 modules.		Registration	Director Registration	Completed	100%		complete	complete - part of registration work flow	complete - part of registration work flow
A310	Bill 21 Compliant (Alberta Health Care Insurance Act)	Implement any changes required due to Bill 21 (Alberta Health Care Insurance Act)	Compliant with Bill 21 Alberta Health Care Insurance Act by Jan 1, 2022		Registration	Director Registration	Exceeding/Meeting Target	100%		not enacted as of yet, have had conversations with AHS...and are as up to speed as we can be, but may require changes in our process if enacted	no change	no change from Q1
A311	Fair Registration Act	Continue implementation of Field Law review suggestions for compliance - begins in 2021	Compliant with Fair Registration Act		Registration	Director Registration	Exceeding/Meeting Target	100%		meetings with GOA on this have been very positive and we are in compliance as of current requirements. Continue to update website on things like fees, changing information	up to date and compliant as per information received, survey and initial report submitted.	up to date and compliant as per information received, survey and initial report submitted, with follow-up meetings with GOA.
A312	Document Drop Zone	2019 Carried Over: Develop tool for document submission.1) Develop Functionality on CPSA website for online form submission2) XML functionality required to import document properties from website online forms to be reviewed by dept. and uploaded into QUEST. 3)Receive payment online in a secure manner for transactions other than physician and PC annual billing	Streamlined tool for customers submitting documents. Reduced staff time for manual data entry of document scanning, entering document properties, and uploading documents to QUEST. Reduced department staff time for manual entry into PC		Admin	CFO/CIO	Exceeding/Meeting Target	35%		The Submission Review Centre portal launched in March 2022. This new internal platform is the first step to automate capturing the document properties from CPSA's online web forms and will eliminate manual data entry by our administration team to enter document properties which create workflows in QUEST for department staff to action. This first phase captures 27 of the most common forms and attachments received by the registration department for registered physicians.	The Submission Review Century portal is in production during Q2. Next phase of documents to be identified and included in portal to be identified in Q3.	The Admin team has identified the next list of possible documents to be included in the SRC; feedback now being obtained from registration and IT if these documents could be incorporated into the portal.
A313	Complaint Portal	New Software implementation (iSight) for complainants (patients) to access confidential information (i.e.: correspondence) vs. mailing or sending by email (Project Bluebird)	Compliant with Privacy needs; compliant with legislated timelines. Reduced registered mail costs		Complaints & Discipline	Director Professional Conduct	Exceeding/Meeting Target	70%		10%	15%	70%

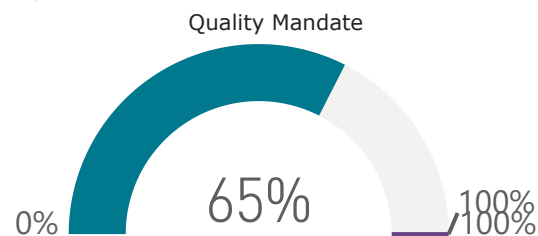
A314	Project Bluebird - External Investigation Services	Establish External Investigators formalized program - regulated member participation as well as other physicians outside Alberta.	Increased engagement with regulated members; improved service through thoroughly trained external peer reviewers.		Complaints & Discipline	Director Professional Conduct	Below Target	50%	Increasing engagement with external peer reviewers is in progress - delays resulting from lack of staff resources to dedicate to the work and steps are in progress to assign resources; engagement of Senior Medical Advisor in the work of connecting to peer reviewers has provided some progress in last quarter.	15%	25%	50%
A315	Project Bluebird - consultants	Project Bluebird - extensive transformation of workflows; requires Project Manager; Quality Improvement Specialist; HR Assistant to facilitate project work.	Project Charter and Timelines created; QI specialist working with work streams; HR assistant facilitating HR matters.		Complaints & Discipline	Director Professional Conduct	Exceeding/Meeting Target	65%		25%	35%	65%
A316	Customer service Initiative	Hire additional staff	Enhanced customer service experience addressing phone calls into CPSA		People & Culture	Director PnC	Exceeding/Meeting Target	75%		Team member hired and will start as lead on April 25.	CX Lead is on boarded and the draft plan is complete. Hiring for the support roles will begin this summer.	CX Team is taking over public inquiries as of Oct 17. The team is hiring it's last position which is anticipated to start in November.

Quality Mandate Strategy

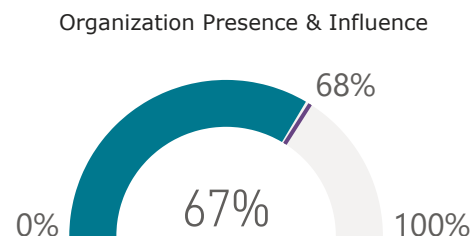
Definition: This strategy has two key elements:

- To ensure all physicians meet minimum standards expected of the profession.
- To foster and support the highest quality of medical/health care through collaboration and cooperation with key stakeholders.

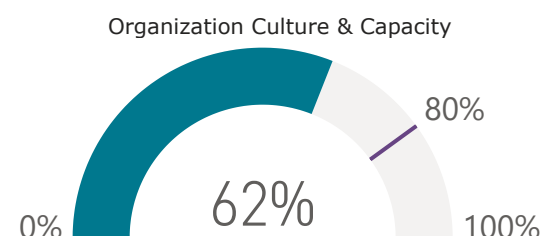
KPI #		KPI's	2022 Target		Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
QMS001		Higher risk individual physicians are assessed	200 regulated members assessed (2% of membership)		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	65%	The last quarter may put us a little under target as the number of referrals to IPR from PC are lower this year.	31 physicians initiated for quality assurance assessments	87 physicians initiated for quality assurance assessments	131 physicians initiated for quality assurance assessments
Action #	Global Name	2022 Action/Tactics	Expected Results	KPI (Please list the KPI #s that are relevant to the corresponding Action)	Accountability	Owner	Status	Progress	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE
A301	Accredit newly opening community medical clinics	SOP requiring non-accredited community medical clinics to register at CPSA begins consultation and Council approval process. Continue to develop operational process to communicate expectations and monitor adherence to SOP.	SOP approved by Council towards end of 2022 or beginning of 2023. Finalize operational framework to implement SOP and monitor adherence. Communication plan developed and online registration tool made available for implementation by year end.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	80%		The actual SOP will be proclaimed Fall of 2023. But the development work expected for this year and the communication plan have been completed and on target. We targeted to get the SOP into consultation by Q1 and have Council review it to go out for external consultations in Q2 (May 2022 meeting). All are on target.	The actual SOP will be proclaimed Fall of 2023. But the development work expected for this year and the communication plan have been completed and on target. We targeted to get the SOP into consultation by Q1 and have Council review it to go out for external consultations in Q2 (May 2023 meeting). All are on target.	The actual SOP will be proclaimed Fall of 2023. But the development work expected for this year and the communication plan have been completed and on target. We targeted to get the SOP into consultation by Q1 and have Council review it to go out for external consultations in Q2 (May 2023 meeting). All are on target.
A302	Members Participate in QI Programs	100% membership reports on Continuous Quality Improvement (CQI) engagement using Renewal Information Form (RIF). CPSA continues to provide CQI support to member physicians with our Quality Improvement (QI) programs. Trial and evaluate a process for auditing 20% of membership annually on adherence to quality mandate.	60% of members are engaged in CQI. An auditing process is developed.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	89%		Not able to report on the data at this time.	89% self-reported on RIF that they are engaged and have knowledge about at least one of the three pillars of PPIP.	89% self-reported on RIF that they are engaged and have knowledge about at least one of the three pillars of PPIP.
A303	Quality Assurance Factors Work	Apply factors to refer physicians to quality assurance programs, in addition to existing referrals from other sources such as Complaint.	Approximately 2% of membership will be referred to Quality Assurance (QA) programs in total.	QMS001	Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	65%		31 physicians initiated for quality assurance assessments	87 physicians initiated for quality assurance assessments	131 physicians initiated for quality assurance assessments
A304	CQI support for physicians	Providing support for member physicians practice improvement (PPI) by investing in the development of Peer Coaching program, Learning Management System and courses. The U of C will make available these program and courses for all physicians in Alberta. (year 3 of 3)	Tools and courses to support Physician Practice Improvement are accessible for all Alberta physicians through U of C.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	90%		Clinical Reasoning Course is under way and already accepted registrants. Peer Coaching program started and is made available to regulated members starting April 2022. Learning Management System is still in development and targeted for completion in Q1 of 2023, which aligns with our grant schedule.	Clinical Reasoning Course is under way and already accepted registrants. Peer Coaching program started and is made available to regulated members starting April 2022. Learning Management System is still in development and targeted for completion in Q1 of 2023, which aligns with our grant schedule.	Clinical Reasoning Course is under way and already accepted registrants. Peer Coaching program started and is made available to regulated members starting April 2022. Learning Management System is still in development and targeted for completion in Q1 of 2023, which aligns with our grant schedule.
A305	High Functioning Members	Recognize high functioning members and seek their support for colleagues.	Engage high performers based on continuum in our quality mandate work.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	100%	This is an on-going and continuous strategic item.	This is a continuous strategy/action.	This is a continuous strategy/action.	This is a continuous strategy/action.
A306	Alberta Surgical Initiative	Develop framework/strategic plan for NHSF program management of Alberta Surgical Initiative (ASI) - phases delayed due to COVID: Phase 2 - 2021-2022 (expansion of new procedures in current NHSFs) Phase 3 - 2022-2023 (expansion of procedures to new NHSFs)	Program able to manage all Phase 2/3 service increases		Accreditation	Director Accreditation	Exceeding/Meeting Target	90%		AR / Director and Program Manager further facilitating expediting assessments and privileging by having virtual consultation meetings with facility medical directors and administrative staff. Privileging of physicians and initial assessments for new ophthalmology contracts well underway	Have established 3 working meetings. One with collective executive (AH, AHS, CPSA) and one with Program staff. A new AH governance structure has been established for the ASI. CPSA now has a position on one of the working subgroups. This should decrease our time to initiate new facilities and reduce surprises. Virtual meetings continue.	We have taken action to change the NHSF process for ASI 2.0 facilities and RFP including more frequent meetings with AH/AHS, development of a rapid response team, and adding additional NHSF committee meetings through 2023.
A307	Systematic Review - physician health factors	Continue literature review of health conditions relevant to the Physician Health Monitoring program (year 2 of 3): Phase 1 (continued) - Age related cognitive decline Phase 2 (continued) - Sleep deprivation Phase 3 - Suboxone and the affects on cognition	Extraction of identified literature; Creation of review document		Physician Health Monitoring	PHMP AR	Exceeding/Meeting Target	90%		1. RSI project full draft in summer, final copy for Sept 2. Fatigue Management - To be updated 3. Cannabis project - completed draft, continuing through approval process	Second part of phase 1 dependent on funding for 2023 that is not yet determined. Phase 2 is underway. There are two separate projects mixed in phase 3. The first is creating a draft AtP around cannabis use for physicians based on a review by a summer student. This is nearly complete. The second would be a review of the effect of suboxone on cognitive function which is not yet funded or started.	No material change of Q2. 1) RSI project - meeting last week with presentation of almost full results. Full first draft expected by end of October. 2) Fatigue risk management approaching completion. In process of arranging meeting to review first complete draft of modules. 3) Draft AtP completed.
A308	Bill 46	Complete consultation for Continuing Competence SOP and present to Council for approval. Communication begins for new SOP.	Council approves CC SOP. Communicate to all membership about new SOP.		Continuing Competence	Director Continuing Competence	Exceeding/Meeting Target	100%		Internal consultation underway. First draft will be presented to Council for review in May 2022. Will seek Council approval for external consultations in September 2022.	External consultation 023 completed. The final draft to be presented at Council in Q3 for final approval.	Council approved for implementation.



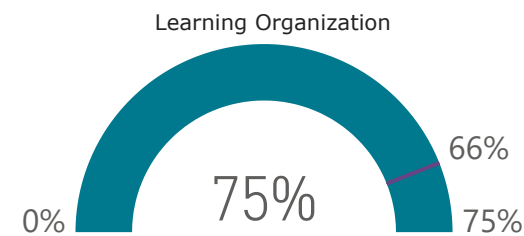
200 high risk physicians assessed



Improve media sentiment score



Employee engagement survey

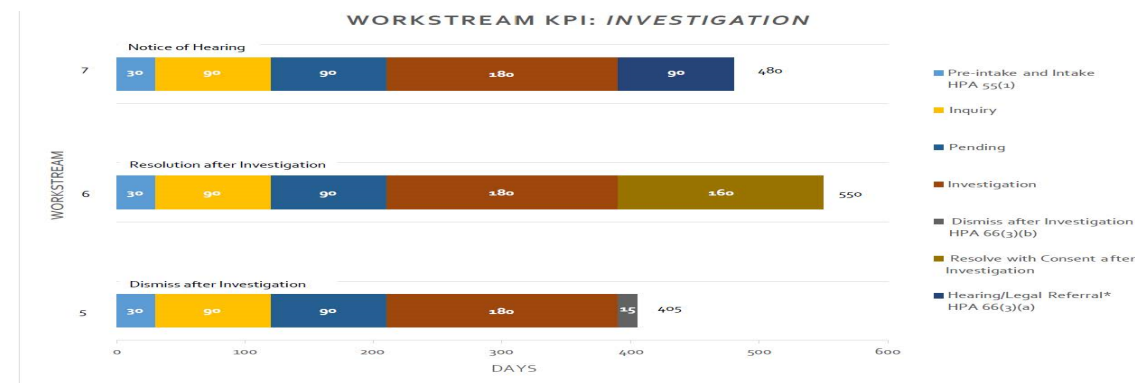
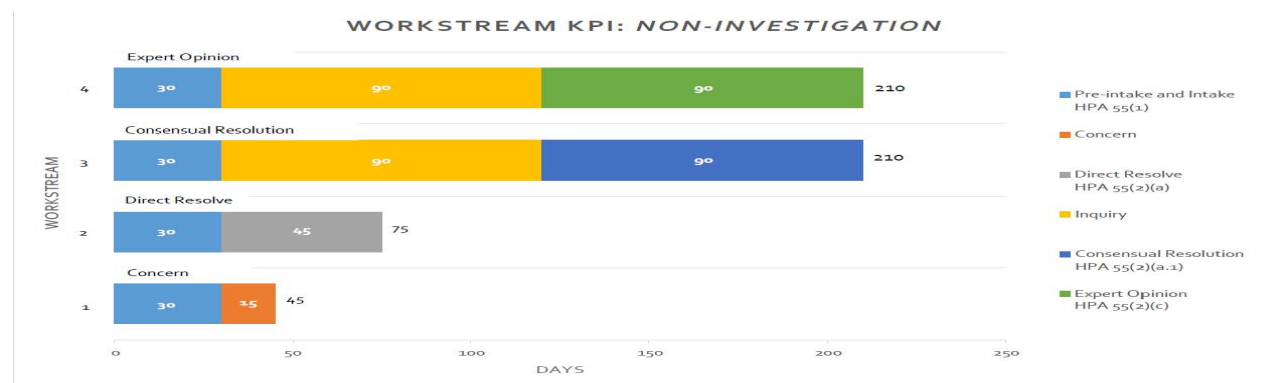


Departments are engaged in CQI

Length of Time to Close Complaint Files

These are the measures that Council approved and we are developing the tracking to be able to report on these work streams.

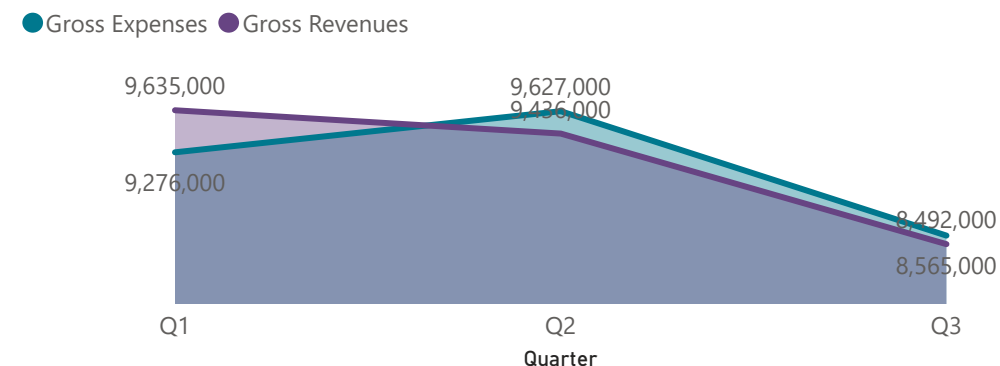
60% of complaint files will meet the workstream completion time frames for Non-Investigation and Investigation Workstreams by December 2022.



Financial Results

	30-Sep-22	Budget	Variance	
Revenues	(25,013,000)	(22,085,000)	2,928,000	13%
Expenses	24,611,000	25,243,000	632,000	3%
Operating Income	(402,000)	3,158,000	3,560,000	
Development Costs	18,000	143,000	125,000	87%
Sub-total after Development Costs	(384,000)	3,301,000	3,685,000	
Amortization & rental inducements	412,000	415,000	3,000	1%
Accreditation, net	(123,000)	(100,000)	23,000	(23%)
Sub-total	(95,000)	3,616,000	3,711,000	
Other <income> loss	4,506,000	(225,000)	(4,731,000)	
<Net Income>	4,411,000	3,391,000	(1,020,000)	

Revenues Compared to Expense (prior other income)



Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 1, 2022	Dr. Michael Caffaro		
Agenda Item Title:	Alberta Sponsorship Model for Practice Readiness Assessments		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	That Council approve the proposal, as outlined in the attached briefing note, to expand the Alberta Physician Sponsorship Model beyond Alberta Health Services (AHS).
Background:	<p>Section 7 of the <i>Physicians, Surgeons, Osteopaths and Physician Assistants Regulation</i> specifies that CPSA Council has the discretion to identify organizations other than AHS who may enter into sponsorship agreements with regulated members.</p> <p>At the September 2022 meeting, Council directed CPSA staff to identify risks/benefits in broadening of sponsorship beyond AHS (Motion C31 – 22). The attached briefing note is intended to give Council an overview of the background of the current sponsorship model, ongoing concerns with physician recruiting into (especially) community-based practice and what may be expected in a new model of sponsorship where AHS is not the sole approved sponsor.</p>
Next Steps:	<p>If approved, CPSA staff will establish policies and procedures to expand the sponsorship model</p> <ul style="list-style-type: none"> This includes the identification of additional, suitable sponsors for physicians wishing to come to Alberta.

List of Attachments:
<ol style="list-style-type: none"> Registration – Sponsorship Proposal Briefing Note Extract : s. 7 of the <i>Physicians, Surgeons, Osteopaths and Physician Assistants Regulation</i>

To: CPSA Council

Date: November 21, 2022

RE: Alberta Sponsorship Model for Practice Readiness Assessments

Issue:

Having one organization responsible for the sponsorship of physicians may be a contributing factor to the resourcing concerns for community-based family physicians in Alberta.

- Currently, Alberta Health Services (AHS) is the sole organization responsible for sponsorship in the province.

Purpose:

To provide Council with information and a recommendation to expand Alberta's sponsorship model to include additional organizations/communities.

Background:

- Currently, internationally trained physicians must be sponsored to an existing position to undergo the Practice Readiness Assessment (PRA) and practice on the Provisional Register (PR).
 - The intent is that sponsorship reflects the physician resourcing needs of the province.
- Prior to 2015, any CPSA registered member on the General Register, in good standing, could sponsor PR candidates.
 - There were real and perceived issues with Alberta physicians using this model to address their own needs and/or obtain financial gains, rather than addressing physician resourcing needs of Albertans and maintaining standards of practice.
- In 2015, Council adopted AHS as the sole sponsor for physicians for the PR.
 - Determining factors in the decision to centralize sponsorship with AHS include assessor quality, location of recruiting, lack of orientation and support for the recruited physician and a failure of the previous model to address the physician resourcing needs of the province.
 - CPSA works in close partnership with AHS to assess the candidates that are being sponsored to fulfill a physician resourcing need.
 - See Appendix A for the current AHS Sponsorship Model.
- At the September 2022 Council meeting, CPSA led a discussion on the physician resourcing concerns in Alberta, including the sponsorship model.
- There has been interest from government and certain stakeholders for CPSA to explore expanding the current sponsorship model to address physician resourcing needs.
 - This includes mayors, reeves, town councils, clinic owners and First Nations Communities.

Analysis:

- In 2014 and 2015, prior to AHS assuming responsibility for sponsorship, CPSA did more PRAs than all the other Canadian jurisdictions combined.
 - Since 2015, the number of PRAs CPSA has completed has decreased considerably (see Appendix B) as the number of candidates has also declined. One possible

- consequence of this decrease is an increase in concerns over non-AHS physician resourcing.
 - CPSA still provides more PRAs than all other Canadian jurisdictions combined. This is anticipated to continue into the future – average annual PRA estimates for all jurisdictions is 135 for 2023 – 2027; CPSA had forecast 72 for our program in the calendar year 2022 alone
- There continues to be challenges addressing physician resourcing for the province (i.e., in geographic areas of need) and the changing needs of the province (e.g., effects of the COVID-19 pandemic).
 - From 2010-2015, the majority of members on the PR ended up on urban episodic-care practices rather than areas identified as in need (e.g., rural centres).
- AHS has been increasingly supportive of sponsoring candidates for military, office of the Chief Medical Examiner, Indigenous and community clinics with no AHS affiliations through the request for sponsorship on DoctorJobsAlberta.com.
 - The perception of physician resourcing needs continues despite this increase.
- CPSA can leverage learnings and established processes/policies from the AHS model to facilitate the expanded model.

Proposed Model:

- In conjunction with the AHS model, CPSA implements a sponsorship model, for sponsoring group, such as (but not limited to):
 - Rural, regional and urban Primary Care Networks (PCNs),
 - Indigenous Communities, and
 - Community clinics.
 - This model will support these groups in addressing their physician resourcing.
- CPSA will be responsible for reviewing, actioning and processing sponsorship applications:
 - CPSA will have a list of criteria that the sponsor (organization or community) must meet.
 - Submissions will be made to CPSA through the outlined process, then reviewed for actioning.
 - A sponsorship contractual agreement will be executed between CPSA and the approved sponsor.
- CPSA will need to develop processes and policies, as well as refine the resource complement, to implement and support this model.
 - It is anticipated that current aspects of the AHS process may be leveraged to develop these.
- This model does not include CPSA being responsible for physician resourcing; the sponsor will assess their need for physicians.
 - As the regulator, CPSA will continue to determine the physician's suitability for registration and practice through current processes including the PRA.
- It is anticipated that this model could be implemented during Q1 of 2023
- Next steps include:
 - CPSA internal processes and policies are developed and approved.
 - Staffing complement is set, recruited for, and trained.
 - Developing a communication strategy, including:
 - working with potential sponsoring organizations/communities to prepare them for the implementation and stakeholders about the CPSA sponsorship model.
 - Updating documents, processes, key messages, and the website.

- AHS will retain their sponsorship model for both community-based physicians and physicians for their organizational needs.

Considerations:

- There are budget implications for CPSA, such as staffing, that are included in this model.
 - CPSA will need to source funding for these costs to the organization.
 - Potential sources may include administration fees for sponsorship or the CPSA admin fee for physicians sponsored to do a PRA.
- It is anticipated that CPSA will be able to significantly increase the number of PRAs with an increased number of sponsored physicians.
- The current sponsorship process costs AHS approximately \$120,000 per physician, not including physician incentives
 - In the proposed model, this cost will continue to be incurred by the sponsoring group.
- Criteria for sponsoring organizations/communities will be specific; not every individual or group will be able to be a sponsor.
- Aligns with the 2022-2026 Strategic plan under the Strategic Directions of Proactive and Innovative Approaches and Authentic Indigenous Connections

Recommendation:

- It is recommended Council support CPSA in developing and implementing a model for sponsoring groups to address their community-based physician resourcing needs, outside the AHS model.

Appendix A: AHS Sponsorship Model

AHS has developed a set of criteria to further support more long-term strategies for Family Physicians and Specialists in community practice recruitment:

The following are aspects of the AHS sponsorship process:

- All requests must be submitted online and must be fully completed.
- AHS only considers applications for positions, not individual physicians.
 - It is the responsibility of the organization to recruit a qualified and competent physician that meets the job description outlined in this application.
 - Once the recruiting organization has found a physician to fill a sponsored position, AHS writes to CPSA to confirm AHS' agreement to sponsor the individual being assessed for and then fulfilling the specific sponsored position.
- The position must serve a relative, unmet need in an underserved community. All requests are considered individually against the relative benefit their recruitment will have on patient care in the respective community. The requests will also be reviewed on their ability to contribute to system priorities.
- AHS will only consider requests for sponsorship for positions that will substantially deliver insured services in Alberta.
- For family medicine positions, it is expected that the recruited physician will join a PCN, unless there is no PCN available in the local area.
 - All recruited physicians are expected to apply to join the AHS Medical Staff.
- The recruiting organization will be responsible for all costs relating to the PRA regardless of the outcome of the CPSA assessment. This includes reimbursing AHS any costs levied to it by the CPSA for the assessment and a fee determined by AHS to recover its costs in managing the sponsorship.
- The recruiting clinic/organization will provide AHS with information as required to confirm that the recruited physician is in fact fulfilling the expectations of the position that AHS sponsored. Failure to do so may result in AHS withdrawing its sponsorship for the position.

All positions AHS agrees to sponsor are advertised on DoctorJobsAlberta.com. To determine whether AHS will sponsor the requested position, AHS uses, as a guideline, a set of evaluation criteria. The criteria and evaluation criteria is applied by each zone to define their underserved communities and the relative unmet need of the zone.

Appendix B: The Number of PRAs Initiated by CPSA

Jan-Sep2022 (9 months)	2021	2020	2019	2018	2017	2016	2015	2014
83	92	77	78	92	121	182	247	227

Sponsorship agreement

7 A sponsorship agreement referred to in section 6(4)(f) must satisfy the Registrar as to the following:

- (a) the agreement is between a regulated member and either
 - (i) Alberta Health Services, or
 - (ii) another sponsor approved by the Council;
- (b) the member's engagement is in alignment with the requirements of the health care system;
- (c) appropriate organizational supports will be available to the member;
- (d) a physician registered in independent practice in Alberta will provide appropriate supervision to the member.

**Physicians, surgeons and osteopaths,
limited practice register**

8(1) Subject to subsection (2), an applicant for registration as a regulated member who is not eligible for registration on the physicians, surgeons and osteopaths general register may be registered on the physicians, surgeons and osteopaths limited practice register if the applicant

- (a) has successfully completed all the requirements for the granting of a medical or an osteopathic medical degree from a medical program approved by the Council,
 - (b) to the satisfaction of the Registrar
 - (i) has completed the relevant post-graduate medical training for the limited professional services that the applicant will be providing, and
 - (ii) has the necessary combination of experience, practice or other qualifications and competencies,
- and
- (c) provides limited professional services within a service or program approved by the Council as a clinical assistant or surgical assistant or as an assistant in medical administration, medical education or medical research.

(2) Every regulated member registered on the physicians, surgeons and osteopaths limited practice register must practise in accordance with the conditions specified by the Registrar.

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 1-2, 2022	Legislation and Bylaw Committee		
Agenda Item Title:	Phase I Revisions to the CPSA Bylaws		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to <u>Choose an item.</u> Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	It is recommended that CPSA Council approves the proposed changes to the CPSA Bylaws for Phase 1 of the Bylaw Review.		
Background:	<p>CPSA is undertaking a review of their bylaws, to be completed in two phases.</p> <p>Phase 1 changes have been identified as those required prior to January 1, 2023, including:</p> <ul style="list-style-type: none"> • <i>Health Statutes Amendment Act</i> (i.e., Bill 46) requirements • Governance Review amendments required in this timeframe • CPSA Department amendments required in this timeframe <ul style="list-style-type: none"> ○ Clarifying Council voting and abstentions ○ Updates to Part 5 (College Accreditation Programs) ○ Updates to the Delegation of Council Reviews and Appeals to a Review Panel • Administrative amendments (throughout all sections) <ul style="list-style-type: none"> ○ Correct references to legislation and Bylaws ○ Language, general editing/formatting and numbering as required ○ Definitions section ○ All consequential editorial changes <p>The Amended Bylaws were reviewed by the Legislation and Bylaw Committee and are recommended for Council review and approval.</p> <p>Should Council approve these Bylaws, CPSA staff will do a final review for cross-referencing, formatting and administrative updates prior to finalizing the updated version. No consequential changes will be made.</p>		
Next Steps	<ul style="list-style-type: none"> • Following Council approval, amended CPSA Bylaws become CPSA Bylaws and will be updated on the CPSA website. 		

List of Attachments:

1. [Amended CPSA Bylaws](#)
2. [5-Column Document: Proposed Bylaw Changes](#)

College of Physicians & Surgeons of Alberta

Commented [A1]: Table of Contents to be generated after approval

BYLAWS

December XX, 2022

Definitions

“Act”	means the <i>Health Professions Act</i> ;
“Chair”	means the President, as per section 7 of the Act;
“College”	means the College of Physicians & Surgeons of Alberta;
“Consent Agenda”	means an item on the agenda of a Council meeting listing matters for which the recommended action is to approve or accept for information without discussion, question, or debate;
“Council”	means the Council of the College;
“Electronic Signature”	means electronic information that a person creates or adopts in order to sign a record and that is in, attached to or associated with the record;
“Emergency Meeting”	means a meeting called to address a matter that could not be foreseen which requires immediate attention and possible action, and for which it is not practical to provide advanced notice;
“Good Character and Reputation”	means: <ul style="list-style-type: none">(a) free of unprofessional conduct process,(b) free of disciplinary action by another regulatory body,(c) has never been previously rejected for registration in another jurisdiction,(d) current criminal records check is clear of misconduct(e) and would meet the criteria of good standing, as defined in these bylaws;
“Good Standing”	means: <ul style="list-style-type: none">(a) no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College on their behalf or in their capacity as Medical Director or owner of a medical facility,(b) the member has a valid and current practice permit that is not currently suspended,(c) there are no current or pending investigations or disciplinary actions being taken against the member,(d) the member is in compliance with all orders or directions made pursuant to the Act,(e) is not currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act,(f) has not been found guilty of unprofessional conduct within the preceding ten (10) years, and(g) has not been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada;
“Member at Large”	means the Council member appointed by Council to the Executive Committee position of Member at Large;
“Member of Council”	means

	(a) a regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), elected to Council who has the right to vote; and (b) a public member, appointed to Council by the Lieutenant Governor in Council, who has the right to vote;
“Non-voting member of Council”	means a person, appointed by Council by virtue of the position they serve within an organization, committee or other entity to participate in Council meetings, including discussions and debates, who does not have the right to vote;
“Priorities Committee”	means a Committee or Committees, created by Council from time to time, to achieve the strategic direction of the College;
“Recording or broadcasting device”	means any equipment that can be used to record or broadcast either through photography, videotaping or audio recording, an image, sound or a conversation, including cameras, cellular telephones, smartphones or any similar device;
“Registrar”	means the Registrar of the College, as per section 8 of the Act;
“Regulations”	means regulations relating to the College made under the Act;
“Resource person”	means any College staff member(s) or attendee(s) invited by Council to a meeting of Council, to inform and support the work of the College;
“Special Meeting”	means a meeting called to address an issue of immediate concern for which it is not practical to wait until a scheduled Council meeting but for which it is practical to give advanced notice;
“Standing Committee”	means a Committee established by Council to assist in carrying out Council’s duties and responsibilities;
“Vice-Chair”	means the Vice-Chair of Council as appointed by Council.

Commented [A2]: Moved from the body of the Bylaws

Commented [A3]: Moved from the body of the Bylaws

Terms that are defined in the Act and the Regulations have the same meaning in these Bylaws.

PART 1 – ORGANIZATION

Section A – The College

Council & Officers

1 Composition of the Council

1. The voting members of Council shall consist of:
 - (a) Seven (7) regulated members elected by regulated members of the College, and
 - (b) Seven (7) public members appointed by the Lieutenant Governor in Council.
2. At the discretion of Council, the non-voting members of Council shall consist of:
 - (a) The Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or designates);
 - (b) An observer from the Professional Association of Resident Physicians of Alberta; and
 - (c) An observer from either the University of Alberta's Medical Students' Association or the University of Calgary's Medical Students' Association.

2 Remuneration of Council Members

1. Members of Council, including non-voting members and members of committees when attending or conducting business on behalf of the College, may claim expenses and per diem amounts as determined by resolution of Council.

3 Officers of Council

1. Council shall elect from its members, a Chair, Vice Chair and Member at Large who will be considered Executive Committee.
2. Election of members of Council for appointment to Executive Committee shall be held by secret ballot.
3. The Chair shall be the presiding Officer in Council.
4. In the absence of the Chair, the Vice-Chair shall be the presiding Officer in Council.
5. In the absence of the Chair, the Vice-Chair shall have the powers and duties of the Chair.

4 Vacancies on Council

1. If, at any time, there is a vacancy of a position on Council to be held by a regulated member, the Council may, in its discretion:
 - (a) elect to leave the position vacant until the next scheduled election for Council members,
 - (b) hold a by-election in the same manner as an annual election, all necessary modifications implied; or

- (c) invite the first runner-up from the most recent election for Council to assume the vacant position on Council, with the understanding and acceptance that this position would be considered one term as per Bylaw 13.

5 Removal of Council Members

1. Council, by a two-thirds (2/3) majority vote at a meeting of Council, may:
 - (a) remove an elected member;
 - (b) have an elected member's voting rights suspended for a period of time determined by Council, or
 - (c) prohibit an elected member from attending and participating in a meeting of Council for a period of time determined by Council.
2. Council, by a two-thirds (2/3) majority vote at a meeting of Council may:
 - (a) recommend to the Lieutenant Governor in Council that the appointment of a public member be rescinded;
 - (b) have a public member's voting rights suspended for a period of time determined by Council, or
 - (c) prohibit a public member from attending and participating in a meeting of Council for a period of time determined by Council.
3. Before a vote under Bylaw 5(1) or (2) may be held, the Chair, or the Vice-Chair if the member facing the vote is the Chair, shall give the members of Council seven (7) days' notice of the date on which the vote is to be held and the member facing the vote shall have the opportunity to make submissions to Council before the vote is held.
4. If a decision is made in camera, Council may also, by simple majority vote, decide to publish a report of the meeting when the vote was held and the decision made under Bylaw 5(1) or (2)(b) or (2)(c), or the recommendation made under Bylaw 5(2)(a).

6 Awards

1. Certificates of Merit may be awarded by Council to individuals who promote regulatory excellence.

7 Bylaws

1. A Bylaw or an amendment of a Bylaw requires a two-thirds (2/3) majority vote.
2. A Bylaw, or an amendment to a Bylaw, under section 132(1) of the Act may be passed at any meeting of the Council provided:
 - (a) A notice of motion has been given at a previous meeting, or
 - (b) A notice of motion has been sent to all members of Council at least fourteen (14) days prior to the meeting.
3. A notice of motion may be waived by a unanimous vote of the Council.
4. Whenever an amendment is made to the Bylaws, any consequential editorial changes to the bylaws as required are implied.

8 Code of Ethics and Standards of Practice

1. At least thirty (30) days before Council considers a motion to adopt or amend a code of ethics or a standard of practice, the Registrar shall provide, for review and comment, a copy of the proposed code of ethics or standard of practice in accordance with section 133(2) of the Act.
2. A person receiving notice under Bylaw 8(1) may make submissions in writing to the Registrar within the time period stipulated by the Registrar.
3. Council shall review and consider any submissions made under Bylaw 8(2).
4. Council may, on a two-thirds (2/3) majority vote of members of Council present at a meeting, adopt or amend the code of ethics.
5. Council may, on a majority vote of members of Council present at a meeting, adopt or amend standards of practice.
6. Whenever amendments are made to the code of ethics or standards of practice, any consequential editorial changes as required are implied.

9 Grants

1. The Council may make grants as it determines from time to time.

Elections

10 Electoral District

1. Regulated members on Council are elected from one electoral district, being the entire Province of Alberta.

11 Entitlement to Vote

1. A regulated member on the General Register, the Provisional Register or the Limited Practice Register, (whether a physician, surgeon, osteopath or physician assistant), who is in good standing, may vote in an election.

12 Eligibility for Election

1. A regulated member on the General Register, the Provisional Register or the Limited Practice Register (whether a physician, surgeon, osteopath or physician assistant), who is in Good Standing, may be eligible for nomination for election to a regulated member vacancy on Council.
2. Notwithstanding Bylaw 12(1), a regulated member is not eligible for nomination or election as a member of Council if the regulated member is:
 - (a) elected to federal or provincial public office;
 - (b) occupies a senior position (i.e., Assistant Deputy Minister or higher) with the Government of Alberta;
 - (c) is an executive officer of a Regional Health Authority; or

- (d) as their primary responsibility in the course of their employment represents an organization in collective bargaining or in proceedings under a collective bargaining agreement with regulated members; where those proceedings negotiates or sets fees charged by regulated members for professional services unless they cease to have those positions and five (5) years have passed from the date of the vacating the position.

13 Election of Council

1. There shall be an election for any regulated member vacancy on Council each year on a date set by the Registrar.
2. A regulated member elected as a member of Council may serve a maximum of two (2) consecutive terms.
3. The term of office for a regulated member elected as a member of Council shall be a period of three (3) years commencing on the first day of January of the year following the election in which that member was elected.
4. A regulated Council member may be re-appointed to a second term without running in an election, provided the Council member has proven themselves effective through a Council assessment process, to be undertaken at least four (4) months prior to the election.

14 Election Procedure

1. Council may establish rules for the conduct of an election, including campaigning and the resolution of disputes arising from the election.
2. The Registrar shall, at least 60 calendar days before the date on which the election is to be held, forward information regarding the nomination process and the date of the election to each regulated member entitled to vote.
3. The information to be provided under Bylaw 14(2) and (6) may be sent to members electronically or by other means determined by the Registrar.
4. A nomination form will be valid if it is signed by three (3) other regulated members eligible to vote and by the nominee indicating acceptance of the nomination.
5. The Registrar shall not accept any nomination that is not received at least 35 calendar days before the date fixed for the election.
6. If more than one nomination is received for a vacancy, the Registrar, no less than 28 calendar days before the date fixed for the election, shall send information regarding the instructions to vote and the list of persons nominated for the election to each regulated member eligible to vote.
7. If the number of nominations received is equal to or less than the number of vacancies on Council, then each nominee shall be elected by acclamation.
8. Voting shall be by a secure electronic process approved by Council.
9. A regulated member entitled to vote shall have one vote for each vacancy on Council.
10. The results of the voting shall be reported promptly following the day of the election.

11. The candidate or candidates with the largest number of votes shall be declared elected by the Council.
12. If there are an equal number of votes for two or more candidates, the Registrar shall, within a reasonable period of time, hold a by-election in the same manner as an annual election, all necessary modifications implied, for the candidates with the equal number of votes.
13. The Registrar shall notify the candidates of the number of votes cast in favor of each candidate.
14. The Registrar shall publish the ratified results of the election promptly following the declaration of Council under Bylaw 14(11).

15 Eligibility for Re-election

1. Subject to Bylaw 13(2), a regulated member of Council is eligible for re-election or to be appointed to fill a vacancy under Bylaw 4 if at least 365 days have passed since the regulated member's last day as a previous voting or non-voting member of Council.

Committees

16 Committees

1. Subject to the Act, Council may appoint standing committees to assist Council in carrying out its duties and responsibilities.
2. Subject to the Act, Council or a standing committee may at its discretion appoint a sub-committee or ad hoc committee.
3. Council shall approve terms of reference for all committees.
4. All standing committees shall meet at least annually.
5. Council shall appoint a chair for each standing committee.
6. Council shall appoint members for each committee, and the membership list for complaint review committees and hearing tribunals, subject to the following:
 - (a) an appointment shall be for a three (3) year term, except for members of the Executive who are appointed annually;
 - (b) there shall be an optional further appointment of an additional three (3) year term for a total of six (6) years, for all members of standing committees other than members of the Executive;
 - (c) there shall be a minimum period of one (1) year off the membership list for complaint review committees and hearing tribunals or a standing committee prior to an additional re-appointment to the list or the same standing committee;
 - (d) despite Bylaw 16(6)(a) and (6)(c), the Council may, in its sole discretion, extend the member's appointment on the membership list for complaint review committees and hearing tribunals or a committee for a period of time; and
 - (e) a person who is not a member of the College may be appointed by Council to sit on a standing committee.

7. Standing committees shall include, but are not limited to:

- (a) Executive Committee;
- (b) Governance Committee;
- (c) Finance and Audit Committee;
- (d) Competence Committee; and
- (e) Priorities Committee(s).

- 8. Where Council has delegated a power or duty to a person or committee, that person or committee may not delegate that power or duty to any other person or committee unless expressly authorized to do so.
- 9. Bylaw 16(8) does not apply to the delegation authority of the Registrar.

17 Vacancies on Committees

- 1. A vacancy on the membership list for complaint review committees and hearing tribunals or on a standing committee shall be filled at the next meeting of Council subject to the following:
 - (a) should a member be unable to complete his term of appointment, a new member will be appointed to complete the unexpired term;
 - (b) further appointment at the end of this term shall be in accordance with Bylaw 16(6).

18 Removal of Committee Member

- 1. A member of a standing committee may be removed on a two-thirds (2/3) majority vote of the Council members participating and eligible to vote at a meeting of Council.
- 2. Before a vote under Bylaw 18(1) may be held, the Chair shall give the members of Council seven (7) days written notice of the date on which the vote is to be held and the member facing the vote for removal the opportunity to make submissions to Council before the vote is held.

19 Attendance of Council Members as Observer at Committees

- 1. Members and non-voting members of Council may, with approval of the committee chair and in accordance with the process and expectations determined by Council as well as the applicable Committee Terms of Reference, attend as observer at a committee to which they have not been appointed.
- 2. Despite Bylaw 2(1), members and non-voting members of Council may not claim expenses or per diem amounts when attending as observer at a committee to which they have not been appointed.

Meetings**20 Council Meetings**

- 1. There shall be at least four (4) regular meetings of the Council during the calendar year.

2. All members of Council and all non-voting members of Council shall receive at least three (3) months' notice of regular meetings.
3. The agenda and order of business at a meeting of the Council will be determined by Executive Committee, and may be amended at Council's discretion.
4. The proposed agenda shall include all items for information or with a recommendation or motion for action received.
5. The first order of business at any Council meeting shall be consideration of the proposed agenda and adoption of it, subject to any amendment that Council may approve.
6. Items that have been selected for consent on the Consent Agenda may be voted on together.
7. A member of Council or non-voting member may request that any Consent Agenda item be removed and added to the regular agenda.
8. A special meeting of the Council may be held at the call of the Chair.
9. A member of Council may request the Chair to call a special meeting.
10. All members of Council and all non-voting members of Council shall receive at least seven (7) days' notice of a special meeting.
11. The Chair may call an emergency meeting of the Council.
12. A member of Council may call an emergency meeting of Council with the agreement of two-thirds (2/3) of the members of Council.
13. All members of Council and all non-voting members of Council shall receive at least 24 hours' notice of an emergency meeting.
14. A record of a Council meeting will be maintained in the form of minutes.
15. Council may make the minutes publicly available in a form determined by Council.
16. Council may determine procedures to be used at any meeting.
17. If Council has not determined a procedure to be used at a meeting, Robert's Rules of Order shall apply.
18. A meeting of Council shall be open to the public except when Council moves in-camera.
19. Quorum shall be a simple majority of the voting members of Council.
20. For the purpose of calculating a simple majority, a vacant position will not be counted for the purpose of determining quorum.
21. A member who has been stripped of voting rights shall not be counted for the purpose of determining quorum.
22. Unless otherwise required by these Bylaws, a majority vote of Council members present at a meeting decides any vote.
23. All decisions of Council need to be made by a vote on a motion which has been duly moved and seconded.

24. The Chair does not vote on a motion unless there is a tied vote, in which case the Chair's vote decides the matter.
25. The votes of the eligible voting Council members present and not abstaining from voting at a meeting of Council are counted for any motion requiring a two-thirds (2/3) majority vote.
26. Council may meet in person, by teleconference or by any other communications technology that permits all persons participating in the meeting to communicate with each other.
27. Subject to Division 5 of the Act, sections 87 to 89 inclusive, Council may determine to conduct any portion of a meeting in-camera in accordance with the following principles where there will be discussion of:
 - (a) advice from legal counsel or other privileged information;
 - (b) financial, personnel or other matters that are of such a nature that avoiding public disclosure of information outweighs adhering to the principle that Council meetings be open to the public;
 - (c) information that the College is otherwise required by law to keep confidential; and
 - (d) any matter that would reveal private information about an individual.
28. An in-camera session or portion thereof involves members of Council and, at the discretion of the Chair, may involve non-voting members of Council, the Registrar, and other resource persons as the Chair may determine.
29. Not all matters that individual Council members wish to raise are appropriate to discuss in an in-camera session. In-camera sessions are designed to address specific sensitive matters.
30. Minutes summarizing the discussion and decisions of an open session shall be taken, provided to Council for approval at the next Council meeting, and posted publicly.
31. Minutes summarizing the discussion and decisions of an in-camera session involving any non-voting members, the Registrar, or other resource persons shall be taken, provided to Council for approval at the next Council meeting, and shall not be posted publicly.
32. No minutes are required to be taken when no action is agreed upon in an in-camera session that involves only members of Council and when no non-voting members, the Registrar, or other resource persons are in attendance.
33. Any action agreed upon in an in-camera session in which only members of Council are involved shall be brought into the minutes of the next meeting of Council and provided to Council for approval at that meeting.
34. All in-camera matters, including all discussion, action, and documentation shall be kept in confidence by every member of Council and any other attendee.
35. With the exception of equipment used expressly by the College for a meeting of Council, any private or unauthorized use of a recording or broadcasting device during a meeting of Council is prohibited.

21 Head Office

1. The head office of the College is located in Edmonton, Alberta or at such other location as may be determined by the Council.

Section B – College Administration

22 Registrar

1. The Registrar shall perform all duties required of, and exercise the powers provided to, the Registrar in the Act, the Regulations and these bylaws.
2. Subject to section 19 of the Act, Council may delegate any of its duties or powers to the Registrar.
3. Council may impose conditions upon any delegation made under Bylaw 22(2).
4. Subject to section 20 of the Act, the Registrar may delegate any of the powers or duties of the Registrar to any other member of the College staff or to a committee or working group appointed under Bylaw 22(5).
5. The Registrar may appoint such committees and working groups as the Registrar considers necessary to assist in performing the duties or exercising the powers of the Registrar.

23 Acting Registrar

1. If the office of the Registrar becomes vacant or the Registrar otherwise becomes incapable of acting for any reason, Council may appoint an Acting Registrar, who shall have all the powers and duties of the Registrar under the Act, the Regulations and these Bylaws.
2. The Acting Registrar holds office until:
 - (a) The Registrar again becomes capable of acting;
 - (b) Council appoints a new Registrar; or
 - (c) Council terminates the appointment of the Acting Registrar.

24 Fees, Charges and Levies

1. The fees, charges and levies of the College shall be determined by resolution of Council.

25 Fiscal Year

1. The fiscal year of the College commences January 1 and ends the following December 31.

26 Auditors

1. Council shall appoint one or more chartered accountants registered in the Province of Alberta as auditor for the College.
2. The Auditor shall, at least once each year, examine the accounts, books, and securities of the College, and provide a written report to the Council.
3. The Registrar shall publish annually a copy of the audited financial statements.

27 Money on Deposits

1. All funds of the College shall be deposited in the banking institution designated by the Registrar.
2. The Registrar shall designate the individuals authorized to withdraw and pay out the funds of the College.

28 Investments

1. Investments made by the College shall be made in the name of the College of Physicians & Surgeons of Alberta.
2. Council shall establish an investment policy and amend it from time to time.

PART 2 – REGISTRATION

Section A - General

29 Practice Permits

1. The Registrar shall determine any decision on issuance or renewal of a practice permit.
2. A practice permit:
 - (a) is effective on January 1 or on the actual date that it is issued, whichever is later, and
 - (b) expires on December 31 following the date of issue of the practice permit.
3. A regulated member shall submit to the Registrar a completed annual form for the renewal of a practice permit along with the required annual renewal fee by December 31 in the year in which the practice permit expires.
4. The Registrar may impose conditions on a practice permit, which may include, but are not limited to, the following:
 - (a) completing any examinations, testing, assessment, counselling, training or education as considered necessary by the Registrar or the Competence Committee;
 - (b) limiting a member's practice to specified professional services, restricted activities or practice settings;
 - (c) limiting a practice permit to a specified purpose and time practicing under the supervision of another regulated member for the period of time considered necessary by the Registrar;
 - (d) reporting to the Registrar on specified matters on specified dates.
5. A regulated member whose registration or practice permit has been suspended or cancelled for a reason other than under Part 4 of the Act, may apply in writing for the practice permit to be issued or the registration to be reinstated in accordance with these Bylaws.
6. An application under Bylaw 29(3) shall be in the form determined by the Registrar along with the required fee, any outstanding fees, charges or levies, and any other information required by the Registrar.
7. The Registrar shall, within a reasonable period of time, consider a completed application under Bylaw 29(3) in accordance with section 30 or section 40 of the Act, as the case may be.

30 Providing Information

1. A regulated member or regulated member making an application under Bylaw 29(3) must provide the following information in addition to that required under section 33(3) of the Act to the Registrar on the request of the Registrar, on application for registration and when there are changes to the information:
 - (a) the member or applicant's home address;

- (b) the member or applicant's business mailing address, telephone number, fax number and email address;
 - (c) the member or applicant's practice locations;
 - (d) the member or applicant's emergency contact address, telephone number and email address;
 - (e) the member or applicant's full legal name and, if applicable, previous names or aliases;
 - (f) the member or applicant's degrees and other qualifications, including specialization;
 - (g) the member or applicant's most recent school of graduation;
 - (h) the member or applicant's most recent year of graduation;
 - (i) the languages in which the regulated member or an applicant can provide professional services;
 - (j) the member or applicant's date and place of birth;
 - (k) the member or applicant's gender;
 - (l) the member or applicant's services provided or proposed that require approval in accordance with the standards of practice or the Bylaws;
 - (m) the names of other jurisdictions in which the member or applicant is registered as a physician, surgeon, osteopath or physician assistant;
 - (n) any other regulated health profession in which the member or an applicant is registered and whether the member or the applicant is a practising member of that profession;
 - (o) a recent photo of the member or applicant, which must be of a size and quality similar to that required for a Canadian passport;
 - (p) in the case of a physician, surgeon or osteopath, the name and business mailing address of any physician assistant that the member is supervising;
 - (q) in the case of a physician assistant, the name and business mailing address of the supervising physician, surgeon or osteopath.
2. If a regulated member intends to close an office practice, the physician, surgeon or osteopath must provide to the Registrar the date by which the regulated member proposes to close the office practice.

31 Good Character and Reputation

1. A regulated member making an application under Bylaw 29(3) must provide evidence satisfactory to the Registrar of having Good Character and Reputation, by submission of any relevant evidence as required by the Registrar.
2. If an applicant has engaged in an activity that has, in the opinion of the Registrar, undermined the applicant's Good Character and Reputation in the past, the applicant may provide evidence satisfactory to the Registrar of the applicant's rehabilitation.

3. The Registrar may also consider information other than that provided by the applicant in determining whether the applicant is of Good Character and Reputation, but if the Registrar considers that information, the Registrar must give the applicant sufficient particulars of that information to allow the applicant to respond to that information.

32 Liability Insurance

1. A regulated member making an application under Bylaw 29(3) must provide evidence satisfactory to the Registrar of having the type and amount of professional liability insurance required by the Council.
2. Membership in the Canadian Medical Protective Association is considered to meet the requirements of Bylaw 31(1).

33 Fitness to Practice

1. A regulated member making an application under Bylaw 29(3) must, on the request of the Registrar, submit evidence satisfactory to the Registrar confirming the member's fitness to practice.

34 English language requirements

1. A regulated member making an application under Bylaw 29(3) must be reasonably proficient in English to be able to engage safely and competently in the practice of medicine, osteopathy or in physician assisting, as the case may be.
2. A regulated member making an application under Bylaw 29(3) may be required by the Registrar to demonstrate proficiency in the English language in accordance with the requirements approved by the Council.

35 Reinstatement

1. A regulated member whose practice permit and registration are cancelled under the Act, except under Part 4 of the Act, may apply to the Registrar for reinstatement.
 - (a) The Registrar, may in their sole discretion, refer any application for reinstatement to the Registration Committee or the Assistant Registrar delegated to carry out the duties of a Registration Committee, or a Competence Committee or the Assistant Registrar delegated to carry out the duties of a Competence Committee.

36 Limited Liability Partnership

1. Regulated members or professional corporations are not permitted to enter into a limited liability partnership for the practice of medicine or osteopathy.

37 Retired Members

1. The Retired Member Register includes the names of those former regulated members who:
 - (a) have retired from the practice of medicine; and
 - (b) were in good standing with the College on the date of retirement.

2. Each applicant for registration as a retired member must notify the College in writing of the effective date of retirement.
3. A retired member shall not practice medicine in Alberta.

Commented [A4]: Moved for flow – no new content

Section B – Professional Corporations

38 Professional Corporation Application

1. An applicant for approval under section 108 of the Act shall provide to the Registrar:
 - (a) an application in the form determined by the Registrar;
 - (b) a copy of the articles of incorporation; and
 - (c) payment of the required fee.

39 Professional Corporation Annual Permit

1. Subject to sections 108 and 109 of the Act, a professional corporation annual permit:
 - (a) is effective on January 1 or on the actual date that it is issued, whichever is later, and
 - (b) expires on December 31 following the date of issue of the annual permit.

40 Renewal of Professional Corporation Annual Permit

1. The Registrar shall, on or before November 1 in each year, mail to each professional corporation then holding an annual permit, a written notice respecting the renewal of its permit.
2. Every professional corporation that wishes to have its annual permit renewed for the following calendar year shall provide to the Registrar on or before November 30 in each year:
 - (a) a statement of particulars in the form determined by the Registrar; and
 - (b) the required fee.
3. When a professional corporation has provided the material under Bylaw39(2) and has paid the required renewal fee, the Registrar shall, if he is satisfied with respect to the matters described in section 109 of the Act, issue a renewal of the annual permit to the professional corporation in the form determined by the Registrar.

41 Professional Corporation Records

1. In addition to the requirements of section 113 of the Act, the Registrar shall keep and maintain a register of professional corporations containing the following information:
 - (a) name of all shareholders;
 - (b) the number and type of shares held by a shareholder; and
 - (c) the name of the directors.
2. The Registrar shall:
 - (a) enter on the appropriate register a memorandum with respect to the name of a professional corporation whose permit has expired; and
 - (b) notify the professional corporation and regulated member concerned and all other parties considered necessary by the Registrar that the permit of the professional corporation has expired.

3. The Registrar shall determine the notification form for the purpose of section 112 of the Act.
4. The Registrar may provide to the registrar of corporations, pursuant to section 115(3) of the Act, any other information that the Registrar, in his sole discretion deems relevant.

42 Professional Corporation Names

1. Subject to section 10 of the *Business Corporations Act* and approval by the Registrar, the name of a professional corporation shall contain only the surname, or the surname and any combination of the given names or initials, of one or more regulated members of the College who are shareholders of the corporation followed by "Professional" and "Corporation" and an appropriate descriptive term such as "medical" or "surgical".
2. Except as provided in Bylaw 41(3), a professional corporation shall carry on the practice of medicine under its corporate name.
3. A professional corporation may carry on the practice of medicine in partnership under a firm name that does not contain its full corporate name, if the firm name is in accordance with the code of ethics and standards of practice established by the Council.
4. The full corporate name of each professional corporation that is a member of a partnership for the practice of medicine shall be shown on the letterhead and any advertisement used by that partnership.

43 Professional Corporation Reissue after Revocation

1. An annual permit of a professional corporation that has been cancelled by the Registrar may be reissued if the Registrar is satisfied that the applicant has complied with sections 108 and 109 of the Act.

PART 3 – RECORDS

Section A – College Records

44 Seal

1. The Registrar shall:
 - (a) have custody of the seal of the College; and
 - (b) affix the seal to all documents requiring the seal.
2. Council may amend the design of the seal.

45 Documents, Records and Forms

1. The Registrar is authorized to determine such forms, certificates, permits or other documents that may be required for the purposes of the Act, the Regulations and these Bylaws.
2. All deeds, mortgages, securities, documents or other papers not in current use in the Registrar's office shall be retained in safe keeping as determined by the Registrar.
3. Subject to any enactment of Alberta or Canada, the Registrar is authorized to prescribe the record retention period for all records, provided all legal requirements are met.
4. For the purpose of Bylaw 44(3), “records” shall mean the physical representation or recording of any information, data or other thing that is capable of being represented or reproduced visually or by sound, or by both.

46 Notices

1. Unless otherwise required under an enactment of Alberta or Canada, any notice or document that may be given or required to be given under the Act or these Bylaws may be given by:
 - (a) mail;
 - (b) electronic mail;
 - (c) fax;
 - (d) posting on the website of the College; or
 - (e) any other means that may be available for transmission provided such means is as reliable as any of the other means set out in this Bylaw.

47 Use of Electronic Documentation

1. Unless otherwise specified, a requirement for a signature in these bylaws may be satisfied by an electronic signature that reliably identifies the person signing.
2. Unless otherwise specified, a requirement for “writing” or “written” in these Bylaws may be satisfied by electronic form of such requirement.
3. A reference in these Bylaws to an item being made available to a person, in addition to being made available in paper format, includes availability by way of:
 - (a) the website of the College;

- (b) an electronic interface hosted by the College or an agent of the College; or
- (c) electronic mail.

48 Removal of Information

1. Subject to the Act, the Registrar, in their sole discretion, may amend or delete any information on any register or record of the College which is irrelevant, inaccurate or outdated.

PART 4 – COMMUNICATION WITH THE PUBLIC

Section A – General

49 Publication of Ratified Settlement

1. For the purpose of section 60 of the Act, and subject to the terms of a ratified settlement, the Registrar may publish information regarding the ratified settlement.

50 Publication

1. The Registrar may publish or distribute any information required or permitted to be disclosed pursuant to:
 - (a) Any section of the Act;
 - (b) The Regulations;
 - (c) *The Personal Information Protection Act*;
 - (d) Any other enactment that applies to the College; or
 - (e) As otherwise permitted or required by law.
2. The information that the Registrar may publish or distribute includes, but is not limited to, the following:
 - (a) information on the College's register, including:
 - (i) the member's name and a unique identifier;
 - (ii) whether the member's registration is restricted to a period of time and if so, the period of time;
 - (iii) any conditions imposed on the member's practice permit;
 - (iv) the status of the member's practice permit, including whether it is suspended or cancelled;
 - (v) the member's practice specialization recognized by the College;
 - (vi) whether the member is authorized to provide a restricted activity not normally provided by regulated members of the College;
 - (vii) whether the member is not authorized to provide a restricted activity that is normally provided by regulated members of the College; and
 - (viii) Information described in s. 119(1) of the Act;
 - (b) information described below:

- (i) the full name of a regulated member and any name or names that the regulated member uses or has used in the regulated member's practice;
- (ii) a regulated member's business mailing address, email address, telephone number and fax number;
- (iii) the regulated member's practice locations;
- (iv) degrees and other qualifications obtained by a regulated member, including specialization;
- (v) the most recent school of graduation of a regulated member;
- (vi) the most recent year of graduation of a regulated member;
- (vii) the gender of a regulated member;
- (viii) the languages in which a regulated member can provide professional services;
- (ix) whether a member's registration is restricted to a period of time and, if so, the period of time;
- (x) the status of a member's practice permit, including whether it is suspended or cancelled;
- (xi) a member's practice specialization recognized by the College;
- (xii) whether a member is authorized to provide a restricted activity not normally provided by regulated members of the College;
- (xiii) whether a member is not authorized to provide a restricted activity that is normally provided by regulated members of the College;
- (xiv) a copy of any decision made of unprofessional conduct by a hearing tribunal, council or court based in whole or in part on sexual abuse or sexual misconduct, including any orders made under section 82 of the Act;
- (xv) whether a regulated member's practice permit has been suspended or cancelled as a result of a decision of unprofessional conduct based in whole or in part on sexual abuse or sexual misconduct;
- (xvi) in accordance with section 135.92(2)(g) of the Act, any conditions placed on a regulated member's practice permit as a result of a decision of unprofessional conduct based in whole or in part on sexual misconduct and details respecting those conditions;
- (xvii) in the case of a physician, surgeon or osteopath, the name, business mailing address and practice locations of any physician assistant that the member is supervising;
- (xviii) in the case of a physician assistant, the name, business mailing address and practice locations of the supervising physician, surgeon or osteopath;

- (c) any direction made pursuant to section 118(4) of the Act;
 - (d) information regarding upcoming hearings or appeals; and
 - (e) any decision, order or direction made under Part 4, Division 4 and Division 5 of the Act, including written decisions issued by a hearing tribunal or Council with respect to any matter.
3. The information described in this section may, subject to the Act, be published or distributed for the minimum period of time referred to in the Act, or such longer period as determined by the Registrar.
 4. In determining what information should be distributed or published for the purposes of section 119(1)(f) of the Act, the Registrar shall consider the following factors:
 - (a) whether publication or distribution is likely to cause harm to one or more persons;
 - (b) whether publication or distribution is relevant to the regulated member's suitability to practice;
 - (c) the public interest, including transparency of the College's discipline process;
 - (d) the education of regulated members; and
 - (e) any other factors that the Registrar considers relevant to this matter.
 5. For the purpose of section 119(1)(f) of the Act the Registrar may omit from publication or distribution any individually identifying information about any person identified in an order made by a hearing tribunal or the Council under Part 4 of the Act.
 6. The information described above may, subject to the Act, be published or distributed for the minimum period of time referred to in the Act, or such longer period as determined by the Registrar.

PART 5 – COLLEGE ACCREDITATION PROGRAMS

Section A – Medical Facilities

51 Accreditation of Medical Facilities

1. The Council does hereby constitute a standing committee to be known as the Medical Facility Accreditation Committee.
2. For the purposes of this section, the definitions set out in section 8 of Schedule 21 of the Act shall apply.
3. For the purpose of the *Health Facilities Act*, major surgical services are those that, in the opinion of the Council, may be performed only in a public hospital because there is a significant risk inherent in the procedure or by reason of the pre-operative condition of the patient.
4. For the purpose of the *Health Facilities Act*, specific surgical services which may be performed only in a public hospital and which shall not be conducted in a medical facility include:
 - (a) procedures under general anesthetic on patients less than eighteen months of age;
 - (b) procedures on the contents of the retroperitoneal space;
 - (c) procedures on the contents of the cranium;
 - (d) procedures on the contents of the thorax; and
 - (e) any procedure lacking the approval of the accreditation committee for that medical facility.
5. For the purpose of the *Health Facilities Act*, minor surgical procedures are those which may be performed in a physician's general office.
6. In this section and for the purposes of section 8(g) of Schedule 21 of the Act "prescribed health service" includes:
 - (a) diagnostic imaging services; except for unaccredited point-of-care ultrasound* on a physician's own patient;

* Point of Care Ultrasound (POCUS) can be an invaluable ultrasound examination provided in various settings or facilities that are performed at the point of care. The intent of the study is to clarify uncertain findings of the physical exam, identify important conditions in the context of acute care of the unwell patient, or provide image guidance that improves the success and safety of procedures in the acute care setting, particularly when time saving for diagnosis or treatment is critical. POCUS evaluations are limited to the scope of exam types included in the training of those individuals performing the exam. If a POCUS provider extends scanning beyond the scope of their usual practice pattern, education and experience, the likelihood of medical misadventure may cause a potential detrimental effect on diagnosis, treatment and patient care and is therefore to be avoided. Patients on whom POCUS is performed should be informed of the limited scope of a POCUS examination, and be advised that a POCUS exam does not compare to, or replace a consultative diagnostic examination.

Consultative Diagnostic Ultrasound aims to systematically map out normal and disordered anatomy, assess function and dysfunction in the body and/or provide guidance for a wide range of interventional procedures. Necessary components for a consultative sonographic exam include: 1) a professional mastery of the imaging technology (as evidenced by Ultrasound Modality approval by the College), 2) a systematic approach that results in a thorough diagnostic imaging assessment of the patient to include image recording, and 3) an interpretation of the exam provided in a well-documented and recorded report of the

- (b) **psychedelic assisted psychotherapy;**
- (c) medical laboratory services, except for unaccredited point-of-care testing on a physician's own patient;
- (d) pulmonary function testing, except for unaccredited peak flow measurement or vitalometry on a physician's own patient;
- (e) neurophysiologic diagnostic services;
- (f) sleep medicine diagnostic services;
- (g) vestibular diagnostic testing;
- (h) the use of drugs which are intended or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including all uses of intravenously administered sedatives or narcotics, except in emergency circumstances;
- (i) the use of drugs by injection which are intended or may induce a major nerve block, or spinal, epidural, or intravenous regional block;
- (j) surgical and diagnostic procedures with risk of bleeding from major vessels, gas embolism, perforation of internal organs and other life-threatening complications or requiring sterile precautions to prevent blood-borne, deep, closed cavity or implant-related infections;
- (k) Hyperbaric oxygen therapy,
- (l) Cardiac exercise stress testing,
- (m) Hemodialysis, and
- (n) the following surgical and endoscopic procedures:
 - (i) DERMATOLOGIC
 - 1) Liposuction to a maximum of five (5) litres total aspirate;
 - 2) Lipolysis by percutaneous application of any form of energy;
 - 3) Mohs micrographic surgery.
 - (ii) GENERAL SURGICAL
 - 1) Upper gastrointestinal endoscopy with or without biopsy,
 - 2) Colonoscopy with or without biopsy or minor polypectomy,
 - 3) Simple mastectomy,
 - 4) Segmental resection of breast and sentinel node biopsy,
 - 5) Resection of large or deep soft tissue lesions,
 - 6) Deep lymph node biopsies – up to but not including full axillary dissection,
 - 7) Inguinal hernia repair, including femoral,
 - 8) Minor abdominal wall hernia repair, including umbilical hernia repair,
 - 9) Varicose vein ligation and stripping,

findings and conclusions – all performed in a College accredited facility. There is robust quality control and assurance around image recording, retention, disaster and back up recovery, report generation, transcription, physician report validation, report audits, equipment preventative maintenance, and confirmation of appropriate regulatory body sonologist credentialing and approvals.

- 10) Hemorrhoidectomy beyond simple single excision,
- 11) Trans-anal excision of rectal polyps,
- 12) Laparoscopic procedures,
 - o Diagnostic,
 - o Biopsies – peritoneal,
 - o Laparoscopic Adjustable Gastric Band procedures.
- 13) Endovenous ablation (including, but not limited to, laser ablation, radio frequency ablation, mechano-chemical ablation).

(iii) GYNECOLOGIC

- 1) Perineoplasty not requiring extensive dissection,
- 2) Marsupialization of Bartholin cysts,
- 3) Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control,
- 4) Dilatation and curettage of uterus,
- 5) Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance regulation,
- 6) Cystoscopy,
- 7) Minimally invasive incontinence procedures: injectables, percutaneous slings,
- 8) Laparoscopy with minor surgical interventions:
 - o Diagnostic,
 - o Tubal sterilization,
 - o Aspiration of cysts,
 - o Minor adhesiolysis,
 - o Diathermy for endometriosis (AFS Stages I and II),
 - o Abortions – as per the general Non-hospital Surgical Facilities Standards and Guidelines and the Supplementary Standards for the Termination of Pregnancy.
- 9) Oocyte retrieval,
- 10) Tumescant anterior and posterior vaginal repair,
- 11) Hysteroscopic tubal sterilization,
- 12) Laparoscopy with minor surgical interventions: *
 - o Ovarian Biopsy, *
- 13) Transvaginal ovarian cyst aspiration, *
- 14) Embryo Transfer, *
- 15) In Vitro Fertilization. *

(iv) OPHTHALMOLOGIC

- 1) Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:

* Denotes inclusion in an ART program

- the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant),
 - the lens and implants,
 - the iris,
 - the sclera,
 - the vitreous.
 - 2) Eyelid procedures requiring implants or dissection of the orbital septum or beyond,
 - 3) Lacrimal procedures requiring incision into the nasal passages.
 - 4) Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:
 - orbital tumor excision,
 - insertion of an implant,
 - enucleation/evisceration with or without implant
 - socket reconstruction requiring implant, transplant or exposure of bone.

[Note: Minor anterior orbital procedures are considered office procedures.]
 - 5) Strabismus procedures,
 - 6) Rheopheresis for patients enrolled in a research study approved by a research ethics review body acceptable to the College.
- (v) ORTHOPEDIC
- 1) ARTHROSCOPY
 - diagnostic,
 - repair and reconstruction of ligaments,
 - meniscectomy, meniscal repair and arthroplasty,
 - excision meniscal cysts, loose bodies and foreign bodies.
 - 2) AMPUTATION
 - finger through MCP or IP joints, hand,
 - toe – through TP or IP joints foot,
 - single ray amputation hand or foot.
 - 3) ARTHRODESIS
 - hand and wrist,
 - foot and ankle.
 - 4) ARTHROPLASTIES
 - acromio-clavicular and sterno-clavicular joints,
 - radial head arthroplasty,
 - wrist and hand joints,
 - foot.
 - 5) OSTEOTOMIES
 - hand/wrist/foot/ankle.
 - 6) LIGAMENT REPAIR
 - shoulder,
 - elbow,
 - wrist,
 - hand,
 - knee,

- ankle and foot.
- 7) TENDON OR MUSCLE REPAIR OR TRANSPLANT OR TRANSFER
 - transfers repairs and transplants at or distal to elbow or knee
 - decompression/repair rotator cuff at shoulder.
- 8) FASCIA OR TENDON SHEATH
 - plantar fasciotomy or fasciectomy of hand or foot,
 - release or excision Dupuytren's contracture,
 - excision of minor hand tumors including ganglions
 - carpal tunnel release,
 - excision tendon sheaths: wrist, forearm or hand.
- 9) ARTHROTOMY OR SYNOVECTOMY
 - shoulder,
 - elbow,
 - wrist and hand,
 - knee,
 - ankle and foot,
 - excision Baker's cyst.
- 10) EXCISION OF BURSA OR GANGLIA
- 11) MUSCULOSKELETAL TUMORS
 - biopsy of peripheral tumors,
 - needle biopsy only of tumors of the spine,
 - excision of minor tumors.
- 12) DISLOCATIONS
 - open reduction acromio-clavicular joint,
 - closed or open reduction of joints of upper extremity,
 - closed reduction of dislocated total hip,
 - closed or open reduction of patello-femoral joint,
 - closed or open reduction of ankle, hindfoot, midfoot or forefoot.
- 13) FRACTURES
 - closed and open reduction clavicle, humerus, radius/ulna, wrist and hand,
 - closed reduction of scapula,
 - closed and open reduction of patella, fibula, ankle and foot,
 - closed reduction of tibia.
- 14) OTHERS
 - single level lumbar discectomy and/or decompression – uncomplicated,
 - procedures listed under podiatric surgery,
 - removal of hardware including plates, pins, screws, nails and wires,
 - peripheral nerve surgery – repairs, decompression or grafts
 - saucerization,
 - sequestrectomy,
 - joint manipulation under general anesthesia or intravenous sedation,
 - harvesting of bone graft,
 - microdiscectomy,

- minimally invasive lateral recess and central decompression – 3 levels or less,
- minimally invasive lumbar foraminotomy (with or without central stenosis),
- Posterior minimally invasive foraminotomy (or laminoforaminotomy),
- posterior minimally invasive laminotomy for decompression of focal cervical canal stenosis – 2 levels or less.

15) PROCEDURES LIMITED TO FACILITIES APPROVED FOR EXTENDED STAY

- hip arthrotomy and primary arthroplasty (including total joint replacement),
- conversion of partial hip arthroplasty to total hip arthroplasty,
- knee arthrotomy and primary arthroplasty – (including total joint replacement),
- tibial osteotomy,
- shoulder arthrotomy and primary arthroplasty – (including total joint replacement),
- lumbar posterior spinal fusion – not exceeding two disc-space levels,
- lumbar spinal laminectomy – not exceeding two disc-space levels,
- ankle arthrotomy and primary arthroplasty (including total joint replacement),
- below knee amputation,
- anterior cervical discectomy two levels or less.

(vi) OTOLARYNGOLOGIC

- 1) deep* biopsy of the nasopharynx,
- 2) deep excision of intraoral papilloma,
- 3) major* excision of lip, nasal, ear or neck lesions,
- 4) lip shave procedures,
- 5) major partial glossectomy limited to anterior 2/3 of tongue,
- 6) adenoidectomy,
- 7) rigid laryngoscopy,
- 8) rigid trans-oral nasopharyngoscopy,
- 9) complete esophagoscopy – flexible only,
- 10) complete bronchoscopy – flexible only,
- 11) Caldwell Luc procedure,
- 12) intranasal antrostomy,
- 13) intranasal complete ethmoidectomy,
- 14) turbinate resection,
- 15) sphenoidotomy,
- 16) nasal septum reconstruction,
- 17) nasal septum submucous resection,

*The terms “deep”, “major”, and “complicated” refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Alberta.

- 18) nasal polypectomy in conjunction with complete ethmoidectomy,
- 19) rhinoplasty,
- 20) complicated* nasal fractures,
- 21) biopsies of the parotid beyond needle aspiration or sampling the tail of the gland,
- 22) excision of submandibular gland,
- 23) excision of sublingual gland,
- 24) otoplasty,
- 25) complicated myringoplasty,
- 26) dissection of neck beyond the platysma muscle,
- 27) deep cervical node biopsy,
- 28) endoscopic soft-tissue surgery.

(vii) PLASTIC

1) SKIN AND SUBCUTANEOUS

- excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply,
- grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids,
- liposuction to a maximum of 5 litres total aspirate,
- lipolysis by percutaneous application of any form of energy,
- lipectomy,
- brachioplasty,
- facial implants,
- fat grafting,
- thigh lift,
- buttocks (gluteoplasty) lift.
- labiaplasty.

2) HEAD AND NECK

- grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring,
- eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty),
- browlift, facelift (rhytidectomy), necklift,
- nose (SMR, rhinoplasty, turbinectomy, reduction of fractures),
- ears (otoplasty),
- genioplasty.

3) BREAST

- deduction mammoplasty,
- augmentation mammoplasty,
- mastopexy,
- mastectomy without chest wall, muscle or axillary node dissection,
- capsulotomy and capsulectomy,

*The terms “deep”, “major”, and “complicated” refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for these surgical procedures in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Alberta.

- gynecomastia surgery,
- reconstruction of breast or nipple.
- 4) ABDOMEN
 - repair of abdominal wall hernia,
 - abdominoplasty not requiring overnight monitoring of blood or third space fluid loss.
- 5) OTHERS
 - tendon – repairs, transfers or grafts,
 - peripheral nerve – repairs, decompression or grafts,
 - muscle – flaps or repairs,
 - fascia – flaps, decompression or excision,
 - bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures,
 - joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ,
 - minor treatment of surgical complications such as hematoma or wound separation.

(viii) PODIATRIC

- 1) amputation
 - single ray of the foot only.
- 2) arthrodesis of joints of the foot and ankle
 - Lisfranc's joint procedures.
- 3) arthroplasty of joints of the foot and ankle
 - foot procedures requiring significant exposure of the joint,
 - ankle procedures which do not require tibial or fibular osteotomy for exposure.
- 4) arthroscopy
 - ankle/subtalar joint/mid-tarsal joint.
- 5) fractures and dislocations
 - uncomplicated closed fractures and dislocations of the foot.
- 6) incision/excision/transfer/repair of tendons and ligaments
 - tendons and ligaments proximal to Lisfranc's joint but not of the rear-foot/leg via the interosseous route.
- 7) neoplasms
 - benign neoplasms of the cuneiforms,
 - benign neoplasms of soft tissues below deep fascia.
- 8) neurolysis/neurectomy,
 - deep nerves including and distal to the tarsal tunnel and proximal to Lisfranc's joint.
- 9) osteotomy of bones of the foot
 - osteotomy of the calcaneus, mid-tarsus and cuneiforms

(ix) UROLOGIC

- 1) inguinal canal surgery,
- 2) open procedures on scrotal contents,
- 3) penile procedures up to but not including implants,

- 4) Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair,
 - 5) minimally invasive incontinence procedures, including injemtables and percutaneous slings,
 - 6) cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction,
 - 7) percutaneous epididymal sperm aspiration,*
 - 8) testicular sperm extraction,*
 - 9) testis biopsies,*
 - 10) rectal electroejaculation,*
 - 11) varicocelectomy,*
 - 12) vasopididymostomy,*
 - 13) vasovasostomy,*
 - 14) Rezum®
- (x) OTHER
- 1) adipose-derived stem/stromal cells (ADSC)
 - 2) bone marrow aspirate concentrate (BMAC)
7. In addition to Bylaw 50(5), “prescribed health service” shall mean only those procedures which will safely allow the discharge of a patient from medical care in the accredited medical facility within 12 hours of completion of the surgical procedure by a regulated member unless the accredited medical facility is approved for extended stays.
8. An accredited medical facility shall have a designated medical director who is a regulated member in good standing with the College and with qualifications as set out in the accreditation standards. Notwithstanding, a medical laboratory that is operated by a regional health authority in Alberta may designate a certified clinical laboratory doctoral scientist with the qualifications as set out in the accreditation standards as a medical director.
9. Upon application by a medical director of a medical facility, the Registrar may, subject to the accreditation standards, provide interim approval for the performance of any prescribed health service until the determination of the request by the accreditation committee.
10. The medical director of a medical facility shall pay or cause to be paid to the College those fees and expenses determined by the accreditation committee, which shall include:
- (a) an initial registration fee set by Council;
 - (b) an annual renewal of registration fee set by Council; and

* Denotes inclusion in an ART program

- (c) the actual cost of any initial or subsequent inspection of the medical facility, including all expenses incurred by the accreditation committee or its sub-committee for any assessment, inspection, or both.
11. Any accreditation granted by the accreditation committee under Section 8.3(2) of Schedule 21 of the Act shall expire effective 12:01 a.m. on February 1 following the date of accreditation unless the accreditation has been renewed in accordance with these bylaws.
 12. The accreditation committee shall be composed of not more than nine (9) members all of whom shall be appointed by the Council.
 13. The accreditation committee shall report to the Council on its activities and programs of assessment at such times and in such manner as the Council may from time to time direct.
 14. The accreditation committee may, from time to time, appoint one or more of its members, consultants or both as a sub-committee with particular expertise in the services provided in a medical facility and delegate to that sub-committee the authority to conduct an assessment of an application for accreditation or renewal of accreditation of a medical facility or to conduct an inspection of a medical facility, or both and report thereafter to the accreditation committee.
 15. There shall be paid to members of the accreditation committee, a sub-committee and any consultants retained by them such fees for attendance and such reasonable traveling expenses as may be fixed by Council.
 16. The accreditation committee shall:
 - (a) develop and direct regular reviews of the ownership and operation of any medical facility and the financial arrangements pertaining thereto;
 - (b) ensure that the operation of a medical facility is in accordance with the accreditation standards;
 - (c) confirm that the practice of medicine conducted in a medical facility and the financial arrangements pertaining thereto are in accordance with the code of ethics and standards of practice approved by the Council;
 - (d) assess the adequacy of the design of the medical facility and the equipment utilized therein along with the standards of operation of the medical facility in providing medical services, including prescribed health services, to the public; and
 - (e) assess the business and professional relationships between regulated members conducting the practice of medicine and the owners of the medical facility.
 17. The accreditation committee shall determine the specific provisions of the accreditation standards which apply to a specific medical facility or class of medical facility.

18. As part of an assessment of an application for accreditation, an application for renewal of accreditation or ensuring the continuing compliance of a medical facility with existing accreditation, the accreditation committee shall determine whether the skill, knowledge and training of a specified regulated member is sufficient for that regulated member to perform a prescribed health service in the medical facility.

52 Responsibilities of a Medical Director of a Medical Facility

1. Subject to section 8.4 of Schedule 21 of the Act, the medical director of a medical facility which is the subject of an assessment or inspection by the accreditation committee shall co-operate fully, which shall include:
 - (a) permitting assessors to enter the medical facility and inspect the premises and all diagnostic equipment located therein;
 - (b) permitting the assessors to inspect all records pertaining to the provision of medical services, including prescribed health services, and providing copies of the same if so requested;
 - (c) providing to the assessors information requested by them in respect of the provision of medical services, including prescribed health services, in the medical facility;
 - (d) providing the information described in Bylaw 51(1)(c) in the form requested by the assessors;
 - (e) providing requested samples or copies of any material, specimen, radiological image or product originating from the medical services, including prescribed health services, provided by the medical facility;
 - (f) answering questions posed by the assessors as to procedures or standards of performance and if requested providing copies of records relating to procedures followed and standards of performance applied in the medical facility;
 - (g) providing requested copies of all documents and information relating to business arrangements involving the practice of medicine conducted in the medical facility, which shall include lease arrangements, management agreements, records of advertising and agreements for the provision of medical services, including prescribed health services.
2. A medical director must assess the educational background, qualifications and ongoing experience of regulated members and non-medical personnel assisting a regulated member in the provision of medical services, including prescribed health services, in the medical facility and authorize them to provide services within a specific clinical domain and/or individual clinical procedure(s) in the medical facility.
3. The accreditation committee may, with or without notice, suspend the accreditation or impose conditions on the accreditations of a medical facility if the medical director fails to co-operate fully with an assessment or inspection by the accreditation committee or its sub-committee appointed under Bylaw 50(16).
4. Any suspension or conditions imposed under Bylaw 51(3) shall be cancelled once the accreditation committee is satisfied that medical director has co-operated fully pursuant to Bylaw 51(1).

Section B – Accreditation Standards

53 Accreditation Standards

1. Despite Bylaws 7 and 8, the accreditation standards for accreditation of all medical facilities required under this section and section 8.1(1) of Schedule 21 of the Act are determined, and amended from time to time, by simple majority resolution of Council.

PART 6 – APPEALS

54 Delegation of Council Reviews and Appeals to a Review Panel

1. Council delegates its duty and authority to hear and determine:
 - (a) a request for review under section 31 of the Act;
 - (b) a request for a review under section 41 of the Act;
 - (c) a request for a review under Bylaw 35(2);
 - (d) an appeal under section 87(1) of the Act;
 - (e) an appeal under section 118(6) of the Act; and
 - (f) an appeal under section 8.5 of Schedule 21 of the Act;to a panel (Review Panel) of the Council
2. Any voting member of the Council whose participation would not be prevented by a conflict of interest or reasonable apprehension of bias may sit on a Review Panel.
3. An appeal or review for all matters other than an appeal under section 87(1) of the Act shall be heard by a Review Panel of four (4) voting members of Council as selected by the Hearings Director. At least two (2) of these four members shall be public members.
4. An appeal under section 87(1) of the Act shall be heard by a panel of four voting members of the Council as selected by the Hearings Director. At least two (2) of the four (4) members shall be public members.
5. A Review Panel shall select a chair from its members.
6. A Review Panel cannot delegate the duty or authority to conduct the review or appeal to any other person.
7. For the purposes of ensuring a timely and fair hearing, the Hearings Director may revoke the appointment of a member to a Review Panel which has not yet started to hear a review or appeal and appoint a replacement member of the Review Panel.

55 Filing Deadlines and Length of Submissions to the Review Panel

1. At least six (6) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the appellant in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions and authorities for the Review Panel, and serve a copy on the respondent party to the appeal or review.

Commented [A5]: Moved for flow

Commented [A6R5]: Cross references to be checked

2. At least four (4) weeks before the date on which the appeal or review is set to be heard by the Review Panel, the respondent in an appeal or review must file with the Hearings Director one complete electronic copy in PDF format of their written submissions to the Review Panel or a letter of intention not to file written submissions; and serve one additional copy on the appellant party to the appeal or review.
3. A party may request the chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, to authorize a different date for the filing deadline.
4. Written submissions by the appellant and the respondent must:
 - (a) be formatted using at least 12-point font, one-inch margins, and at least 1.5 line spacing, except for quotations; and
 - (b) not exceed 30 single-sided pages in length.
5. A book of authorities is not limited to a specific number of pages, but the parties shall ensure that only relevant portions of any case authorities are reproduced and relevant passages are highlighted.
6. A party may request the chair of the Panel, through the Hearings Director that the Panel, with notice to all involved parties, to authorize written submissions in excess of the 30-page limit.
7. Oral argument must not exceed 60 minutes for each party in the appeal or review.
8. A party may request, in advance of the date of the appeal or review, to the Chair of the Panel, through the Hearings Director, that the Panel, with notice to all involved parties, authorize oral submissions in excess of the 60-minute limit.

Bylaw Review: Table of Proposed Bylaw Changes, Phase 1

The Table of Proposed Changes is for Phase 1: Amendments Prior to January 1, 2023

Notes to Council:

- Bylaw numbering and cross referencing will be completed once Council approval is received.
- There have been administrative changes (e.g., formatting, revision of language for readability, conciseness and clarity, etc.) that have been made throughout the Bylaws. None of these changes have been consequential to the content or intent of the Bylaws.

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
HEALTH STATUTES AMENDMENT ACT (No 2) CHANGES				
1	Practice Permit Conditions Recommended Part: PART 2 – REGISTRATION Section A - General	None (new content)	The Registrar may impose conditions on a practice permit, which may include, but are not limited to, the following: (a) completing any examinations, testing, assessment, counselling, training or education as considered necessary by the Registrar or the Competence Committee; (b) limiting a member's practice to specified professional services, restricted activities or practice settings; (c) limiting a practice permit to a specified purpose and time practicing under the supervision of another regulated member for the period of time considered necessary by the Registrar; (d) reporting to the Registrar on specified matters on specified dates.	Required for Phase 2 of Bill 46 - HPA now authorizes regulators to establish bylaws respecting practice permit conditions rather than having it in the Regulation For Phase I of the CPSA Bylaw Review, wording reflects the wording previously in the Reg to ensure continuity of authorities - Revisited in Phase II
2	Good character and reputation	None (new content)	1. A regulated member making an application under Bylaw XX(Y) must provide evidence satisfactory to the Registrar of having Good Character and	Required for Phase 2 of Bill 46 - HPA now authorizes regulators to establish bylaws respecting evidence of good character and

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
	Recommended Part: PART 2 – REGISTRATION Section A - General		<p>Reputation, by submission of any relevant evidence as required by the Registrar.</p> <p>2. If an applicant has engaged in an activity that has, in the opinion of the Registrar, undermined the applicant's Good Character and Reputation in the past, the applicant may provide evidence satisfactory to the Registrar of the applicant's rehabilitation.</p> <p>3. The Registrar may also consider information other than that provided by the applicant in determining whether the applicant is of Good Character and Reputation, but if the Registrar considers that information, the Registrar must give the applicant sufficient particulars of that information to allow the applicant to respond to that information.</p>	<p>reputation rather than having it in the Regulation</p> <p>For Phase I of the CPSA Bylaw Review, wording reflects the wording previously in the Reg to ensure continuity of authorities</p> <ul style="list-style-type: none"> - Revisited in Phase II
3	Liability Insurance Recommended Part: PART 2 – REGISTRATION Section A - General	None (new content)	<p>1. A regulated member making an application under Bylaw X(Y) must provide evidence satisfactory to the Registrar of having the type and amount of professional liability insurance required by the Council.</p> <p>2. Membership in the Canadian Medical Protective Association is considered to meet the requirements of Bylaw X(Y).</p>	<p>Required for Phase 2 of Bill 46</p> <ul style="list-style-type: none"> - HPA now authorizes regulators to establish bylaws respecting liability insurance rather than having it in the Regulation <p>For Phase I of the CPSA Bylaw Review, wording reflects the wording previously in the Reg to ensure continuity of authorities</p> <ul style="list-style-type: none"> - Revisited in Phase II
4	Fitness to practice Recommended Part: PART 2 – REGISTRATION Section A - General	None (new content)	<p>1. A regulated member making an application under Bylaw X(Y) must, on the request of the Registrar, submit evidence satisfactory to the Registrar confirming the member's fitness to practice.</p>	<p>Required for Phase 2 of Bill 46</p> <ul style="list-style-type: none"> - HPA now authorizes regulators to establish bylaws respecting fitness to practice rather than having it in the Regulation <p>For Phase I of the CPSA Bylaw Review, wording reflects the wording previously</p>

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
				in the Reg to ensure continuity of authorities - Revisited in Phase II
5	English Language requirements Recommended Part: PART 2 – REGISTRATION Section A - General	None (new content)	1. A regulated member making an application under Bylaw X(Y) must be reasonably proficient in English to be able to engage safely and competently in the practice of medicine, osteopathy or in physician assisting, as the case may be. 2. A regulated member making an application under Bylaw X(Y) may be required by the Registrar to demonstrate proficiency in the English language in accordance with the requirements approved by the Council.	Required for Phase 2 of Bill 46 - HPA now authorizes regulators to establish bylaws respecting English language requirements rather than having it in the Regulation For Phase I of the CPSA Bylaw Review, wording reflects the wording previously in the Reg to ensure continuity of authorities - Revisited in Phase II
6	Awards PART 1 – ORGANIZATION Section A – The College	Bylaw 6(1) Certificates of Merit may be awarded by Council to individuals who have provided outstanding service to the profession, the community or both.	Certificates of Merit may be awarded by Council to individuals to promote regulatory excellence.	Aligns with direction from GoA
7	Reinstatement Recommended Part: PART 2 – REGISTRATION Section A - General	None (new content)	1. A regulated member whose practice permit and registration are cancelled under the Act, except under Part 4 of the Act, may apply to the Registrar for reinstatement. (a) The Registrar, may in their sole discretion, refer any application for reinstatement to the Registration Committee or the Assistant Registrar delegated to carry out the duties of a Registration Committee, or a Competence Committee or the Assistant Registrar delegated to carry out the duties of a Competence Committee.	Recommended by department for Phase 2 of Bill 46

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
8	Providing Information PART 2 – REGISTRATION Section A - General	None (new content)	<p>1. A regulated member or regulated member making an application under Bylaw X(Y) must provide the following information in addition to that required under section 33(3) of the Act to the Registrar on the request of the Registrar, on application for registration and when there are changes to the information:</p> <p>(a) the member or applicant's home address;</p> <p>(b) the member or applicant's business mailing address, telephone number, fax number and email address;</p> <p>(c) the member or applicant's practice locations;</p> <p>(d) the member or applicant's emergency contact address, telephone number and email address;</p> <p>(e) the member or applicant's full legal name and, if applicable, previous names or aliases;</p> <p>(f) the member or applicant's degrees and other qualifications, including specialization;</p> <p>(g) the member or applicant's most recent school of graduation;</p> <p>(h) the member or applicant's most recent year of graduation;</p> <p>(i) the languages in which the regulated member or an applicant can provide professional services;</p> <p>(j) the member or applicant's date and place of birth;</p> <p>(k) the member or applicant's gender;</p> <p>(l) the member or applicant's services provided or proposed that require approval in accordance with the standards of practice or the Bylaws;</p>	<p>Required for Phase 2 of Bill 46</p> <p>- HPA now authorizes regulators to establish bylaws respecting information rather than having it in the Regulation</p> <p>For Phase I of the CPSA Bylaw Review, wording reflects the wording previously in the Reg to ensure continuity of authorities</p> <p>- Revisited in Phase II</p>

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
			<p>(m) the names of other jurisdictions in which the member or applicant is registered as a physician, surgeon, osteopath or physician assistant;</p> <p>(n) any other regulated health profession in which the member or an applicant is registered and whether the member or the applicant is a practising member of that profession;</p> <p>(o) a recent photo of the member or applicant, which must be of a size and quality similar to that required for a Canadian passport;</p> <p>(p) in the case of a physician, surgeon or osteopath, the name and business mailing address of any physician assistant that the member is supervising;</p> <p>(q) in the case of a physician assistant, the name and business mailing address of the supervising physician, surgeon or osteopath.</p> <p>2. If a regulated member intends to close an office practice, the physician, surgeon or osteopath must provide to the Registrar the date by which the regulated member proposes to close the office practice.</p>	
9	Disclosure of Information	Bylaw 49(2) (b) information described in section 43 of the Regulations	<p>The College may, under sections 34(2) and 135.92(2) of the Act, as applicable, disclose the following information concerning its regulated members to members of the public in order to support its practitioner search function on the College's website:</p> <p>(a) the full name of a regulated member and any name or names that the regulated member uses or has used in the regulated member's practice;</p>	<p>Required for Phase 2 of Bill 46</p> <p>- HPA now authorizes regulators to establish bylaws respecting information rather than having it in the Regulation</p> <p>For Phase I of the CPSA Bylaw Review, wording reflects the wording previously in the Reg to ensure continuity of authorities</p>

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
			<p>(b) a regulated member’s business mailing address, email address, telephone number and fax number;</p> <p>(c) the regulated member’s practice locations;</p> <p>(d) degrees and other qualifications obtained by a regulated member, including specialization;</p> <p>(e) the most recent school of graduation of a regulated member;</p> <p>(f) the most recent year of graduation of a regulated member;</p> <p>(g) the gender of a regulated member;</p> <p>(h) the languages in which a regulated member can provide professional services;</p> <p>(i) whether a member’s registration is restricted to a period of time and, if so, the period of time;</p> <p>(j) the status of a member’s practice permit, including whether it is suspended or cancelled;</p> <p>(k) a member’s practice specialization recognized by the College;</p> <p>(l) whether a member is authorized to provide a restricted activity not normally provided by regulated members of the College;</p> <p>(m) whether a member is not authorized to provide a restricted activity that is normally provided by regulated members of the College;</p> <p>(n) a copy of any decision made of unprofessional conduct by a hearing tribunal, council or court based in whole or in part on sexual abuse or sexual misconduct, including any orders made under section 82 of the Act;</p>	- Revisited in Phase II

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
			<p>(o) whether a regulated member's practice permit has been suspended or cancelled as a result of a decision of unprofessional conduct based in whole or in part on sexual abuse or sexual misconduct;</p> <p>(p) in accordance with section 135.92(2)(g) of the Act, any conditions placed on a regulated member's practice permit as a result of a decision of unprofessional conduct based in whole or in part on sexual misconduct and details respecting those conditions;</p> <p>(q) in the case of a physician, surgeon or osteopath, the name, business mailing address and practice locations of any physician assistant that the member is supervising;</p> <p>(r) in the case of a physician assistant, the name, business mailing address and practice locations of the supervising physician, surgeon or osteopath.</p>	
DEPARTMENT CHANGES				
10	Abstention PART 1 – ORGANIZATION Section A – The College Meetings	None (new content)	The votes of the eligible voting Council members present and not abstaining from voting at a meeting of Council are counted for any motion requiring a two-thirds (2/3) majority vote.	To clarify Council operations and voting
11	Delegation of Council Reviews and Appeals to a Review Panel PART 1 – ORGANIZATION Section A – the College	Bylaw 19 3. An appeal or review for all matters other than an appeal under section 87(1) of the Act shall be heard by a Review Panel of three voting members of Council as selected by the Hearings Director. One of these three members shall be a public member.	3. An appeal or review for all matters other than an appeal under section 87(1) of the Act shall be heard by a Review Panel of three <u>four</u> voting members of Council as selected by the Hearings Director. One of these three <u>Two of these four members</u> shall be a public members. 4. An appeal under section 87(1) of the Act shall be heard by a panel of five <u>four</u> voting members of the	Current wording is not compliant with the Act and the amendment will make them compliant and will make it easier to assign council members to appeals.

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
		4. An appeal under section 87(1) of the Act shall be heard by a panel of five voting members of the Council as selected by the Hearings Director. At least two of the five members shall be a public member.	Council as selected by the Hearings Director. At least two of the five members <u>two of these four members</u> shall be a public members.	
12	Definition of a medical director PART 5 - COLLEGE ACCREDITATION PROGRAMS	Bylaw 46 8. An accredited medical facility shall have a designated medical director who is a regulated member in good standing with the College and with qualifications as set out in the accreditation standards. Notwithstanding, a medical laboratory that is operated by a regional health authority in Alberta may designate a certified clinical laboratory doctoral scientist with the qualifications as set out in the accreditation standards as a medical director. 9. Notwithstanding subsection 8, a medical laboratory that is operated by a health authority in Alberta may designate a certified clinical laboratory doctoral scientist with qualifications as set out in the accreditation standards. 10. For the purposes of this section, the term “medical director” includes an acceptable clinical laboratory doctoral scientist under subsection 9.	An accredited medical facility shall have a designated medical director who is a regulated member in good standing with the College and with qualifications as set out in the accreditation standards. Notwithstanding, a medical laboratory that is operated by a regional health authority in Alberta may designate a certified clinical laboratory doctoral scientist with the qualifications as set out in the accreditation standards as a medical director.	Clarifies the 2 avenues to obtain the title of medical director More concise
13	Responsibilities of a Medical Director of a Medical Facility PART 5 -	None (new content)	A medical director must assess the educational background, qualifications and ongoing experience of regulated members and non-medical personnel assisting a regulated member in the provision of medical services, including prescribed health services,	This is moved from the section on the accreditation committee Supports appropriate decision-making authorities

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
	COLLEGE ACCREDITATION PROGRAMS		in the medical facility and authorize them to provide services within a specific clinical domain and/or individual clinical procedure(s) in the medical facility.	
14	List of 'Prescribed Health Services' PART 5 - COLLEGE ACCREDITATION PROGRAMS	None (new content)	psychedelic assisted psychotherapy	This will align with that new permissive requirement and allow for CPSA to develop standards to support the safe provision of this service.
GOVERNANCE REVIEW CHANGES				
15	Past-President Definitions	means the person who was appointed as President of Council in the year prior to the person who is currently appointed as President	DELETE Past President means the person who was appointed as President of Council in the year prior to the person who is currently appointed as President	Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).
16	President (see Change 19) Definitions	means the President of Council as appointed by Council	means the President, as per section 7 of the Act;	Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).
17	Vice-President (see Change 19) Definitions	means the Vice President of Council as appointed by Council;	Means the Vice-Chair of Council as appointed by Council.	Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).
18	Council & Officers Composition of Council PART 1 – ORGANIZATION Section A – the College	Bylaw 1(2) Council may invite the Past-President to sit as a non-voting* member of Council and any committee of Council for a term of up to one year, until the current president finishes his/her term as president, or upon simple	DELETE 1.2. — Council may invite the Past-President to sit as a non-voting* member of Council and any committee of Council for a term of up to one year, until the current president finishes his/her term as president, or upon simple majority resolution of Council to remove the past president, whichever occurs first.	Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
		majority resolution of Council to remove the past-president, whichever occurs first. *the past president is a non-voting member of a committee unless otherwise stated in the committee's Terms of Reference.	*the past president is a non-voting member of a committee unless otherwise stated in the committee's Terms of Reference.	
19	Officers Officers of Council Throughout Bylaws	President and Vice-President, respectively	Chair and Vice-Chair, respectively	Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).
20	Officers of Council PART 1 – ORGANIZATION Section A – the College	Bylaw 3(3) The President shall preside as Chair in Council.	The Chair shall be the presiding Officer in Council.	Clarifies the role of Chair Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).
21	Elections PART 1 – ORGANIZATION Section A – the College	None (new content)	A regulated member Council member may be re-appointed to a second term without running in an election, provided the Council member has proven themselves effective through a Council assessment process, to be undertaken at least 4 months prior to the election.	Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).
22	Committees Part 1 – ORGANIZATION Section A – the College	Bylaw 16(6) Standing committees shall include, but are not limited to: a) Executive Committee, b) Governance Committee, c) Finance and Audit Committee, d) Competence Committee, and e) Appeals Committee.	Standing committees shall include but are not limited to: a) Executive Committee; b) Governance Committee; c) Finance and Audit Committee; d) Competence Committee; and e) Priorities committee(s).	Approved through September 2022 Council adoption of Governance Review Implementation Plan (as amended at the meeting).

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
ADMINISTRATIVE CHANGES				
23	“Good Character and Reputation” Definitions	None (new content)	means: (a) free of unprofessional conduct process, (b) free of disciplinary action by another regulatory body, (c) has never been previously rejected for registration in another jurisdiction, (d) current criminal records check is clear of misconduct (e) and would meet the criteria of good standing, as defined in these bylaws;	Supports changes required for the <i>Health Statues Amendment Act (No2)</i> Wording reflects wording previously in the Reg.
24	“Good Standing” Definitions	Bylaw 12 2. A regulated member of the College shall be in good standing only if: (a) no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College; (b) the member has a valid and current practice permit that is not currently suspended; and (c) the member is in compliance with all orders or directions made pursuant to the Act. 3. Notwithstanding subsection 2, a regulated member is not eligible for nomination or election as a member of Council if the regulated member (a) is currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act; or	means: (a) no fees, costs, fines, assessments, levies, or any other sums are owing by the member to the College on their behalf or in their capacity as Medical Director or owner of a medical facility, (b) the member has a valid and current practice permit that is not currently suspended, (c) there are no current or pending investigations or disciplinary actions being taken against the member, (d) the member is in compliance with all orders or directions made pursuant to the Act, (e) is not currently subject to an undertaking, a condition imposed under section 55 or 65, or a direction under section 118 of the Act, (f) has not been found guilty of unprofessional conduct within the preceding ten (10) years, and (g) has not been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada;	Moved to definitions section to be applied more broadly throughout the Bylaws and CPSA work. Aligns with changes required for the <i>Health Statues Amendment Act (No2)</i> Clarifies that even when individual fees are paid up, the fees owed to CPSA by Medical Facilities will also indicate good standing or not.

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
		(b) has been formally charged with unprofessional conduct that has not yet been determined by a Hearing Tribunal; or (c) has been found guilty of unprofessional conduct within the preceding ten (10) years; or (d) has been found guilty of unprofessional conduct related to sexual abuse, misconduct or any sexual boundary violation at any time in any jurisdiction including outside of Canada.		
25	"Member at Large" Definitions	means the Member at large as appointed by Council	means the Council member appointed by Council to the Executive Committee position of Member at Large.	Current definition does not provide any explanation to what the term means.
26	Priorities Committee" Definitions	None (new content)	means a Committee or Committees, created by Council from time to time, to achieve the strategic direction of the College;	Clarifies changes approved as part of the Governance Review
27	Standing Committee Definitions	None (new content)	means a Committee established by Council to assist in carrying out Council's duties and responsibilities;	Added for clarity and to support changes from the Governance Review
28	Additions to the Definitions	No change to wording	The following terms moved from Bylaws into definitions: Recording or broadcasting device Resource person	These terms were defined in the bylaw subsections; all definitions should be housed in the same Part
29	Composition of Council	Bylaw 1 1. Effective August 1, 2022, the Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or	The voting members of Council shall consist of: (a) Seven (7) regulated members elected by regulated members of the College, and	Demonstrates who the voting members of council are first, then non-voting members

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
	PART 1 – ORGANIZATION Section A	<p>designates) may in the discretion of Council, serve as non-voting members of the Council, and the voting members shall consist of:</p> <p>(a) Seven (7) regulated members elected by regulated members of the College, and</p> <p>(b) Seven (7) public members appointed by the Lieutenant Governor in Council.</p> <p>2. Council may invite the Past-President to sit as a non-voting* member of Council and any committee of Council for a term of up to one year, until the current president finishes his/her term as president, or upon simple majority resolution of Council to remove the past-president, whichever occurs first.</p> <p>*the past president is a non-voting member of a committee unless otherwise stated in the committee's Terms of Reference.</p> <p>3. Other non-voting members of Council are:</p> <p>(a) A representative from the Professional Association of Resident Physicians of Alberta</p> <p>(b) A representative of either the University of Alberta's Medical Students' Association or the University of Calgary's Medical Students' Association.</p>	<p>(b) Seven (7) public members appointed by the Lieutenant Governor in Council.</p> <p>2. At the discretion of Council, the non-voting members of Council shall consist of:</p> <p>(a) The Deans of the Faculties of Medicine from the University of Alberta and the University of Calgary (or designates);</p> <p>(b) An observer from the Professional Association of Resident Physicians of Alberta; and</p> <p>(c) An observer from either the University of Alberta's Medical Students' Association or the University of Calgary's Medical Students' Association.</p>	More concise Clarifies the role of medical learners on the Council
30	Legislation reference PART 5 - COLLEGE ACCREDITATION PROGRAMS	<i>Health Care Protection Act</i>	<i>Health Facilities Act</i>	Act was changed with Bill 30 in 2020.

Change #	Topic & Part (if available)	Current Wording	Draft Wording	Notes
31	Council Meetings PART 1 – ORGANIZATION Section A – the College	Bylaw 21(7) A member of Council and non-voting member may request that any item or component thereof of the Consent Agenda be removed	A member of Council and non-voting member-may request that any item or component thereof of the Consent Agenda be removed <u>and added to the regular Agenda.</u>	Clarifies what happens when a consent agenda item is removed (it is removed and placed somewhere else).

Submission to:	Council		
Meeting Date:	Submitted by:		
December 1-2, 2022	Dr. Ehi Iyayi, Committee Chair		
Agenda Item Title:	Anti-Racism Anti-Discrimination Action Advisory Committee Meeting Summary Report		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation:	N/A		
Background:	<p>The Anti-Racism Anti-Discrimination Action Advisory Committee met on November 3, 2022. The following matters were discussed:</p> <ol style="list-style-type: none"> 1. The Committee's Terms of Reference was discussed and revisions will be made and discussed further. 2. A recommended Chair for the Committee in 2023 (see also: the Governance Committee's recommendations for Committee Chairs). 3. A Draft "Advice to the Profession (AtP)" document on discrimination that is tied to the Code of Ethics and Professionalism was reviewed and the Committee provided comments. 4. An update on the work completed by the Communications Department on anti-racism anti-discrimination content and resources for the CPSA website. The Committee provided feedback. 5. An update on the CPSA/AHS/AMA Online Education Project: Micro-Aggression Training for Physicians was provided. CPSA, working with the partner organizations, has engaged an online education consultant that will help to develop the course along with a Course Content Working Group. The CPSA ARADAAAC representatives on the Working Group are Ewan Affleck and Fizza Gilani. The aim is to launch the online course in Spring 2023. 6. A presentation was delivered about the pilot of an anti-racism anti-discrimination lens and its application to the CPSA governance review. 		

Next Steps:	<ul style="list-style-type: none"> • Committee will have a revised TOR to recommend to Governance Committee and Council in early 2023. • The Advice to the Profession document is being further developed.
List of Attachments:	
N/A	

Submission to:	Council		
Meeting Date:	Submitted by:		
December 1, 2022	Tyler White		
Agenda Item Title:	Indigenous Advisory Circle Update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :	N/A		
Background:	<p><u>October 24, 2022 Meeting</u></p> <ul style="list-style-type: none"> • The meeting agenda included CPSA providing an overview of updates to the Circle's draft terms of reference (TOR) for feedback, and a discussion on developing an Anti-Indigenous Discrimination standard of practice (SOP). • The Circle discussed membership; the initial 2023 composition will be largely the same as 2022, with the exception of a retiring member. <ul style="list-style-type: none"> ◦ The Circle will continue to explore adding voices to the table to enrich the inclusiveness of their direction to CPSA. • The Circle supported sharing the draft TOR with Governance Committee and CPSA Council. • Themes from the meeting discussions included: <ul style="list-style-type: none"> ◦ A shared interest in and support for creating an Anti-Indigenous Discrimination SOP. ◦ The need to develop an engagement strategy to hear from Indigenous Peoples, communities and Nations across Treaty 6, Treaty 7 and Treaty 8 territories on the SOP and other regulatory work. ◦ The importance of recognizing the distinct First Nations, Métis and Inuit communities affected by CPSA's work, and not applying a pan-indigenous approach. • Action items include: <ul style="list-style-type: none"> ◦ CPSA connecting with Circle members to create learning opportunities for CPSA about First Nations, Métis and Inuit cultures. 		

	<ul style="list-style-type: none"> ○ CPSA developing an engagement strategy for the consultation phase of a SOP for Indigenous-Specific Discrimination. The Circle will be requested to provide feedback and direction. <p>Proposed Focus for the Next Meeting:</p> <ul style="list-style-type: none"> • Revised TOR • Setting priorities for 2023 • Continue discussing a SOP for Indigenous-Specific Discrimination with an engagement strategy
Next Steps:	The next Circle meeting will be scheduled in advance of the February CPSA Council meeting.
List of Attachments:	
1. Terms of Reference: Indigenous Advisory Circle (work in progress draft)	

Purpose

The Indigenous Advisory Circle (Circle) will provide advice and recommendations to CPSA Council and Team on strategies for CPSA to better understand and support Indigenous Peoples and guide regulated members in providing culturally safe, equitable care to improve health outcomes for Indigenous Peoples in Alberta.

General

Circle members will conduct a review of the membership and terms of reference annually. At any point in time, the Circle or the Registrar may make recommendations for change to the membership composition or terms of reference. Recommendations for change to the membership composition or terms of reference will be brought to the Governance Committee.

Should a member resign, a new member may be appointed by the Registrar in accordance with the membership requirements in these Terms of Reference. Recommendation for Council Member appointment will be made by acknowledgement of interest

Membership

The Circle will be comprised of up to 12 members, with representation from CPSA Council, Indigenous and non-Indigenous physicians, and members of Indigenous communities, to reflect the lived experiences and diversity among Indigenous Peoples in Alberta. Where possible, the perspectives of Treaty 6, Treaty 7 and Treaty 8 Territory First Nations, Métis people and Métis Settlements, and non-Nunangat Inuit people and communities, including the perspectives of urban, rural, on and off reserve, and on and off settlement Indigenous Peoples will be represented.

Circle membership will include the following representation:

Roles	Representation
Chair(s) • Up to 2	• Selected from members of the Circle
CPSA Council • Up to 2	• Interested Councilors
Elders • Up to 3	Identified by First Nations, Métis and Inuit communities or individuals. Note that a community may include urban settings.
Regulated Members • Up to 4	• Indigenous Individuals • Non-Indigenous Individuals

Roles	Representation
Members at Large <ul style="list-style-type: none"> Up to 4 	Indigenous individuals with lived experience from treaty, rural, urban, First Nations, Métis and Inuit communities and non-Indigenous individuals with experience working with or advocating for Indigenous Peoples
Medical Learners <ul style="list-style-type: none"> Up to 2 	<ul style="list-style-type: none"> Indigenous Individuals
CPSA President (non-voting; by standing invitation)	<ul style="list-style-type: none"> CPSA President may attend at their discretion
CPSA Executive Sponsor (non-voting)	<ul style="list-style-type: none"> Registrar or delegate
Secretariat/Support (non-voting)	<ul style="list-style-type: none"> Recording Administrator Communications Advisor Program Manager, Policy

Authority and Accountability

CPSA Council committed to the establishment of a committee or other mechanism to advance regulation for the protection of Indigenous Peoples.

The Circle is advisory in nature; the Circle itself has no formal decision-making authority. The Circle will:

- Report to Council through the Co-Chairs or the Registrar as designate;
- Provide a progress report to be tabled before Council at each Council meeting;
- Provide guidance, advice and recommendations to the Registrar or the CPSA Team on initiatives, policies and programs; and
- Submit guidance, advice and recommendations directly to Council when requested.

Narrative Sovereignty

Narrative Sovereignty is the ability to tell your own stories and define your own world view¹. Members of the Circle will be invited to share knowledge and information, experiences and stories—their own or those of their communities. This sharing will inform and enhance CPSA's awareness and understanding of Indigenous experiences and will provide guidance and direction to CPSA in achieving their mission.

To maintain narrative sovereignty, CPSA will:

- 1) Verify the knowledge, experiences and stories have been captured in a way that honours and respects the sharer and any persons or communities that may have been represented.
 - a. CPSA will work to frame the content appropriately, and then share it with the Circle for review and revisions.
 - b. Final versions of materials will be shared to ensure appropriateness and accuracy.
 - c. At any time, a member of the Circle, or the Circle as a collective, may:
 - i. withdraw their shared information.

¹ Definition from Ossie Michelin, [Why it's important for Indigenous people to tell our own stories](#), June 3, 2021.

- ii. direct CPSA to revise, update, or rephrase their shared information.
 - iii. Neither of these scenarios requires advance notice or explanation.
- 2) Obtain consent from the sharer, either the individual or the collective Circle, to communicate the knowledge, experiences and stories:
 - a. To Council, Council Committees, other Committees or Sub-Committees, to enhance guidance to CPSA or increase their awareness.
 - b. To members of, or the collective, CPSA Team to enhance their work or increase their awareness.
 - c. To stakeholders and partners, to facilitate collaborative work that reflects the needs of Indigenous individuals and communities in Alberta.
- 3) The final version of any content or product will be verified and accepted by the Circle membership prior to any distribution.
 - a. If there is a concern that this process has not been followed, and/or narrative sovereignty has not been respected, members of the Circle shall inform the co-chairs to discuss this with the CPSA Executive Sponsor and the Secretariat to take appropriate action.

Roles and Responsibilities

The Circle provides guidance, advice and recommendations to inform decisions made by Council and the Registrar regarding CPSA's policies, processes, programs and initiatives.

Areas of focus include:

- Leveraging CPSA's role as regulator and its ability to influence positive change in the provision of health care to Indigenous Peoples;
- Developing a shared understanding of the context in which care for Indigenous patients is offered and the ongoing effects of colonialism on the ability of patients to trust those in authority;
- Developing substantive and authentic connections and relationships between CPSA and Indigenous leaders, organizations, communities and partners;
- Acknowledging and raising awareness of systemic Indigenous bias and guiding change within CPSA and the medical profession; and
- Influencing change in Alberta's healthcare system to improve health outcomes for Indigenous people and communities.

A project/work plan that addresses priorities identified by the Circle, and align with CPSA's purpose, vision, strategy and areas of influence will be developed on an annual basis.

Meetings

Frequency

The Circle will meet at least four times per year. Additional meetings may be called at the request of the Co-Chairs, in consultation with the Secretariat.

Procedures

Video conferencing will be used for meetings unless unavailable. If video conferencing is not feasible, meetings will be held by telephone conference. In-person meetings will be explored, as possible.

An agenda will be prepared and distributed to members, with materials, in advance of every meeting.

When guidance or advice is sought on items where discussion has already taken place, or are required prior to a meeting occurrence, CPSA will distribute the materials and collect member feedback for compilation and incorporation. This will follow the process outlined under Narrative Sovereignty.

Whenever possible, the Circle will use a consensus model when making recommendations. If consensus cannot be achieved, the Co-Chairs will provide advice on the appropriate course of action. Advice and guidance will be provided based on the experiences and perspectives shared by the members.

The Circle may determine procedures to use at any meeting.

Records of the Committee

The Secretariat is responsible for the development and retention of any required records. Circle members will have access to any records they require.

Confidentiality

Member respect for confidentiality, privacy, and each other is critical to ensure a safe space for discussion. All written materials and discussions related to recommendations or advice made at the meetings of the Circle are confidential except any information deemed necessary by Council or the Registrar to communicate with stakeholders.

Circle members will annually sign a Confidentiality and Non-disclosure Agreement that will apply to their work and actions on the Circle. The Confidentiality and Non-disclosure Agreement signed annually by Council members extends to their work and actions on the Circle.

Subcommittees

The Circle may from time to time, as required, recommend the formation of working or project groups to achieve time-limited work. The Registrar approves the formation of a working or project group. If formed, such a group will:

- Be established for a maximum length of time, appropriate to the purpose;
- Report back to the Circle on progress at regular intervals;
- Provide a report to the Circle upon completion of the task or project; and
- Fulfill the deliverable for which it was formed.

Committee Resources

Council approves the budget of the Circle.

Circle members will be paid an honorarium and will be reimbursed for expenses in accordance with CPSA's Honoraria and Expense Policy. Gifts of appreciation offered to Elders who provide their services to CPSA will follow the Indigenous Gift policy.

The Circle may invite guests and guest speakers for information, including CPSA Leadership and team members.

Non-staff guests and guest speakers may be remunerated at the discretion of the Registrar or designate. Consideration may also be given to recognition of contributions made in accordance with cultural protocols at the discretion of the Registrar or designate.

Submission to: **Council**

Meeting Date:	Submitted by:		
December 1, 2022	Ms. Linda McFarlane, Chair Building Fund Initiatives Working Group		
Agenda Item Title:	Building Fund Initiative Working Group		
Action Requested:	<input type="checkbox"/> The following items require approval by Council. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Council. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable):	n/a		
Background:	<p>In May 2021, Council passed a motion to allocate \$5 million from the building fund to support programs, initiatives or research to benefit all Albertans.</p> <p>The Building Fund Initiatives Working Group is time-limited ad hoc committee of Council established to oversee the \$5 million Council has allocated from the CPSA building fund.</p> <p>The Working Group currently consists of the following voting members:</p> <ul style="list-style-type: none"> • Ms. Linda McFarlane, Chair • Dr. Richard Buckley • Dr. Nicole Cardinal • Ms. Levonne Louie • Ms. Stacey Strilchuk <p>The Working Group is supported by CPSA administration:</p> <ul style="list-style-type: none"> • Dr. Scott McLeod, Registrar • Ms. Tracy Simons, Chief Financial Officer • Mr. Josh Eberhart, Senior Accountant/Financial Analyst • Ms. Tina Giamberardino, Risk Management Coordinator <p>In September, Council approved updating the committee Terms of Reference to modify the committee composition.</p>		

Role/Representation	Member	2023 membership
CPSA Council (voting)	Current Councillors of which: <ul style="list-style-type: none"> 1 physician member 1 public member 	Richard Buckley Vacant
CPSA President (voting)	CPSA President	Stacey Strilchuk
Members at Large (voting)	2 members	Nicole Cardinal Vacant
CPSA Staff (non-voting)	<ul style="list-style-type: none"> Registrar Chief Financial Officer Admin support 	Scott McLeod Tracy Simons Tina Giamberardino
Additional Support (non-voting)	<ul style="list-style-type: none"> Senior Accountant/Financial Analyst Communications Advisor 	Josh Eberhart TBD

For 2023, there will be two vacancies on the committee for voting roles (one public member and one member-at-large). A search for new members was conducted this fall. Two names have been forwarded to the Governance Committee for consideration.

CPSA is now seeking proposals from Alberta-based organizations and/or individuals for the ***CPSA Healthier Albertan Grant***.

The grant was announced on November 1, 2022. A dedicated page on the CPSA website was created.

<https://cpsa.ca/about-cpsa/awards-recognition/cpsa-healthier-albertan-grant/>

The grant was announced on the CPSA website and by a media release. All physicians have also received an email, and information has been shared in the *Messenger*. The information is also being shared in CPSA's social media posts and with other non-profit groups.

We encourage you to share the news about the grant. Details about the request for proposals are found on the website.

	<div data-bbox="620 357 1232 848"> <p>The CPSA Healthier Albertan Grant will see a total of \$5 million in funding available across Alberta. Local organizations and individuals will be able to select one of three funding categories when submitting their proposal:</p> <ul style="list-style-type: none"> • \$50,000 – \$100,000 • \$100,001 – \$1,000,000 • \$1,000,001 – \$2,500,000 </div> <p>Key submission dates:</p> <p>Dec. 15, 2022 – submission of interest - mandatory</p> <p>Jan. 4, 2023 – questions</p> <p>Feb. 28, 2023 – proposals</p>
Next Steps:	<ol style="list-style-type: none"> 1. Approve committee members for 2023 (Council Dec 2022) 2. Provide education/information session for any new Working Group members Jan 2023. 3. Evaluate applications and prepare recommendation for Council (Working Group March 1 – May 5, 2023) 4. Approve grant funding (Council May 2023) 5. Announce successful applicants for the grant funding May 2023. 6. Monitor grant applicants and reporting 7. Continue communicating progress of activity with Council, physicians and Albertans as applicable
List of Attachments: n/a	

Submission to:	Council
-----------------------	----------------

Meeting Date:	Submitted by:		
December 1-2, 2022	Scott McLeod/Sue Welke		
Agenda Item Title:	CPSA History Project		
Action Requested:	<input checked="" type="checkbox"/> The following items require approval by Council See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation:	It is recommended that CPSA Council approve Option 1: Pause the History Project, bringing it back for Council discussion in December 2023, as a possible project for 2024 or 2025.
Background:	<p>At the May 2021 Council meeting, Council gave approval for the CPSA History Project, and suggested that the work begin in 2022. A draft goal for the project was to have a well-rounded resource that does not shy away from uncomfortable parts of CPSA's history, including developing an understanding CPSA's complicity in allowing discriminatory medical practices.</p> <p>At the March 2022 meeting, Council approved the establishment of the History Project Committee. A budget of \$25,000-\$30,000 was estimated at that time. It was anticipated that a government grant for a summer student would help to amplify the budget, and assist in completing the project. The summer student application was unsuccessful.</p> <p>The History Project Committee has not been called together for a meeting.</p> <p>CPSA's 2023 Budget has \$30,000 allocated to the History Project.</p> <p>Due to CPSA capacity and priorities, Council is asked to consider the following options regarding the History Project:</p> <ol style="list-style-type: none"> 1. Pause the History Project, bringing it back for Council discussion in December 2023, as a possible project for 2024 or 2025. <p>Pros:</p> <ul style="list-style-type: none"> • Allows for framing and focus on the project, to align with CPSA's new Strategic Plan. • From the draft project goal included above, the project may align better with the work of one of CPSA's Committees

	<p>(the Circle and/or the Anti-Racism Anti-Discrimination Action Advisory Committee)</p> <ul style="list-style-type: none"> • Allows for the development of a realistic budget for the history project in the 2024 and 2025 budgets. • 2023 budget allocation to the History Project could be redirected to 2023 priority work. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • Further postpones work that was initiated in 2021. <p>2. Discontinue the History Project work, removing it as a project for CPSA at this time.</p> <p><u>Pros:</u></p> <ul style="list-style-type: none"> • Allows for other defined priority projects to receive more attention and CPSA resources. It is likely the cost of the History Project will be more than the \$30,000 allocated in the 2023 budget. • From the draft project goal included above, the project may align better with the work of one of CPSA's Committees (the Circle and/or the Anti-Racism Anti-Discrimination Action Advisory Committee) • 2023 budget allocation to the History Project could be redirected to 2023 priority work. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • Removes work that was identified as a need in 2021. <p>3. Commence the project, calling a January 2023 meeting of interested Council members, to establish the History Project Committee.</p> <p><u>Pros:</u></p> <ul style="list-style-type: none"> • Follows through on the 2021 identified need for a History Project. <p><u>Cons:</u></p> <ul style="list-style-type: none"> • Will require significant Council, staff and likely budget to hire external resources in order to achieve a high-quality project deliverable. It is likely the cost of the History Project will be more than the \$30,000 allocated in the 2023 budget.
Next Steps	Next steps depend upon Council's discussion and decision of the Options in this Report.
List of Attachments: N/A	

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
December 2, 2022	Dawn Hartfield		
Agenda Item Title:	Project Bluebird Update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item . See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item . Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.
AGENDA ITEM DETAILS			
Recommendation (if applicable) :			
Background:	<p>The “backlog” of complaints has been an ongoing area of concern for CPSA and Council. In 2020, Council was provided with a comprehensive overview of the complaints process and the issues contributing to the delays in managing complaints. (see also the power point from the December 2020 meeting) In 2021, Project Bluebird was introduced to Council at the March meeting and a full overview of the project was shared at the September 2021 Council meeting. At that time Council approved the commitment of resources required to support this project. A brief update around the early successes of the program was provided to Council earlier this year. The presentation at the December Council meeting will provide a comprehensive overview of where the work was, how the project was developed, where the work is now and plans for the future.</p>		
Next Steps:			
List of Attachments:			
1. Dec. 2022 PowerPoint Presentation			



Professional Conduct

Project Bluebird **Report to Council**

December 2022

Where we came from *Building the Plane*



Where we are *Flying Forward*



Right People - Right Process - Flying Forward

Leading Forward Through Change

"Leadership requires 2 things: a vision of the world that does not yet exist and the ability to communicate it"¹

The vision – An Effective, Efficient Complaints Process with an Engaged and Energized Team

The Communication – Right People to drive the Right Process – establishment of work streams and leaders for those streams

¹Simon Sinek: Start with Why: How Great Leaders Inspire Everyone to Take Action

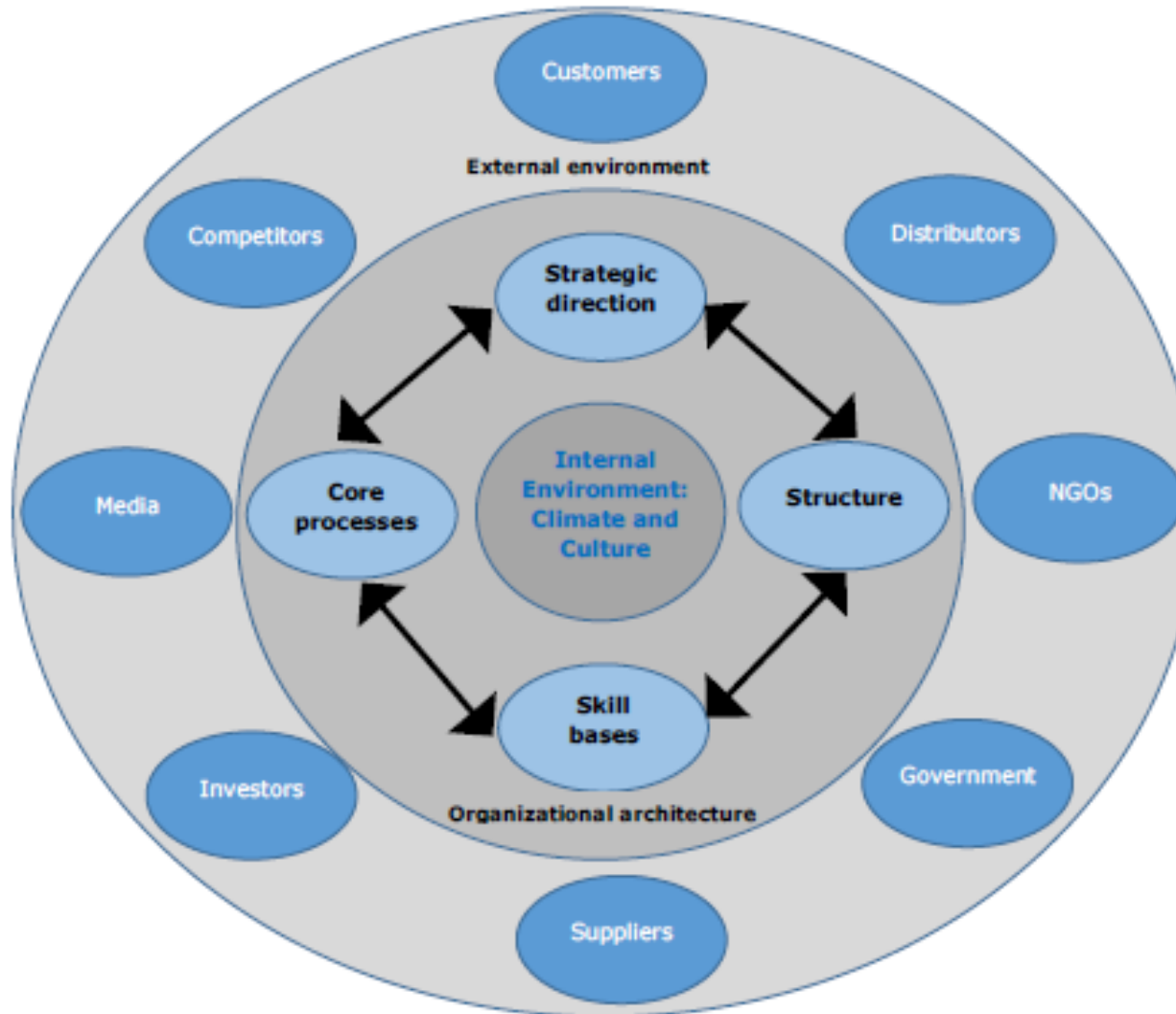


Departmental Structure

WATKINS: First 90 Days – Elements of Organizational Architecture¹

Quality
Improvement
Work

Ongoing
individual skill
development



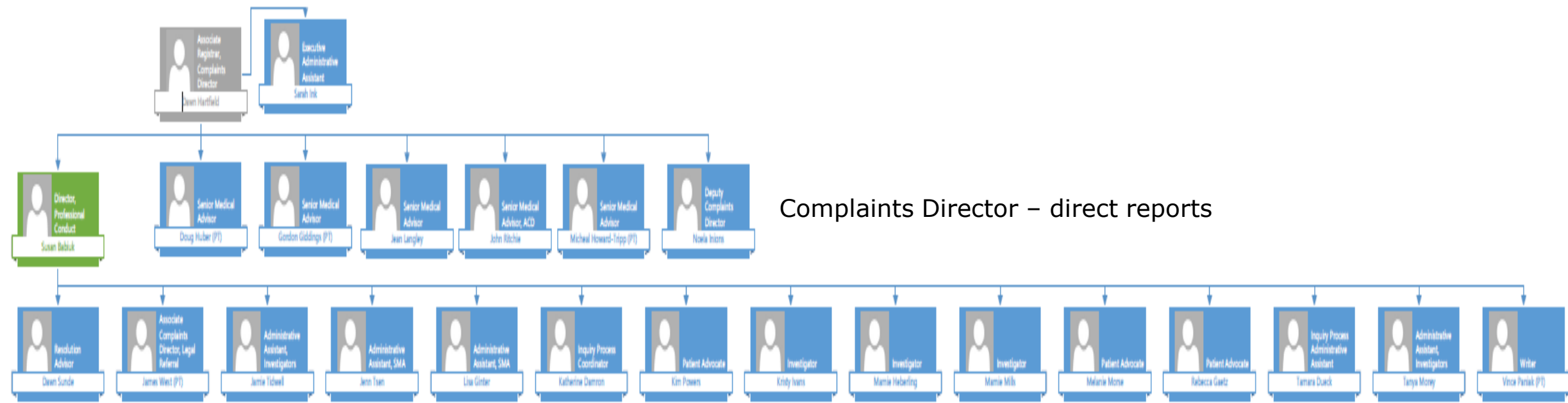
Improving efficiency
and effectiveness;
aligning vision and
values

Work stream
reporting
redesign

¹Watkins Michael D, the first 90 days, Harvard business school publishing 2013. Pg 144

Pre-Bluebird Reporting Model

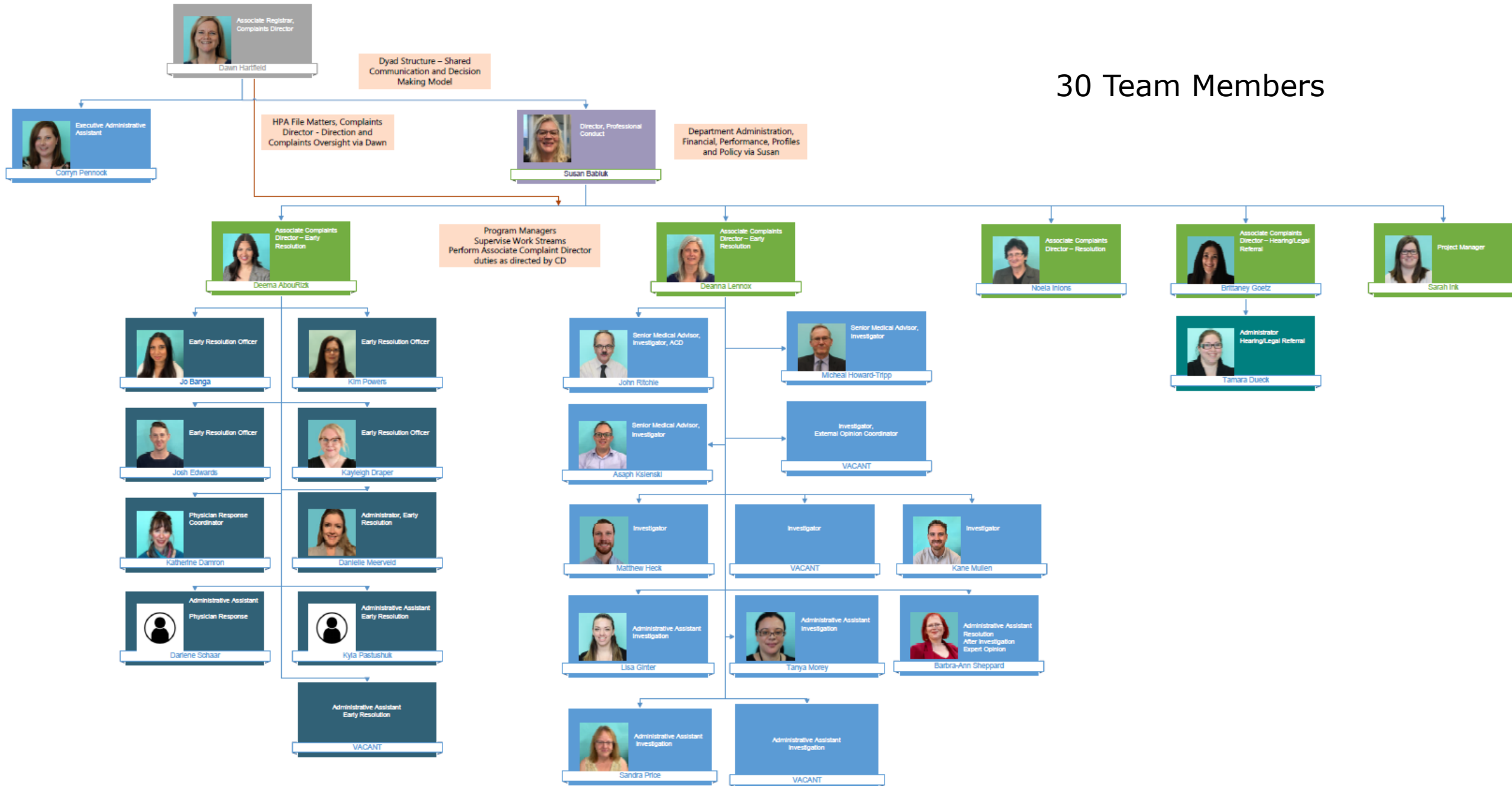
24 Team Members



Complaints Director – direct reports

All others reporting to the Director, PC

30 Team Members



Work Stream Leadership

Deema AbouRizk
Associate Complaints
Director
Early Resolution

Complaint Intake
Early Resolution Officers
Physician Response



Deanna Lennox
Associate Complaints
Director
Investigation

Senior Medical Advisors
Investigators – Local
Investigators - Calgary
External Investigation
Contractors
External Experts



Noela Inions
Associate Complaints
Director
Resolution

Regulated Member -
Legal Counsel Liaison
for Resolution
Educational
Resourcing



Brittany Goetz
Associate Complaints
Director
Hearing/Legal Referral

Liaison with
Hearing Directors
Office
External Legal
Counsel
CPSBC
NWT
Yukon



Continued work with James Simon, CQI Consultant

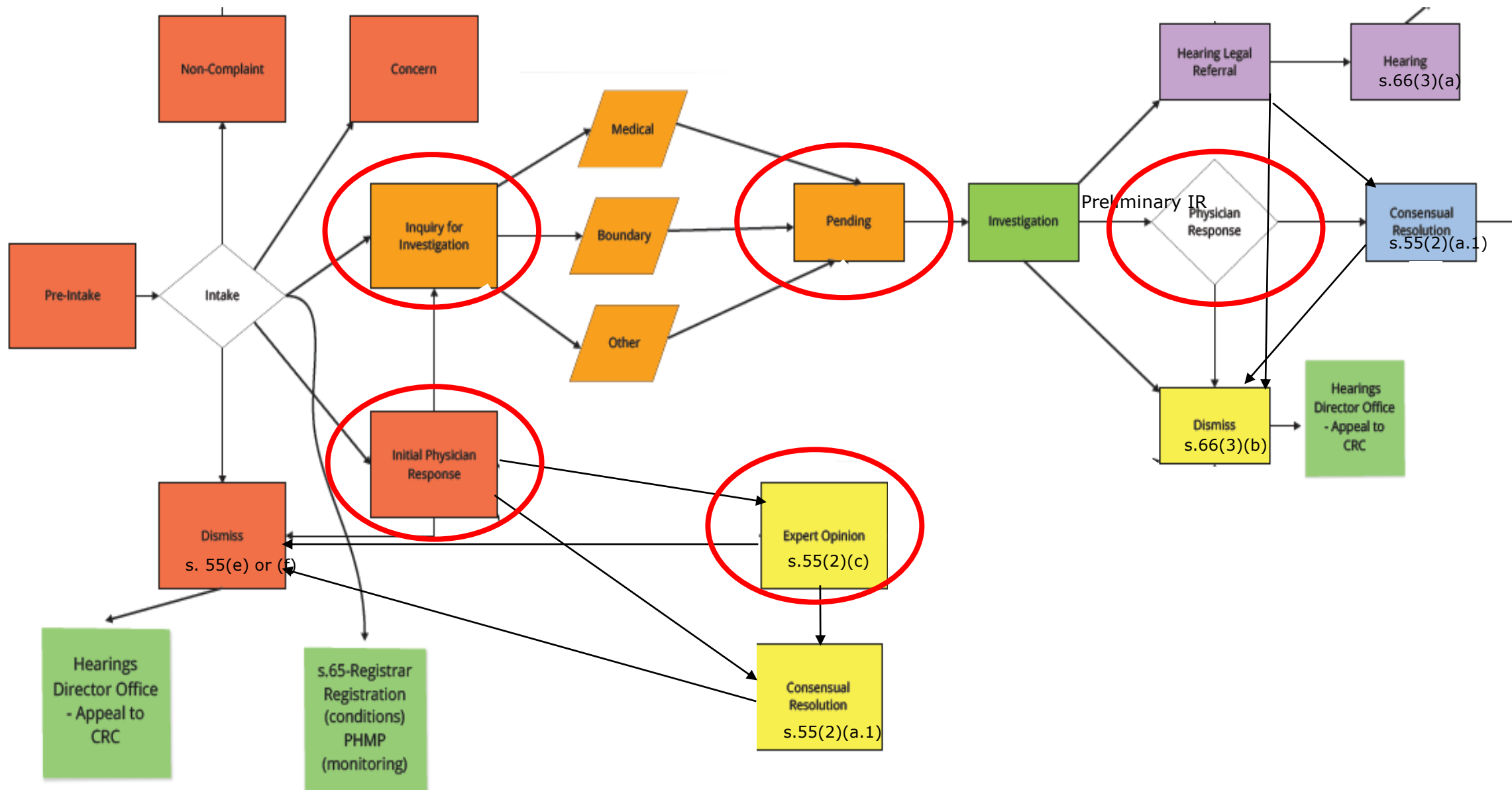


Key changes to Complaints Processes

Building the Airplane as we fly



- **Pre-Intake:** all documents signed and finalized before opening a complaint
- **Intake:** Navigator/ERO review of complaint, first triage; concern process;
- **Inquiry:** initial physician response; accessing records early (AHS)
- **Alternatives to Investigation:** Resolve with consent without investigation; expert opinion (no investigation); improve outright dismiss letters
- **Investigation:** Pending Queue; update "priority" system; improve the Investigative Reports; External Investigator firms; improve dismiss letters after investigation
- **Resolve with Consent After Investigation** – improved processes and standardization; tracking progress on learning requirements; improve dismiss letters with failed RWC
- **Hearings/Legal Referral** – improved processes; standardization and improved communication; emerging case law on costs



Simplified Version



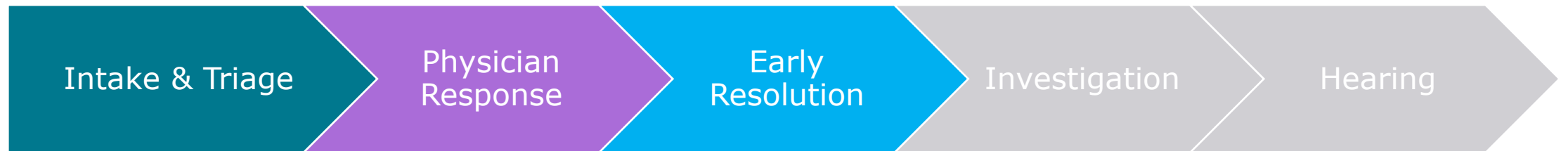
Early Resolution Work Stream

Program Manager: Deema AbouRizk

Purpose:

Intake, Initial Physician Response,
Consensual Resolution, or triage to
appropriate process

Early Resolution Team



Early Resolution Team KPIs

- Triage complaint (direct to a process) within 30 days
of receipt of fully completed complaint forms
- Concern – close in 45 days (implementation pending - i-Sight)
- Physician Response (Formerly Inquiry) – obtain within 90 days
- Direct Resolve – close in 75 days
- Resolve without Investigation – 210 days

Coming Soon!



Early Resolution Team KPIs

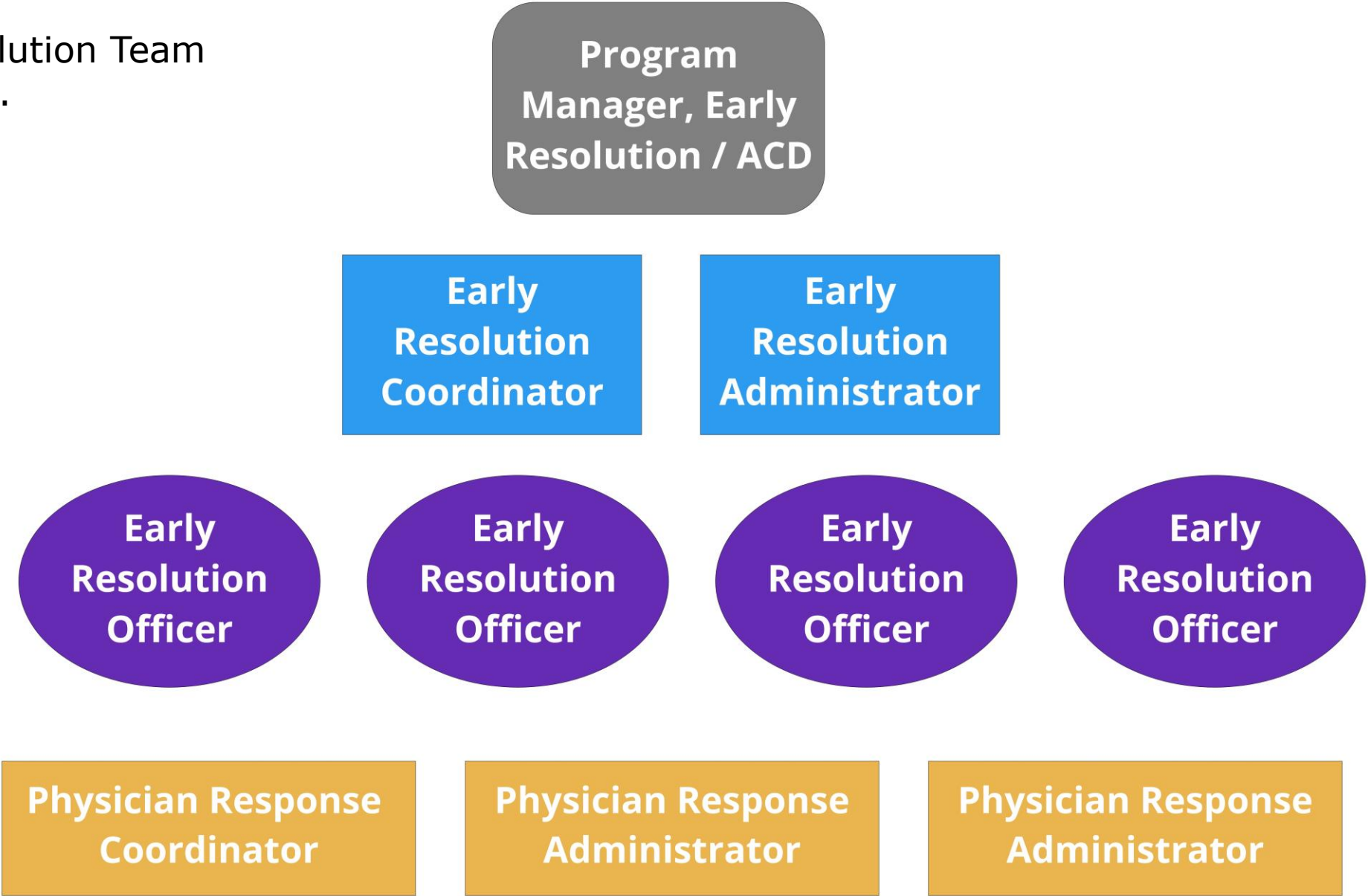
- ✓ Triage complaint within 30 days of receipt
 - Concern – close in 45 days (pending i-Sight)
- ✓ Physician Response (Formerly Inquiry) – obtain within 90 days
- ✓ Direct Resolve – close in 75 days
- ✓ Resolve without Investigation – 210 days



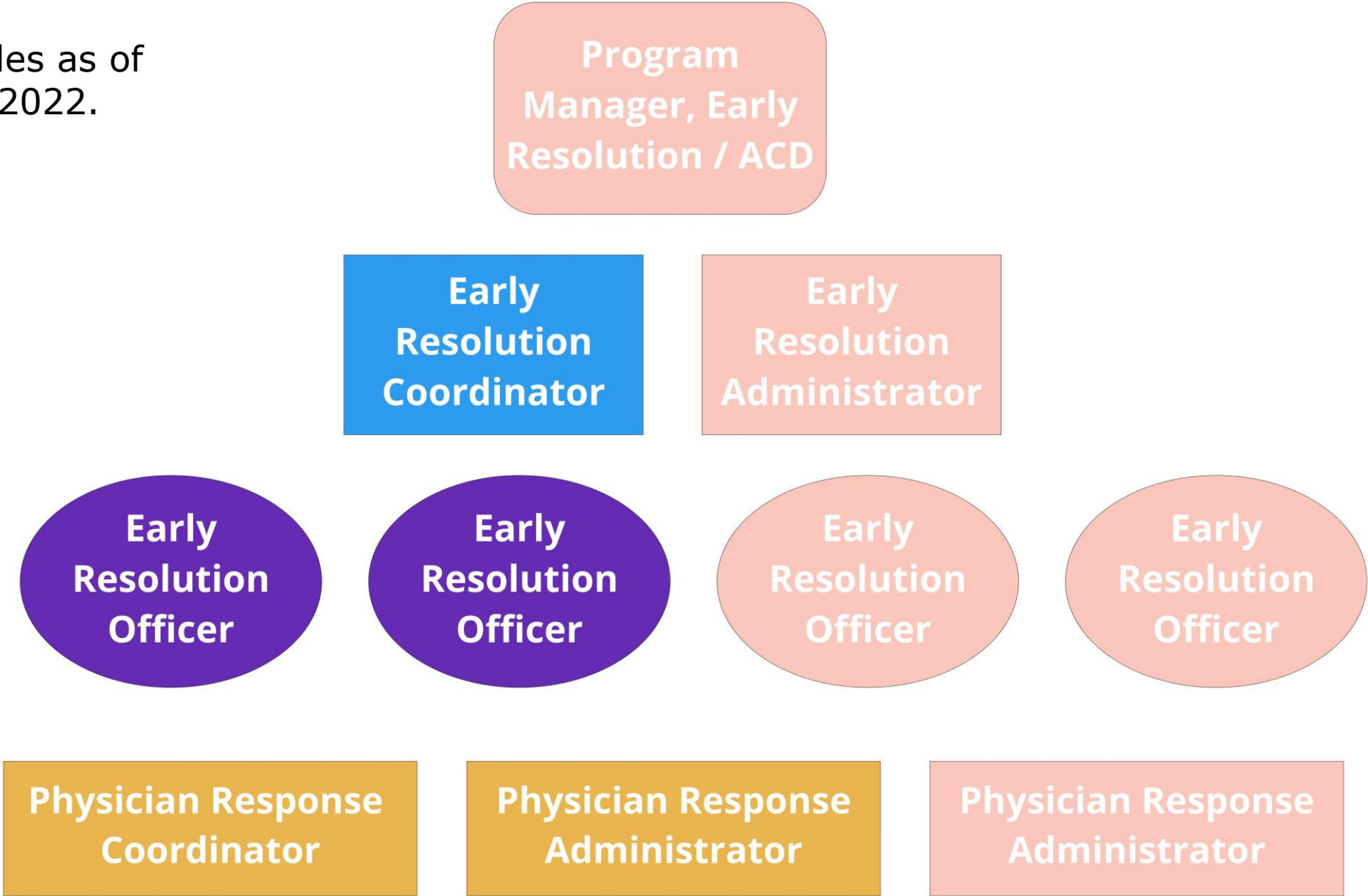
Early Resolution Team KPIs

- ✓ Triage complaint within 30 days of receipt;
 - Achieved by August, 2022.
 - Currently Triaged within 14 days of receipt.

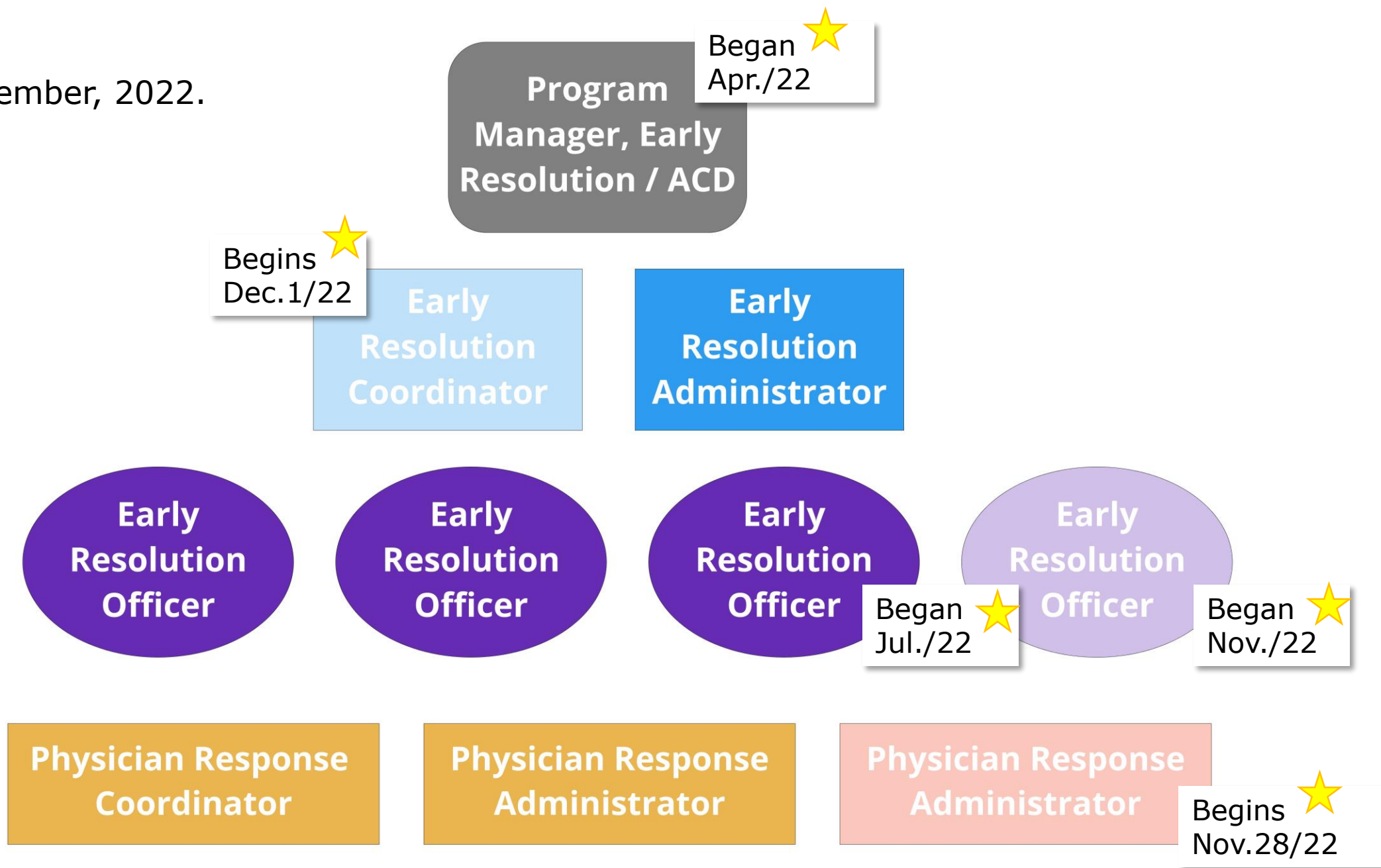
Early Resolution Team
Org. Chart.



Vacant Roles as of
February, 2022.



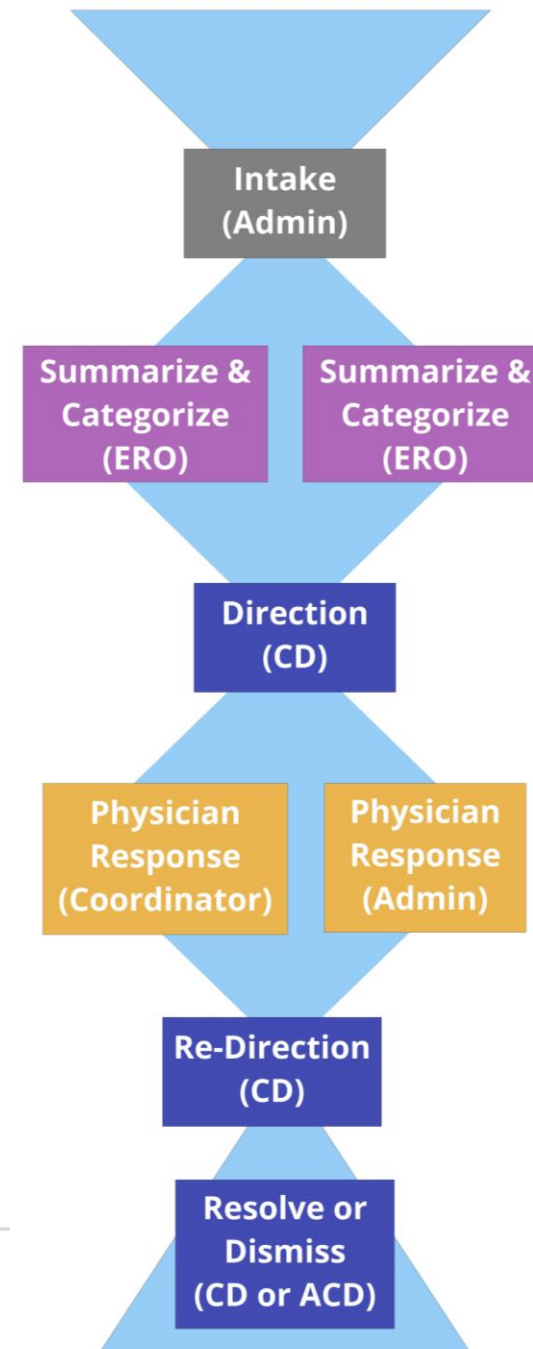
As of November, 2022.



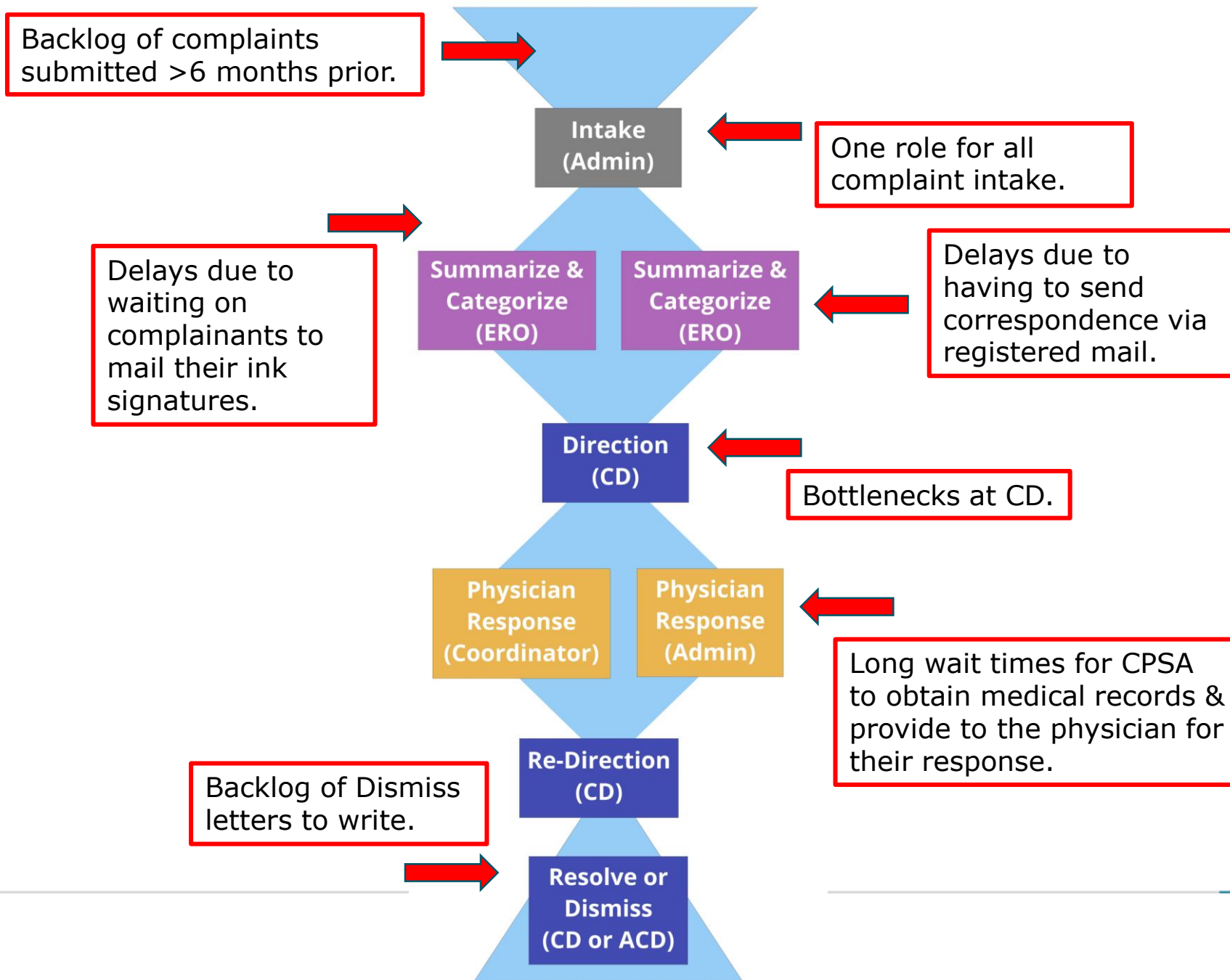
Before



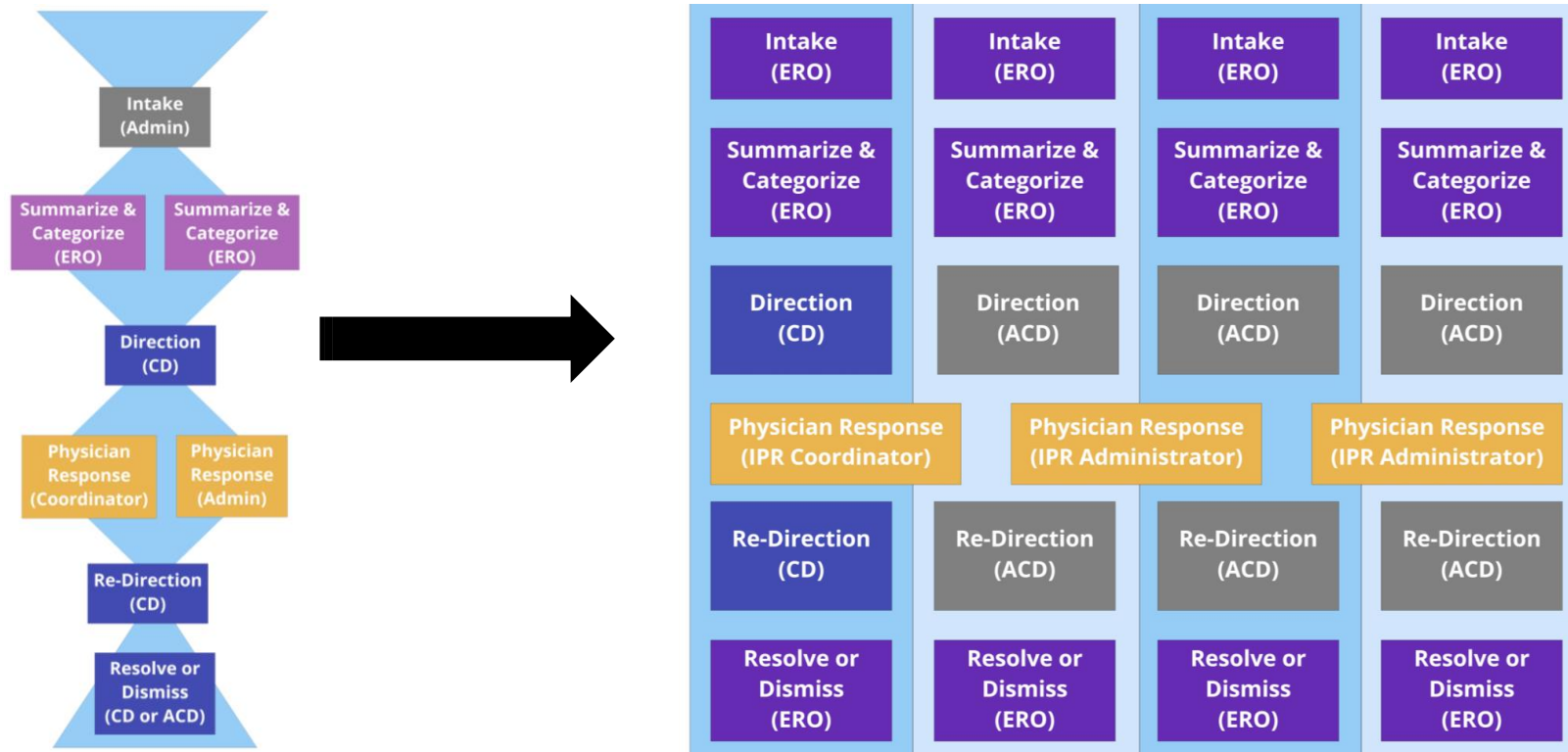
- As of May, 2022, complaint submissions were **backlogged 6 months** before they were taken in;
- Need to train new roles & standardize processes.



Before

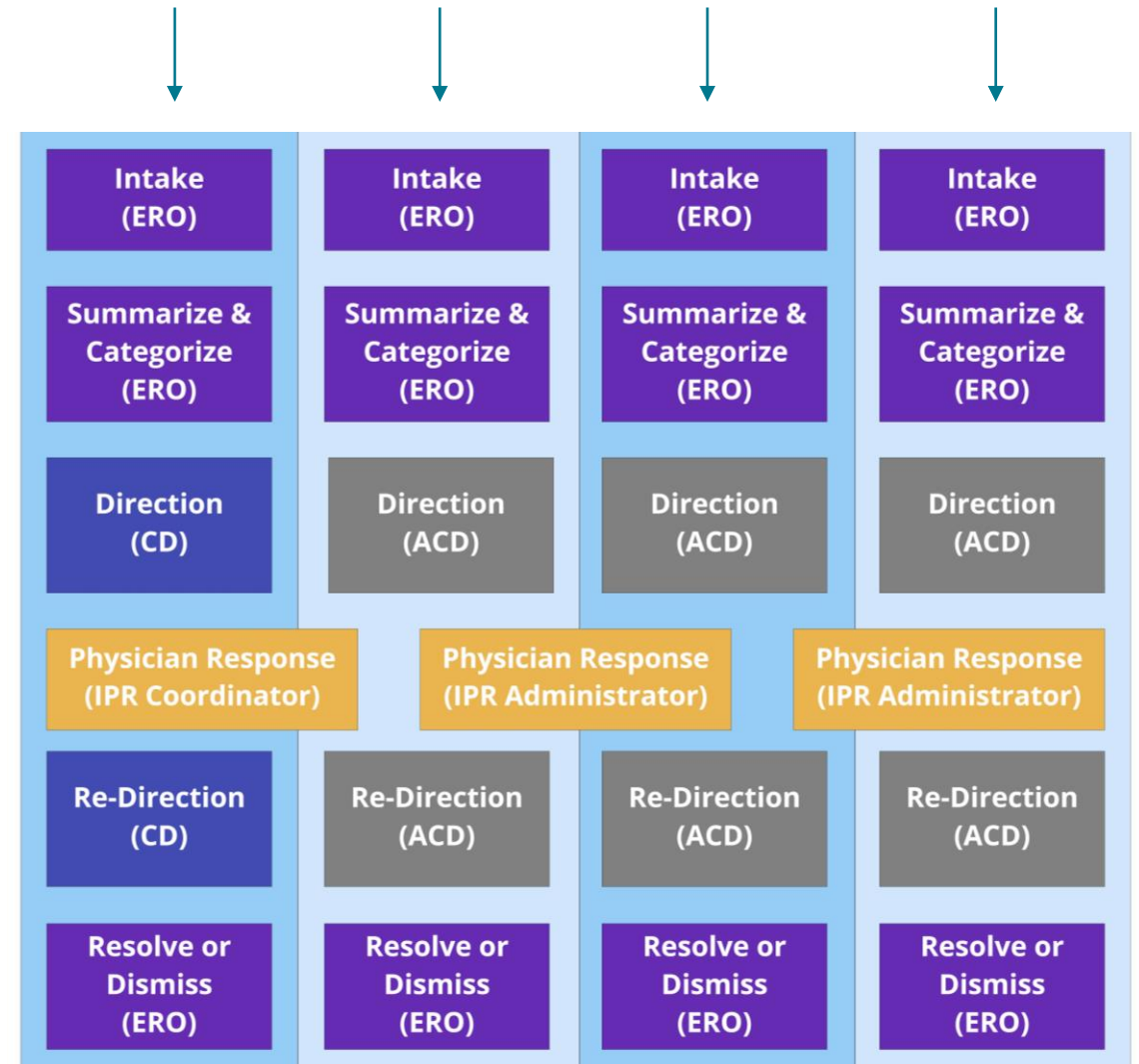


Process Improvements



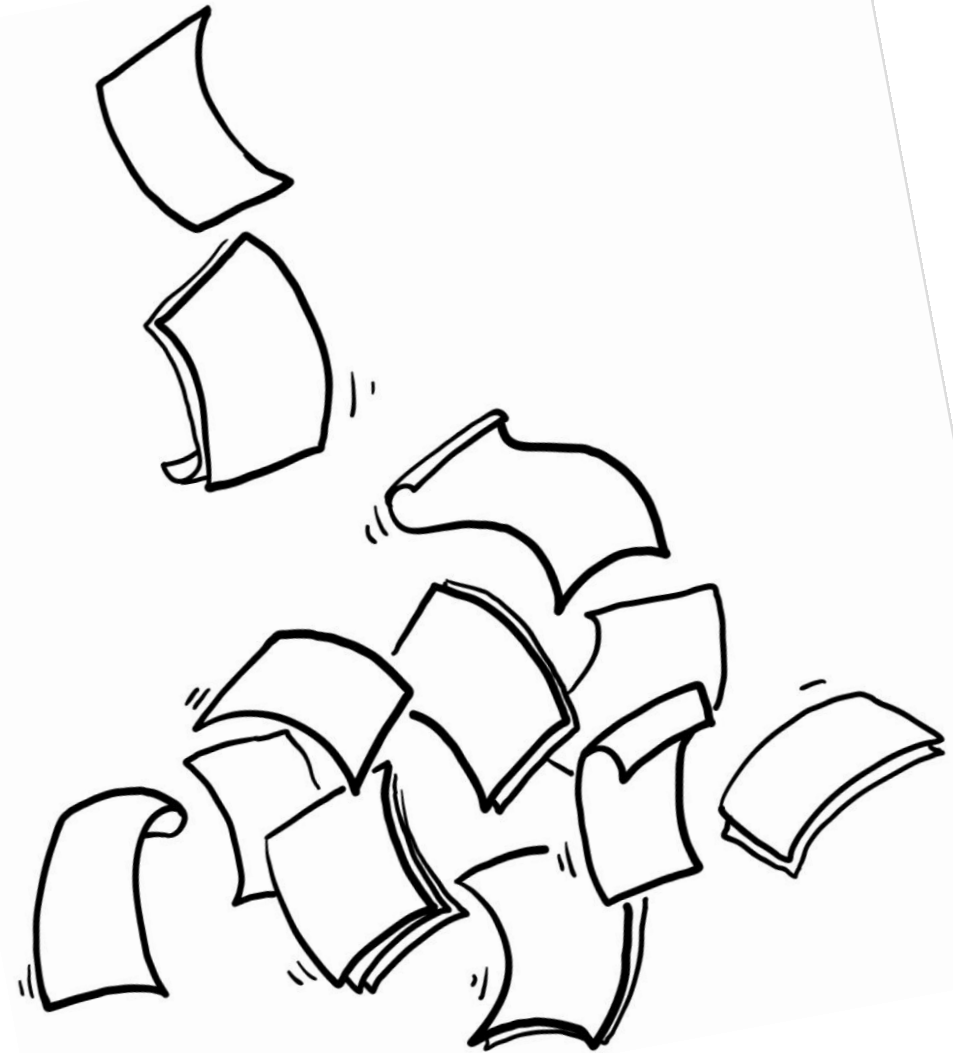
After

- ✓ Defined roles & responsibilities;
- ✓ **4x the work streams to intake & direct files;**
- ✓ Standardized processes and communications.
- ✓ Intake complaints within half of the legislated 30 days to update the complainant.



Complaints 2022

- **789 Complaints** have been processed from January 4, 2022 – November 17, 2022



Early Resolution Team KPIs

- ✓ Physician Response (Formerly Inquiry) – obtain within 90 days;
 - Achieved by August 2022;
 - Agreement with AHS for physicians to access own records;
 - Standardized steps to contact physician's to notify of complaints;
 - Implemented an Escalation Procedure when physician's do not respond by initial deadline.

Physician Response Times

8 weeks or less

92%

7 weeks or less

86%

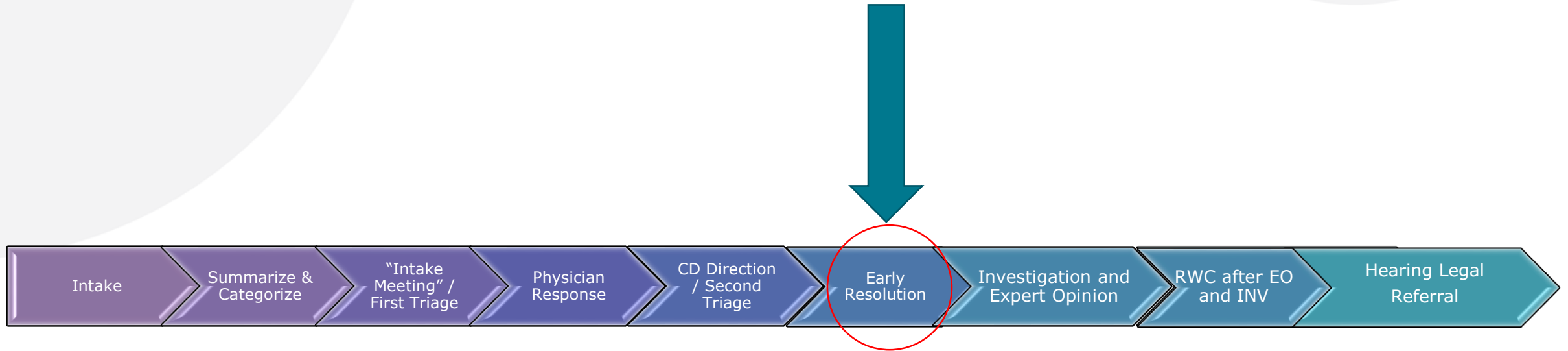
6 weeks or less

83%

5 weeks or less

74%

Early Resolution



Early Resolution: January 2022 until present

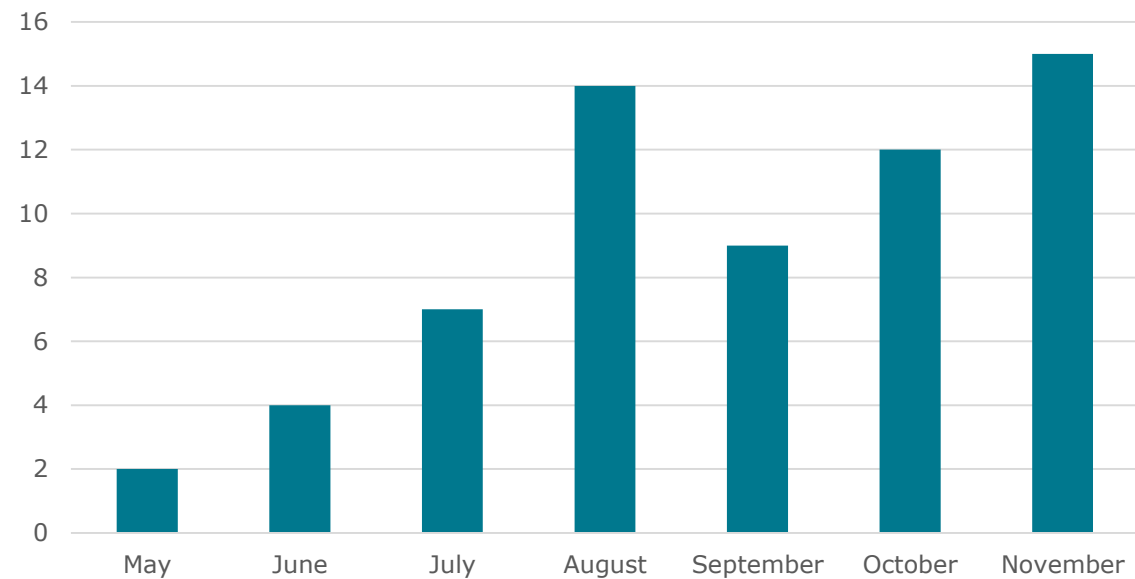
- Worked completed primarily by DSH and BG “off the side of our desks”
- 35 files triaged to early resolution **prior** to new work flow by the EROs
 - 24/30 resolved RWC (80% resolved)
 - 6 redirected to other process
 - 5 in progress
- Of the 24 files successfully resolved
 - Average time to resolution 102 days
 - Median time to resolution 92 days
 - 10/24 (42%) finished in the 90 day KPI



Early Resolution Team

- Of the 50 Complaints Resolved in Early Resolutions in the last 6 months:
 - **40% resolved within 1-2 weeks of direction;**
 - 34% resolved within 3-5 weeks of direction.
 - 26% resolved within 6-13 weeks of direction.

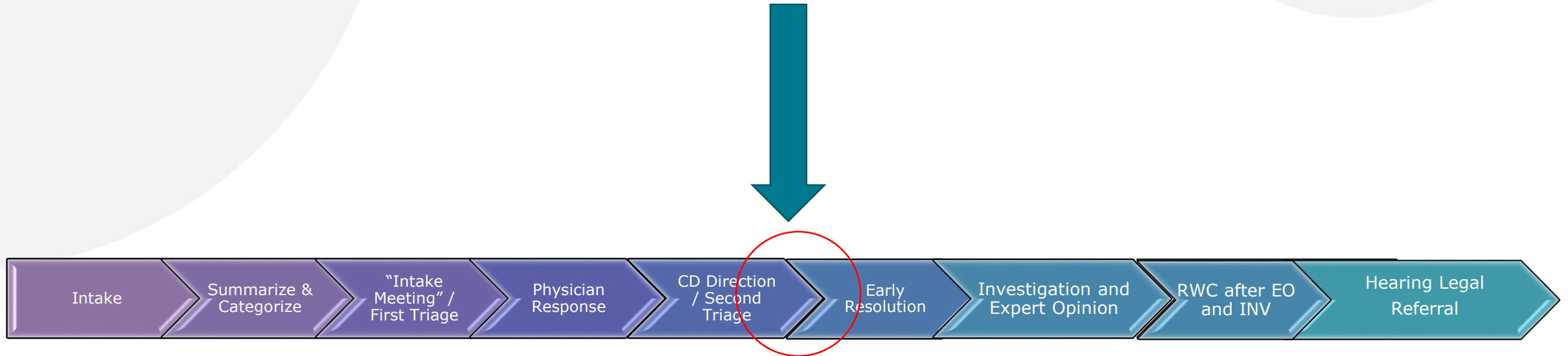
Complaints Resolved, Early Resolution



Early Resolution Team Summary

	KPI	Target	Achieving
	Triage Complaint	30 days	14-30 days
	Physician Response (formerly Inquiry)	90 days	35-56 days
	Resolve with Consent, Early Resolution (includes Direct Resolve)	90 days	7-91 days

Outright Dismiss



- **Complaint dismissed without investigation**
- **Occurs either before Initial Physician Response (IPR) or after IPR**
- **Vast majority of outright dismiss occurs after receipt of IPR**
 - **1% of outright dismiss in 2022 were dismissed without IPR**
 - **99% of outright dismiss in 2022 were dismissed after receipt of IPR**

Outright Dismiss: Changes and Improvements

- **Historically, these matters were dismissed with no information except for complainants' submissions**
- **This resulted in an increase in CRC decisions not being upheld and sent back for further investigation, which caused a backlog of work in the department**
- **Incorporated the use of Initial Physician Response (IPR) in September 2021 to address this issue**
- **We have redistributed the work of writing dismiss letters:**
 - **Internally amongst more team members**
 - **External counsel to assist to manage volume**
- **What is IPR?**
 - **We provide the complaint submission to the physician and request their response**
 - **This includes both a narrative response and relevant records**
 - **The CD (or ACD) then reviews both the complaint submission and IPR, and is able to make an informed decision to triage to outright dismiss**
 - **This has resulted in a decrease in matters being sent back from the CRC**

Work Completed To Date: Outright Dismiss Closed in 2022

In 2022, 444 matters were in dismiss status

313 matters in dismiss status have been closed in 2022 as of November 9, 2022

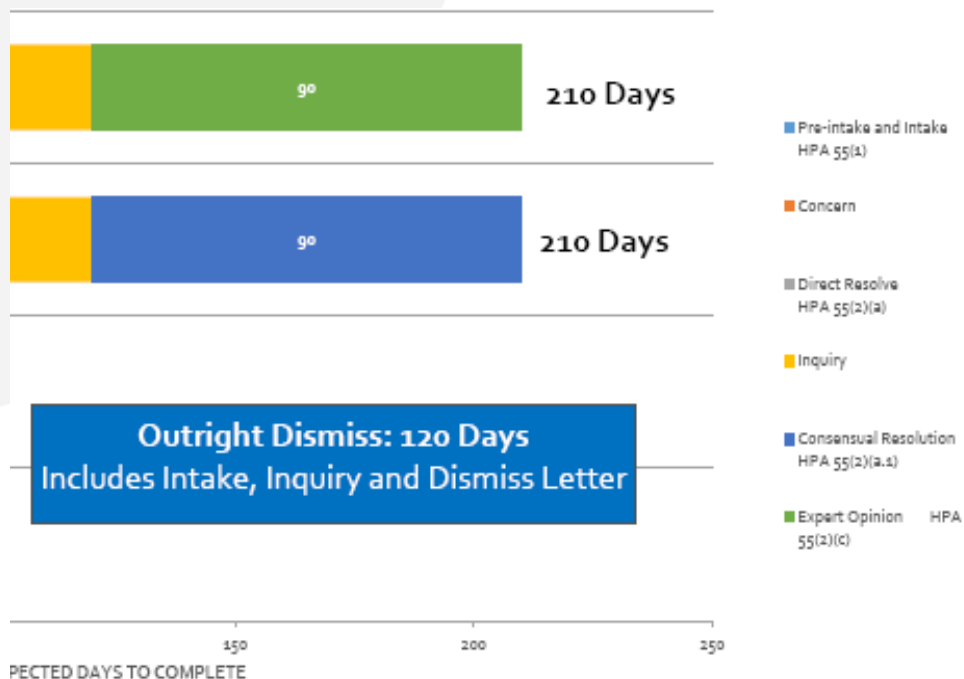
We currently have 122 dismissals awaiting closure in the system

Once closed, 435+ dismissals will be closed in 2022

Year	Matters Closed in 2022
2020	17
2021	154
2022	142

Year	Number of Complaints by Year	# of Complaints in Dismiss Status to Closed by Year	% of Complaints in Dismiss Status to Closed by Year
2020	734	269	36%
2021	785	118	15%
2022	612 to date	142 +17 from 2020 +154 from 2021 = 313 dismissals sent as of Nov 9, 2022	51% (42% dismiss rate for 2022 only)

Outright Dismiss: Opened/Closed in 2022



2022 KPI of 120 days met 0.77% of the time

- This current 120 day KPI does not account for the 30 day time-frame to draft, send out and close dismissal matters
- An appropriate KPI for this process, should include 30 days to account for writing the dismiss letter , bringing the KPI to **150 days**

KPI (150 Days)

KPI

- **KPI met 3.89% of the time (2022)**

Dismiss Closed in 2022 vs. KPIs

Year Complaint opened *closed in 2022	Median - Days in Dismiss Status *legislated requirement of 30 Days
2020	Range – 0 Days to 119 Days Median = 100 Days
2021	Range – 0 Days to 275 Days Median = 112 Days
2022	Range – 0 Days to 286 Days Median = 80 Days

Outright Dismiss: External Counsel & In-House

- **Outright dismiss was redistributed within the Professional Conduct Team to address the backlog and maintain incoming dismissals**
 - **Dismiss Blitz**
 - **ERO workflow**
- **Despite a redistribution of dismissals within the team, we observed a lack of capacity to catch up on the backlog and maintain incoming dismissals. As a result, we required further assistance with this work stream:**
 - **Since June 2022, external legal counsel has been provided with 126 dismissal letters to draft**

	Number of Dismissals Provided	Number of Dismissals Completed/Closed to Date	% of Dismissals Completed
External Counsel	126	77	24% (16% pending)
In-House	187	187	60%

Complaint Review Committee

Year	Number of Dismissals appealed to & heard by CRC	Upheld	Not Upheld	Proportion not upheld	Effective Dismiss Rate*
2020	39	24	15	38%	24%
2021	33	26	7	20%	32%
2022	14 to date	12	2	14%	34%

There are currently 38 matters with CRC that were dismissed in 2022 that are awaiting decisions

***based on starting dismiss rate of 40%**

Investigation and Expert Opinion Work Streams

Program Manager: Deanna Lennox

Purpose:

Expert Opinion Management
Pending Queue Management
Investigation of Complaints



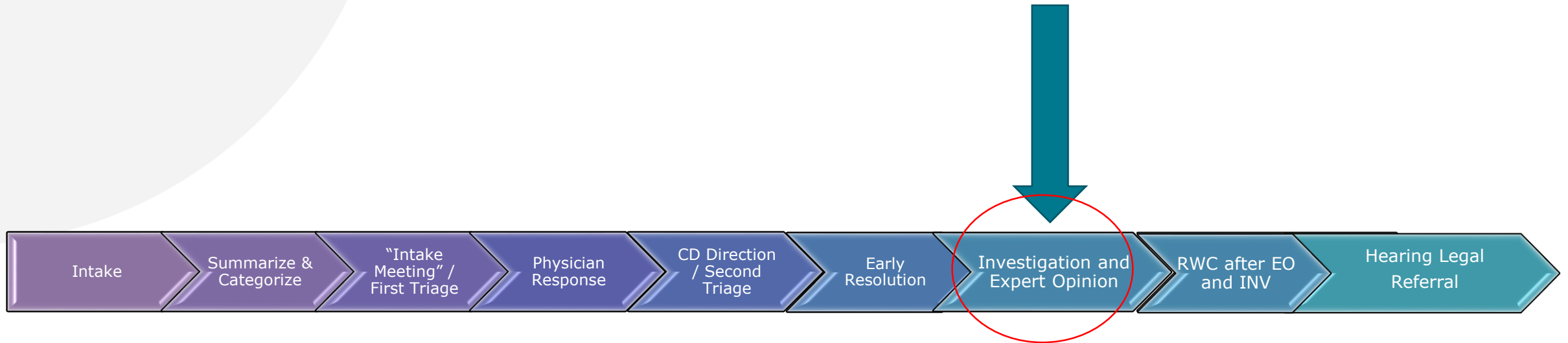
Standardizing Processes

- Standardized **investigation report** – internal and external teams
- Standardized **messaging** when responding to legal counsel
 - requests to record the interview
 - requests to obtain a copy of the interview transcription
 - escalation letters for unresponsive physicians
- Standardized messaging to investigation **updates** to physicians and public
- Senior Medical Advisor **support** for all team members – Dr. Michael Howard-Tripp
- Expert Opinion **Program**

Changes and Improvements - *Investigation*

- Reference & Procedure **Manual** for Investigators
- **Standardizing** the investigation process – investigation report, interactions with parties to the complaint
- Audio **recording interviews** for transparency and accuracy
- Investigation **focused training** – Report Writing, Emotional Intelligence in Investigation – Bias Recognition & Discrimination Cases, Conducting Credibility Assessments, Investigation Interviewing Techniques
- **Priority files** from CD to ACD for immediate assignment
- Utilizing **expert opinion** through section 55(2)(c) which are complaints involving quality of care provided by the physician – includes either dismissal or remediation using consensual resolution
- **Report writing** internally and externally – using the information from the reports to transfer to dismiss letters for efficiency

Expert Opinion



Expert Opinion

Total Files by HPA Section	
Section 63 (investigations)	44
Section 55(2)(c)	82
Total Files	126

Expert Opinion: Section 55(2)(c)

Section 55(2)(c) Reporting for Completed Files	
Files Completed	24
Range in days completed files	15-246
Average days	93
Median Days	70
Files completed in less than 90 days	16 (66.7%)

← KPI

Expert Opinion

Section 55(2)(c) Direction after Expert Opinion Completed		
Dismiss	15	15/21 (71.4%) dismissed
Resolve with Consent	5	
Investigation	1	
Physician Response to EO	2	
File Direction TBD / Opinion to be Reviewed	1	
Total		24

Status Update for Expert Opinion S.55(2)(c)

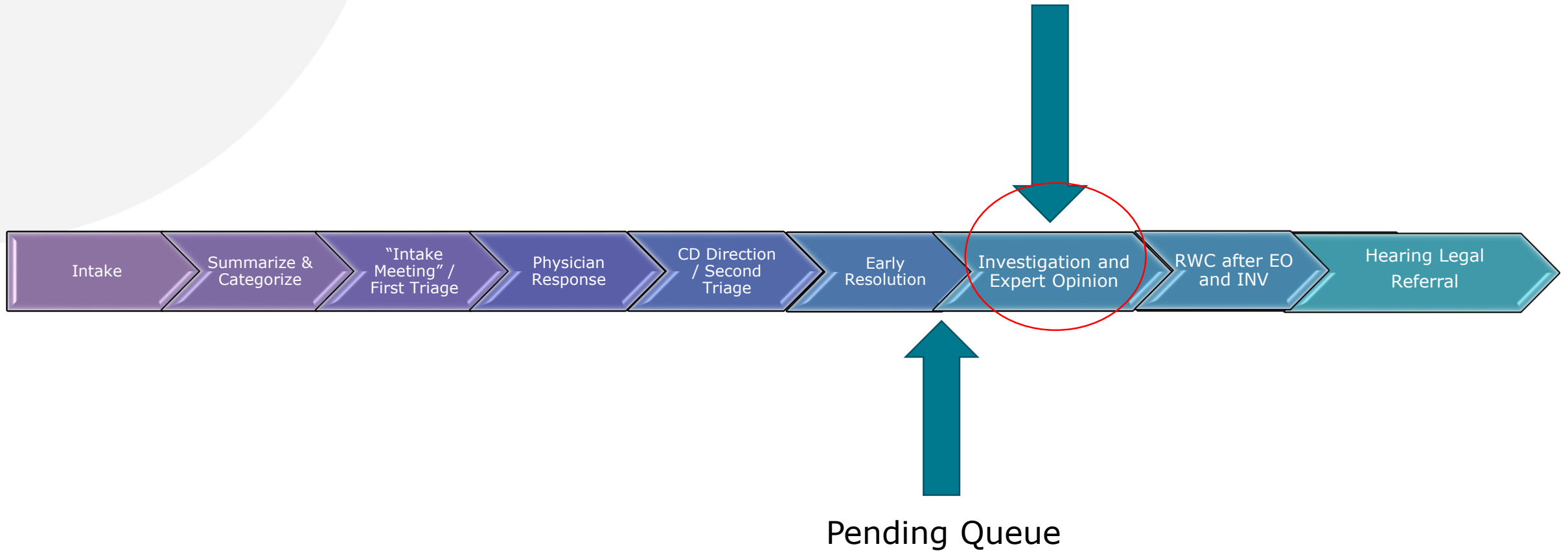
- 82 files triaged to this process
 - 24 are complete (30%)
 - 58 are in progress (70%)
 - 5 (9%) are with the expert
 - 17 (29%) have an identified expert and awaiting package to be sent out
 - 36 (62%) are awaiting expert assignment

Key Learnings:

- Success with earlier files
- Fell behind with
 - higher volumes
 - Insufficient resourcing
 - Solutions:
 - Coordinator role
 - Administrative assistant
 - SMA role (25%) increase to (40%)

10/58 (17%) of these are remain within the KPI

Investigation



What is an Investigation?

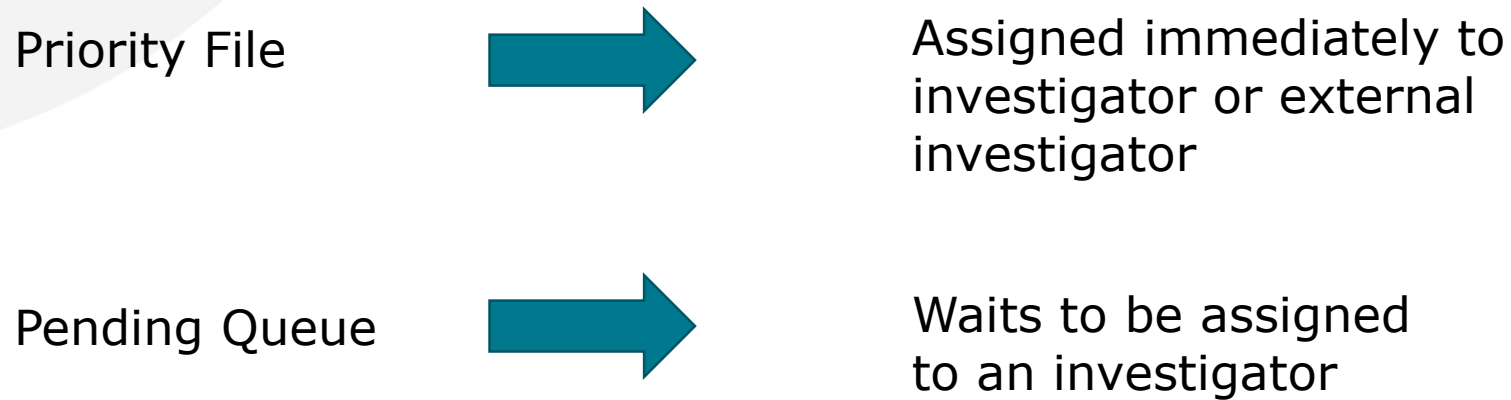
Sec 62 (1) HPA:

“An investigator may investigate a complaint”

- Formal inquiry or systematic study; inquiry, especially patient or thorough inquiry or examination - Webster
- An investigation is a thorough search for facts, especially that are hidden or need to be sorted out in a complex situation
- Systematically finding and examining evidence

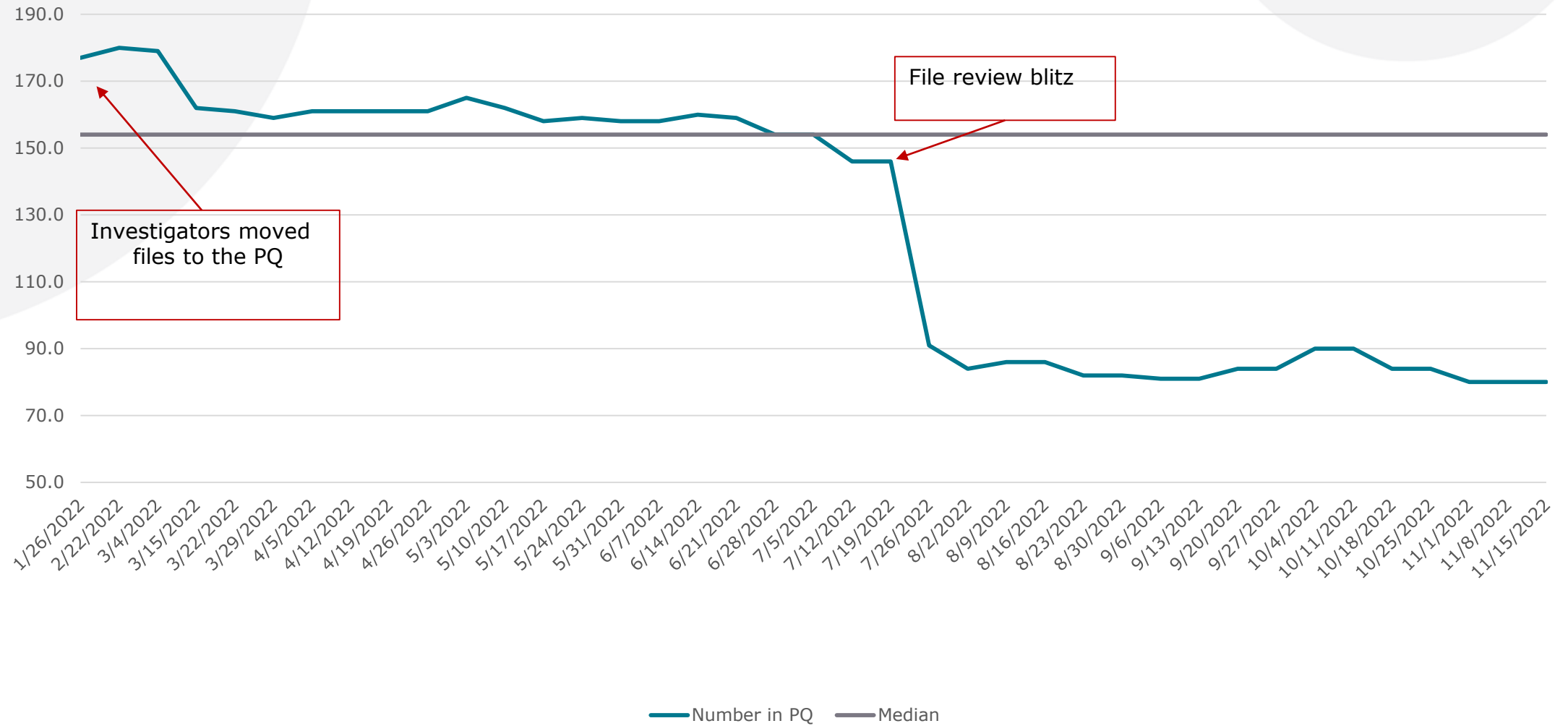


How Files are Assigned Once Directed to Investigation



****All priority files have been assigned**

Pending Queue: Investigation Files Awaiting Assignment



Investigations

Total Closed Files 2022 (Jan 1 – Sep 30)	76
Investigations Complete – CPSA Team	64
Investigations Complete – External	9
Withdrawn Complaints	3

External Investigations

- Directed to External Investigations
 - CD or ACD determines which files are sent to External Investigation
 - Package uploaded via SharePoint; handoff letters sent to Complainant & Respondent Physician
- External firms retained:
 - Arcon Investigative Consulting Inc.
 - Falcongate Ltd.
 - Veritas Solutions

Investigation files 2022

	Files Assigned 2022	Number of Files Completed	Average Duration of Investigation	Number (%) completed in 180 days
Internal	99	64	247	19(30%)
External	67	9	260	0
Withdrawn	-	3	-	-
Total		76		19(25%)

Investigations KPI's (Combined)

What causes delays?

- Awaiting expert opinion
 - EO while on the PQ
- Scheduling of physician interview
 - Standard escalation process
- Awaiting transcription of interviews
 - Real-time transcription with professional transcription for HLR files only
- IT issues for file transfer
 - i-Sight will help

Average Days of an Investigation (Jan 1-Sep 30)	251
Number of files completed within 180 days	19
Percentage of files completed within 180 days	25%

KPI



Resolution Work Stream

Program Manager: Noela Inions

Purpose:

Consensual Resolution After
Investigation

Resolution after Investigation (and Expert Opinion)



Key Learnings and Process changes

- Physician response to preliminary IR
 - enables regulated member input early in process
- CD hand-off letter to the parties
 - signals the matter is being directed to RWC, captures specific recommendations for approach to resolution and expedites communication for re-direction of the file.
- Ingoing refinement of standard documents
- Files that require re-direction
 - The success rate is 80% (12/15)
- Robust system for tracking remediation requirements is established

Outcomes: RWC after Investigation



- 25 files triaged to RWC after Investigation
 - 10 files in progress
 - 3 redirected (1 to Hearing legal referral; 2 for further investigation)
 - 12 have been closed to date
 - Average time to completion is 95 days
 - Median time to completion is 79 days
 - The **KPI** of closure within 160 days is achieved **83.3%** (10/12) of the time



Outcomes: RWC after Expert Opinion

- 6 files have been triaged to RWC after Expert Opinion
 - 1 file re-directed to dismiss with advice
 - 2 files in progress
- 3 of these have been closed to date
 - Average time to completion is 31.7days
 - Median time to completion is 45 days
 - The **KPI** of closure within 90 days was achieved **100%** of the time



KPI

Hearing-Legal Referral Work Stream

Program Manager: Brittany Goetz

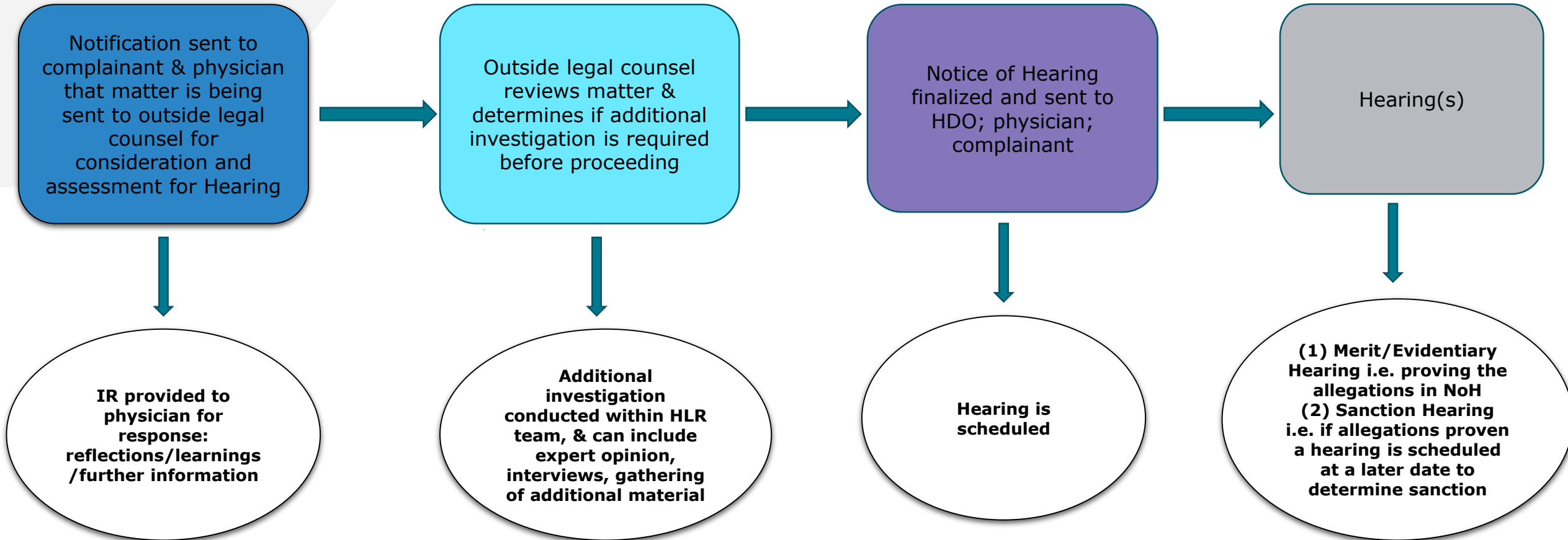
Purpose:

Matters proceeding to hearing
Handoff to Hearing Director's Office
Processes arising from Hearings

HLR: The Last Step



HLR: Then what?



HLR: Changes & Improvements

- **Standardized Communication**
 - Physician, complainant, witnesses, experts
- **Working closely with outside legal counsel**
 - Weekly meetings with outside legal counsel
- **Additional investigation completed within HLR team**
 - Ensures that matters are not lost to follow-up and are moving forward in an efficient manner
- **Monthly meetings with the HDO**
 - Discuss issues/concerns which may arise; plan system improvements
- **HDO follow-up with sanction**
 - Suspension requirements
 - Payment of costs and fines; HDO finalizes and Operations follows up



HLR: Process Improvements & KPIs

Notice of Hearing



Total time from Inquiry to Notice of Hearing Issued

By December 2022
theses targets will be
achieved at least 60%
of the time

Time from HLR Status to Notice of Hearing Issued

Hearings Scheduled

Year	Hearings Scheduled
2020	16 Hearings
2021	23 Hearings
2022	22 Hearings
2023	12 Hearings scheduled to date *2 of the 12 Hearings required re-scheduling from 2022 *2 Hearings currently waiting to be scheduled by HDO for 2023

HLR – Statistics & KPIs

Year	KPI % - Inquiry to Notice of Hearing *480 Days	KPI % - Hearing Legal Referral to Notice of Hearing *90 Days
2020	KPI met 9% of the time	KPI met 4% of the time
2021	KPI met 43% of the time	KPI met 48% of the time
2022	KPI met 63% of the time	KPI met 64% of the time

Year	Median - Inquiry to Notice of Hearing *480 Days	Median - Hearing Legal Referral to Notice of Hearing *90 Days
2020	Range – 388 Days - 2110 Days Median = 1051 Days	Range – 28 Days to 978 Days Median = 391 Days
2021	Range – 128 Days - 2254 Days Median = 496 Days	Range – 0 Days to 253 Days Median = 111 Days
2022	Range – 141 Days to 1146 Days Median = 424 Days	Range – 7 Days to 148 Days Median = 90 Days

2022 Target Achieved



By December 2022
theses targets will be
achieved at least 60%
of the time



Patient Relations Program

Patient Relations Program

Funding available for counselling/treatment of patients who have allegedly **suffered Sexual Abuse and/or Sexual Misconduct by a regulated member.**

Mandated by the *Health Professions Act* and the “*Funding for Treatment and Counselling Regulation*”

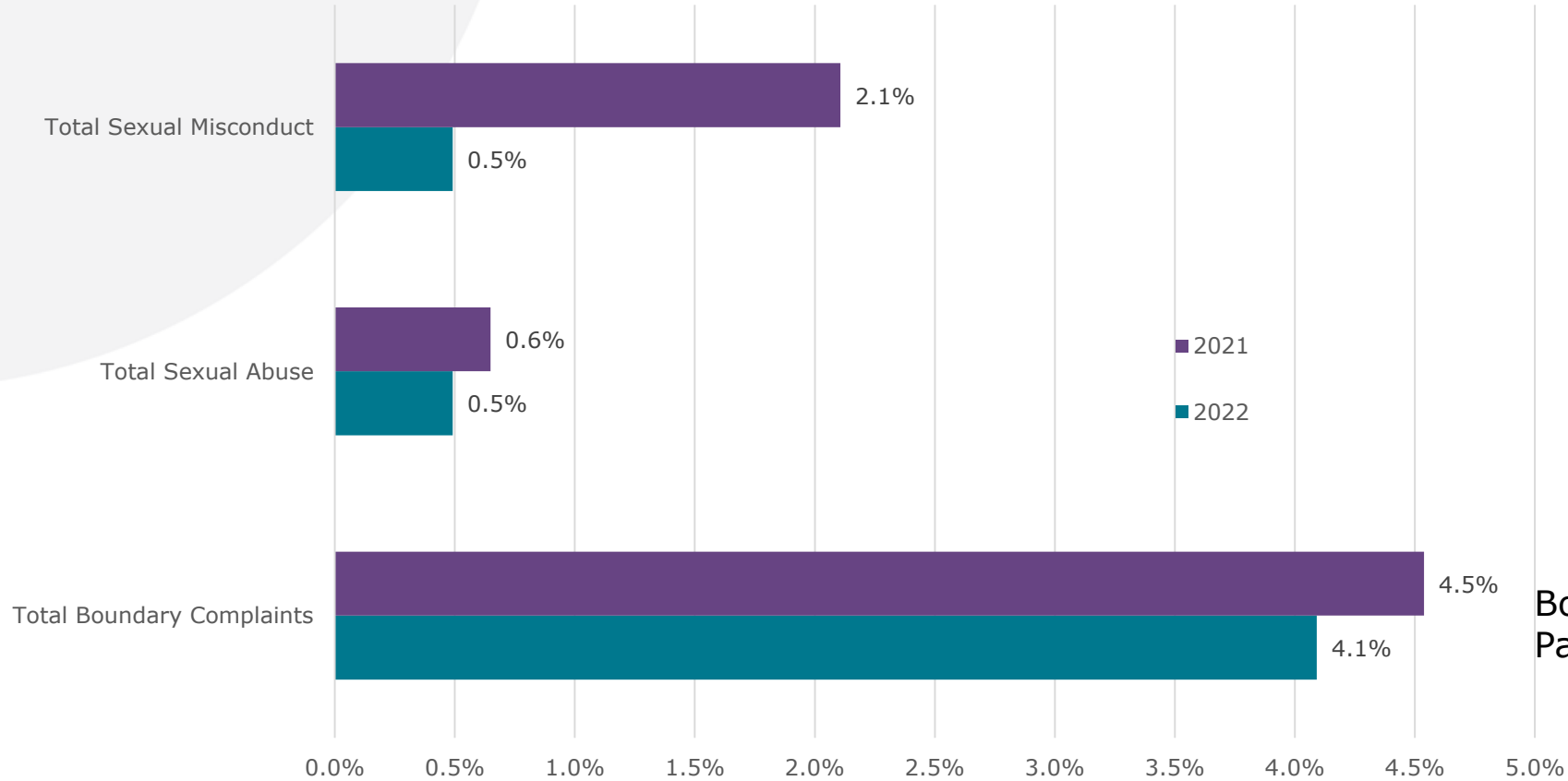
The CPSA maintains a **fund which is third party administered by Homewood Health**

- Counselling support to patients and/or those other parties approved by the Complaints Director (witnesses, family members)

Individual receives

- **Extensive information** via brochures and correspondence on accessing funds
- Patient reaches out for assistance to Homewood – it is the **choice of the individual** to access the program.
- The individual **may choose** to use either the third party’s counsellors, or an external counsel who meets the necessary criteria under the Act.

Patient Relations Program – 2022 Statistics



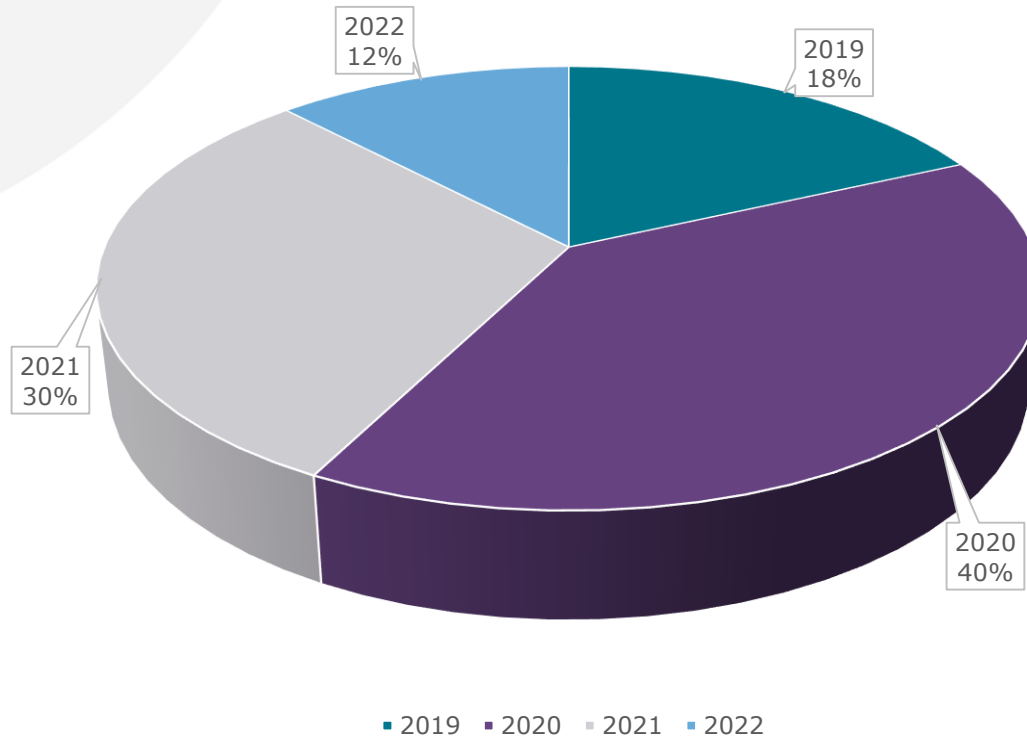
Sexual Abuse and Sexual Misconduct make up a very small percentage of the total complaints
2021 only 2.7% and in 2022 only 1.0%

Boundary do not qualify for Patient Relations Funding

	Total Boundary Complaints	Total Sexual Abuse	Total Sexual Misconduct
2021	4.5%	0.6%	2.1%
2022	4.1%	0.5%	0.5%

Patient Relations Program – Level of Participation

Total eligible who accessed Funds



Percentage of individual who access funding varies from year to year

2019 – 18%
2020 – 40%
2021 – 30%
2022 – 12%

Bluebird Project



The Next Frontier

Before we get to the **Next Frontier** we have to consider the **Lost Frontier....**

- Address capacity for complex file work currently on the desk of the CD
 - Responses, communications, resolutions - complex work – often involves legal counsel
 - Analysis, assessment, management of queries and recommendations for situations involving current and historical complaints - these are complex and need timely responses
- Bottleneck of work not captured in any KPI
 - CD's availability to support CPSA Strategy Plan – Enhanced Partnerships – Relationships - Presentations
 - Availability to integrate the CD work and the Assistant Registrar work in a year
 - Availability of the CD to support other CPSA departments
- Address and build system redundancy
 - Unexpected and planned absences within the team

The Next Frontier



Leveraging Technology to Support Process

- Portal for complainants to upload complaint, documents and receive **real time** updates
- *i-Sight* Complaints Management Software (data capture, connected information)
- Implementation of new customer satisfaction survey

The Right People



- Move from recruiting to effective workforce
- Engaged, collaborative, and innovative team members
- Strong leadership with an educational and supportive focus

The Next Frontier

Indigenous complainants

- Collaboration with AHS support line, and Indigenous communities around strategies to support submission of complaints
- Ongoing assessment and development of tools to support Indigenous complainants during the complaints process

Conclusions

System changes are resulting in improvements **in all areas**

- KPIs met in several areas despite staffing shortages

Areas at risk due to insufficient resourcing that are being addressed:

- Dismiss
- Expert opinion
- Investigation

Working to achieve and sustain a complete staff complement to support job satisfaction and well-being of our team members.





Questions Comments

*Presented by
Dr. Dawn Hartfield*

Submission to:	Council
-----------------------	----------------

Meeting Date:	Submitted by:		
December 1-2, 2022	Executive Committee		
Agenda Item Title:	Governance Review Implementation		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input checked="" type="checkbox"/> The following item(s) are of particular interest to Council Feedback is sought on this matter.	<input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation:	That Governance Committee reviews information about nominations models/skills matrices, at its first meeting of 2023, and makes a recommendation to Council regarding CPSA moving to a competency-based selection of Council members.
Background:	<p>CPSA engaged John Dinner Governance Solutions to conduct a governance review in early 2022. The Review was guided by CPSA's Governance Review Committee. The Governance Review Report was provided to Council at its May meeting, and Council requested an Implementation Plan which was presented to Council in September. At its September meeting, Council approved the Governance Review Implementation Plan, with the exception of the nominations model/skills matrix, and Council asked that this matter be brought back to a future meeting.</p> <p>A Report on nominations models/skills matrices (Attachment 1) has been reviewed by Executive Committee, and is attached for Council's review.</p> <p>Dr. Jay Rosenfield, a former president of the Medical Council of Canada (MCC), will make a presentation to CPSA Council at the December meeting, regarding the MCC's experience in moving from an elections model to a nominations model/skills matrix for selecting Council members.</p>
Next Steps:	To ensure a fulsome review of the pros and cons of using a nominations model/skills matrix for selecting Council members, the following next steps are suggested:

- Early 2023: Governance Committee reviews nominations model/skills matrix report and makes a recommendation to Council regarding a potential change from regulated member elections to a nominations/skills matrix.
- February 2023 Council meeting: Council reviews the Governance Committee recommendation, and makes a decision.
- March 2023: if Council decides to make the change, CPSA staff adds this to the Governance Review Implementation Plan, and assesses the feasibility of making the change for the 2024 Council (selection for 2024 Council is carried out in 2023). Progress on governance review implementation is regularly tracked by the Executive Committee.

List of Attachments:

[Backgrounder – Nominations Models using a Skills/Competencies Matrix](#)

Backgrounder

Nominations Models using a Skills/Competencies Matrix

November 2, 2022

Introduction

This Backgrounder includes information on two organizations that have moved away from an elections model of populating its governing council or board, and to a nominations model using a skills/competencies matrix to populate the governing council or board. A summary of upcoming changes to health professions legislation in BC is also included.

Medical Council of Canada

In 2020, the Medical Council of Canada made a decision to transform its governance model, following a governance review. In its October 14, 2020 press release, the MCC outlines the following benefits of moving to a smaller and skills-based Council:

- Ability to fill Council with a balance of skills, expertise and experience,
- Ability to use the skills-matrix to identify and fill gaps in skills, expertise and experience at the governance level,
- Allows members to truly live their fiduciary duty and confirms their accountability to the organization.

The MCC has the following process for populating Council:

- The Governance and Nominating Committee identifies and recommends candidates for the position of Councillor, and presents a slate to the Council. The slate must reflect the composition found in the Bylaws, namely: regulatory experience in health professions, current registrars of medical regulatory authorities, experienced medical educators, public members who meet the skills experience and diversity attributes outlined in policies and regulations.
 - In the case of a vacancy, Council can fill it with a candidate recommended by the Governance and Nominating Committee.
- The slate is recommended by the Committee and put to a vote by Council. Note: no nominations are permitted at the Council table, they must go through the Governance and Nominating Committee.

Dr. Jay Rosenfield, a former president of MCC, has been invited to the December 2022 CPSA Council meeting to share the experience of this transformative governance work with CPSA Council.

The MCC Competency matrix is currently being updated, and the confidential updated matrix includes the following elements:

- Location (geographical spread of representation)

- Sector experience
- Core Attributes, competencies and behavioural qualities:
 - Effective communication
 - Act with integrity and honesty
 - Strategic thinking/planning
 - Work effectively as part of a team
 - Financial literacy
 - Understanding core mandate, roles and responsibilities of boards/councils
 - Flexibility
 - Commitment to organizational vision and mission
 - Ability to manage conflict of interest
 - Future oriented (forward looking)
- Skills, experience and knowledge
 - Financial acumen
 - Government and government relations
 - Legal acumen
 - Board and governance expertise
 - Quality and performance management
 - Public affairs and /or communication
 - Risk management
 - Business acumen
 - Industry specific knowledge/experience
 - Leadership role

College of Registered Nurses of Alberta

In 2021, moved from a pure elections model of composing Council to a 2-step process with a competency screening and then an election. In March 2022, CRNA Council voted to implement a competency-based selection and appointment process for populating the regulated member positions on CRNA Council. A staff report on this change, from the June 24, 2022 public CRNA Council meeting, are:

- Possibility of attracting more applicants, as they may perceive the new process to be more objective.
- Enable diversity on Council and optimizes competencies and skills.
- The process aligns better with the role of a regulatory college (to regulate the profession), as opposed to an association, as campaigns and lobbying are no longer necessary to gain a seat on the governing Council.

The new process was implemented for the 2022-2023 Council.

Competencies requested are:

Values and Attributes	DIVERSE EXPERIENCE, BACKGROUNDS, and PERSPECTIVES	one or more governance committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE, and SKILLS	every Council member will bring, or be willing to learn, the following SKILLS, PRACTICES, and KNOWLEDGE
<ul style="list-style-type: none"> • Accountability, Honesty and Integrity. • Adaptability. • Collaboration. • Humility. • Inclusivity. • Objectivity. • Public Service. • Respect. • Self-Awareness. • Independence. 	<ul style="list-style-type: none"> • Culture. • Education. • First Nations. • Gender Diversity. • Region. • Registrant Practice. • Sector. 	<ul style="list-style-type: none"> • Ability. • Council/Committee Leadership. • Quality Improvement. • Professional Standards and Professional Ethics. • Finance & Audit Committee. • Leadership Review & Governance Committee. • Nominating Committee. • Patient Rights. • Chairing. 	<ul style="list-style-type: none"> • Confidentiality. • Cultural Safety and Humility. • Diplomacy. • Governance Experience. • Health Professions Regulation. • Information Analysis and Judgement. • Strategic Planning. • Risk Oversight. • Technological Competence. • System Thinking.

More detail is found in [CRNA Governance Policy 21: Council and Committees Selection Policy](#).

It should be noted that not all competencies are to be found in each individual wishing to serve on CRNA Council. Rather, it is made clear in the Expression of Interest document that individuals not be discouraged if they only have some of the competencies listed, and rather that these are the attributes/competencies that Council will have as a whole. CRNA also makes clear that if certain competencies are not currently held by an individual, they can indicate that they are willing to learn them. This mitigates the risk of not receiving enough interest in applying to be part of Council.

CRNA engaged a third party to assist with the development of policy and tools to implement the new Council selection process.

Government of BC – [health professions legislation update](#)

On October 19, 2022, the Government of BC announced new legislation that represents significant changes to the oversight of health professions in BC. A new Act, the Health Professions and Occupations Act replaces the Health Professions Act. Amongst many notable changes, the new legislation shifts BC's health professions regulatory bodies away from an elections form of populating Council and to a competency-based process. The Health Ministry announcement states that this change "will ensure board members do not feel beholden to the people who elected them". Other changes are:

- Reduction in the number of regulatory colleges
- Creation of an oversight body to promote accountability, transparency and consistency. The oversight body will perform routine audits, perform investigations of colleges as necessary, and recommend new health professions to be regulated.
- Separation of the investigation of complaints stage (remains with colleges) and the discipline stage (will be supported by the new oversight body).
- Commitment to Cultural safety and humility, with a requirement to embed anti-discrimination in the delivery of health care services. The legislation will require regulatory colleges to take action against professionals and occupations when they discriminate against others.
- Easier information-sharing between colleges.

Submission to:	Council
----------------	----------------

Meeting Date:	Submitted by:		
Dec. 2, 2022	Mr. Ed Jess, Chief Innovation Officer		
Agenda Item Title:	Strategic Action Plan and Key Performance Indicators Update		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	<input checked="" type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p>Following the formal approval by Council of the new CPSA Strategic Plan in May of 2022, CPSA team members began work on the development of the Strategic Action Plan (SAP). Starting with the all staff Action Plan Build Day on June 3rd, CPSA staff and leadership, in collaboration with Greg Lamothe of MNP, have gone through numerous stages of development and refinement of the SAP. Focus was placed on the principles that would guide the process; engagement of staff; development and documentation; and finally plans for implementation, reporting and monitoring.</p> <ul style="list-style-type: none"> • Step #1- Socialize Action Plan and Key Performance Indicator (KPI) templates • Step #2 - Hold departmental working sessions July 1st – Aug 30th • Step #3 - Departmental report backs at Leadership Meeting by Sept 27th • Step #4 - Revisions and consolidation into corporate SAP and begin KPI development Sept 28th – Oct 14th • Step #5 - Develop documentation and communication plan Nov 1st – Nov 30th • Step #6 - Socialize final SAP and KPI's with all CPSA staff Feb 2023 <p>Following the initial Departmental report backs in August, over 300 action items were identified for inclusion into the new SAP. Recognizing that this number had to be reduced to a more</p>

	<p>manageable number, Department leaders were then tasked with identifying overlapping items, grouping shared items, removing duplicates, assigning timelines and determining which Departments were primarily responsible for each action item.</p> <p>Ultimately, 78 action items were included in the final draft of the SAP.</p> <ul style="list-style-type: none"> • Highest Quality, Compassionate and Ethical Care – 28 Actions • Enhanced Partnerships – 16 Actions • Proactive and Innovative Approach – 12 Actions • Towards becoming an Anti-racism and Anti-discrimination organization – 10 Actions • Authentic Indigenous Connections – 12 Actions <p>Of these 78 items, 39 are brand new initiatives that have yet to begin and 39 are actions that are already in progress. Additionally, each of the 28 objectives associated with the Strategic Plan has at least one associated Action item.</p> <p>Work continues on the refinement of the KPI's that capture targets that are meaningful to Council and are reliable, valid and outcome focused. These will be finalized by late 2022 and shared early in 2023. Staff will then begin development of the 3-year Business Plan (2024-26) and the 2024 Budget to support the work identified in the SAP.</p>
Next Steps:	Report Final SAP and KPI's to Council in February 2023
List of Attachments:	

Submission to:	Council
-----------------------	----------------

Meeting Date:	Submitted by:		
Dec. 2, 2022	Dr. Nicole Kain, Program Manager, Research & Evaluation Unit Mr. Ed Jess, Chief Innovation Officer		
Agenda Item Title:	CPSA and Alberta Health: Collaborating with Data to Improve Health Outcomes for Albertans		
Action Requested:	<input type="checkbox"/> The following items require approval by Choose an item. See below for details of the recommendation.	<input type="checkbox"/> The following item(s) are of particular interest to Choose an item. Feedback is sought on this matter.	x <input type="checkbox"/> The attached is for information only. No action is required.

AGENDA ITEM DETAILS

Recommendation (if applicable) :	N/A
Background:	<p>In an effort to achieve evidence-based, data driven physician risk assessment, the CPSA is interested in better understanding some of the data collected and maintained by Alberta Health (AH). Certain data, such as billing information; actual patients seen per day (compared to self-reported data); lab/Diagnostic Imaging (DI) ordering data; hospital and other health care facility admissions information; and ultimately patient outcome data (including death) are important for the CPSA to have access to in order to understand physicians' practices, to minimize costs to the public health care system in Alberta and ultimately to help protect the public.</p> <p>The CPSA already has access to Pharmaceutical Information Network (PIN) data, and regularly receives real-time updates from PIN regarding community pharmacy dispenses of certain classifications of drugs (Opioids, Benzodiazepines including Z-Drugs, and Antibiotics). The CPSA also holds physicians' registration/renewal data, which is self-reported information by each physician in the province regarding their practice on an annual basis in the form of a Renewal Information Form (RIF). The RIF must be completed by December 31 of each year in order for that physician to maintain practising in Alberta. Finally, CPSA also holds complaints data of any complaint made to the regulator about a physician.</p>

The complaints, RIF and prescribing data are the three main domains from which CPSA's predictive models about physician performance are populated. Currently (2022), complaints and risky prescribing flags (e.g. 3 times the defined daily dose of a benzodiazepine or greater than 90 Oral Morphine Equivalents [OMEs]) are the only proxy outcome measures of physician performance that CPSA has access to. By being able to access and analyze the AH proxy measures of performance as outlined above, CPSA can obtain a more precise understanding of physician performance in practice: how to identify potentially risky performance before it occurs, and how to improve physician performance in Alberta to ameliorate patient and population health.

Providing CPSA access to specific clinical data held by AH will open opportunities to assess quality assurance and quality improvement practice measures so members' outcomes could be reviewed and corrected before the potential for patient harm occurs. Currently, the only data available to regulators to assess regulated members performance in practice is information gathered during practice visits and inspections.

Access to this additional information will enable CPSA to:

1. Monitor the compliance of individual members with practice standards;
2. Identify practice outliers;
3. Identify practice trends for the purpose of quality improvement at a systemic level; and
4. Enable CPSA to access information for quality improvement purposes that can be incorporated in various competence enhancement tools.

CPSA's REVU team Data Analyst Dr. Nancy Hernandez-Ceron has had access to AH data for approximately one year. During that time the following objectives have been accomplished:

1. Explore and understand some of the applicable databases housed in AH, the software used to manage them, and the analysts who have a deep knowledge and understanding of these;
2. Create and validate an ID correspondence to uniquely identify physicians. The ID reference numbers used at CPSA and AH to uniquely identify a physician are different;
3. Using AH claims/billing data, estimate proxies for volume of work such as: patient panel size; patients seen per day; days worked per week; weeks worked per year.

	<p>Dr. Hernandez-Ceron will continue to work with AH data to:</p> <ol style="list-style-type: none"> 4. Explore and understand Laboratory and DI requisitions; 5. Explore and understand hospital admissions information (frequency, length of time); 6. Explore and understand patient outcome data including death; and 7. Incorporate AH data (above) into CPSA's risk and predictive models.
Next Steps:	
List of Attachments:	
1.	