

Attendees:

Council Members - Voting:

- Stacey Strilchuk, BA, Chair
- Jaelene Mannerfeldt, MD MSc FRCS, Vice Chair
- Nicole Cardinal, MD, CCFP, Executive Committee Member-at-Large
- Richard Buckley, MD, FRCS (attended virtually as able)
- Patrick Etokudo, M.Sc, FSCMP

Council Members – Non-Voting:

- Todd Anderson

- Daisy Fung, BMSc, MD, CCFP
- Levonne Louie, BSc., BComm, MBA, ICD.D. (attended Feb. 23 only)
- Lyle Oberg, ECA, MD
- Oluseyi Oladele, MD, CCFP, FCFP
- Laurie Steinbach, BSW, BEd
- Ian Walker, MD, MA (attended virtually)
- Tyler White (attended virtually on Feb. 23)

- Gareth Jones
- Michael Taylor MD MSc MBA

Additional Attendees:

- Scott McLeod, MD, CCFP, FCFP, Registrar
- Michael Neth, PEng, Chief of Staff
- Gail Jones, BComm, Senior Executive Assistant (Recording Secretary - Feb. 23)
- Kimberley Murphy, ACEA, Executive Assistant (Recording Secretary – Feb. 24)
- Sue Welke, MSc, Program Manager, Governance
- Nazrina Umarji, B.Ed, JD, Hearings Director and In-house Legal Counsel

- Jeremy Beach, MBBS, MD, FRCPC, Assistant Registrar
- Michael Caffaro, MD, Assistant Registrar
- Charl Els, MBChB, FCPsych[SA], MMedPsych(cum laude), Dip.ABAM, MROCC, DESS, ACBOM, FIAIME, Assistant Registrar (attending virtually)
- Gordon Giddings, MD MBA FCFP, Assistant Registrar
- Ed Jess, BA, Chief Innovation Officer
- Tracy Simons, CPA, CA, Chief Financial Officer

Guests (Internal):

- Rhonda Marrazzo, Project Manager, Continuing Competence
- Phong Van, Director, Continuing Competence
- Chantelle Dick, BA, Standards of Practice Advisory
- Keely McBride, BA, MPH, Program Manager, Policy

- Monica Wickland Weller, MD, Senior Medical Advisor (attending virtually)
- Danielle Michaels, MD, M. Eng, CCFP, Senior Medical Advisor
- Ewan Affleck, MD, Senior Medical Advisor, (attending virtually)

Regrets:

- Maryana Kravtsenyuk
- Brenda Hemmelgarn, MD, PhD, Dean FoMD

- Dawn Hartfield, Assistant Registrar, Professional Conduct

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, February 23, 2023 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 CPSA 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, December 01 and 02, 2022

1.3 Chair's opening remarks

- Review the results of the Council Effectiveness Survey

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.

Nicole Cardinal, elected member of Council, provided the land acknowledgement and shared her personal history as a member of the Saddle Lake Cree Nation. Reflecting on a recent report regarding the life expectancy of First Nations people, she shared that the shorter life expectancy is related to the impacts of residential schools, colonialism and trauma. To combat these impacts, she is an advocate for the calls to action from the Truth and Reconciliation Commission and encouraged everyone to read these [calls to action](#) to understand what reconciliation looks like.

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

No conflicts related to the matters on the agenda 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, [December 1 and 2 Council meeting](#), [Decision items from December 1 and 2 In-camera sessions](#) and [electronic vote confirmation on December 30, 2022 \(for approval\)](#).
- [Building Fund Initiatives Working Group \(for information\)](#)
- [Competence Committee Meeting Summary Report \(for information\)](#)
- [Executive Committee Meeting Summary Report](#)
- [Finance and Audit Committee Meeting Summary Report \(for information\)](#)
 - [Appointment of Co-Chair to Finance and Audit Committee \(for approval\)](#)
- [Governance Committee Meeting Summary Report \(for information\)](#)
 - [Appointment of learner on Competence Committee \(for approval\)](#)
 - [Appointment of Co-Chair to Governance Committee \(for approval\)](#)
 - [Extension of appointments for individuals on Complaints Review Committee/Hearing Tribunal List \(for approval\)](#)
- [Patient Relations Fund Annual Report \(for information\)](#)
- [Report and Recommendation from Communications regarding Live Tweeting of Council Meetings \(for approval\)](#)

Council approved or received as information the items on the Consent agenda.

3.0 Reports

3.1 [Chair's Report](#)

The Chair's report highlighting the Chair's activities since the beginning of the year was received as information.

3.2 Executive Committee Report

- Council Vaccination Policy/Guidelines

Council approved the suspension of the CPSA Council Vaccination for COVID-19 Policy. The CPSA Council Position Statement and Guidance on COVID-19 Prevention was approved and is available for review on [the public website](#).

3.3 [Registrar's Report](#)

The Registrar's Report was received as information.

4.0 Registration

4.1 Revision to Limited Practice Register Policy

Revisions to the Limited Practice Register Policy were approved by Council see attached for the [approved policy](#).

4.2 Accelerated Practice Readiness Assessment Pilot (verbal)

Council was provided with an update on the pilot project uptake.

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

Council approved the expansion of Alberta's physician sponsorship to include non-AHS sponsors as part of the CPSA Practice Readiness Assessment (PRA) program; and appointed the Registrar as the delegated authority to approve/decline sponsor applications for this CPSA model.

5.0 Standards

5.1 Consultation 025 – approval for implementation

- Safe Prescribing

Council approved the Safe Prescribing for Opioid Use Disorder standards of practice as presented for implementation effective immediately.

- Female Genital Mutilation

Council approved the Female Genital Mutilation standard of practice as presented for implementation effective May 1, 2023.

- Medical Assistance in Dying (MAiD)

Council approved the Medical Assistance in Dying standard of practice as presented for implementation effective March 17, 2023

Approved Standards of Practice are available on the [Standards of Practice section of the CPSA website](#) and are also announced in CPSA's newsletter, *The Messenger*.

6.0 Committee Reports

6.1 Finance and Audit Committee

- [Accreditation Fees for Psychedelic Assisted Psychotherapy Facilities](#)

Council approved the following fees for Psychedelic Assisted Psychotherapy Facilities:

Fee type	Amount (+ GST)
Registration	\$300
Annual	\$4212
Assessment	\$2116
Post renovation/move assessment	\$670

6.2 [2023 Council Learning Plan](#)

Council approved the 2023 Council Learning Plan as attached.

7.0 In Camera (Council and others by invitation of the Chair)

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

Friday, February 24, 2023 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.

Laurie Steinbach, public member of Council, provided the traditional territorial acknowledgement on the second day of the Council meeting. Ms. Steinbach expressed her commitment to learning, to doing better and to doing her part. She is mindful that Indigenous peoples have borne the burden of teaching and we all have work to do to ensure equal access to equal healthcare for all. Council Chair, Stacey Strilchuk, reminded everyone to take time to reflect on the importance and impact of the land acknowledgments shared by Nicole Cardinal and Laurie Steinbach over the past two days and a moment of silence was shared by all.

10.0 Committee Reports

10.1 [Indigenous Advisory Circle](#)

The attached report from the Indigenous Advisory Circle was received as information.

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

Daisy Fung, Chair of the Committee presented the summary of the Anti-Racism Anti-Discrimination Action Advisory Committee Meeting. and Council had a fulsome discussion around the collection of data around race and ethnicity.

11.0 Strategic Plan

Council requested additional consideration be given to the proposed Key Performance Indicators and Targets that were presented for approval. Revised Key Performance Indicators and Targets will be brought to the May Council meeting.

12.0 Council Education

12.1 Finance 101

Council was provided with an overview of the budgeting process and Council's responsibilities relative to the financial matters of CPSA.

13.0 Analytics, Innovation and Research (AIR)

- [Virtual Care](#)

Information about the Alberta Virtual Care Coordinating Body (AVCCB) and its work to optimize quality patient care by promoting a harmonized approach to virtual care was shared with Council.

14.0 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
- 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

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 (attending virtually)

Regrets:

- Michael Taylor

- Christopher Fung
- Levonne Louie
- Linda McFarlane
- John O'Connor
- Laurie Steinbach
- Ian Walker
- Tyler White (attended virtually, December 1 only)

- Chaim Katz

- 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 (External):

- Dr. Ehi Iyayi, Chair, Anti-Racism Anti-Discrimination Action Advisory Committee (attending virtually)
- Dr. Maryana Kravtsenyuk, Council member elect
- Dr. Oluseyi Oladele, Council member elect (attending virtually)
- Mr. Gareth Jones, incoming student observer
- Dr. Jay Rosenfield, former president Medical Council of Canada (attending 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

Thursday, December 1, 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, Assistant Registrars, Hearing Directors, Chief Financial Officer, Chief Innovation Officer and Governance Program Manager.

2.0 Call to Order and Introductions – public session

Ms. Strilchuk called the meeting to order at 0815. She recognized the outgoing Council members, John O'Connor, Christopher Fung, Linda McFarlane and Chaim Katz, and thanked them for their contributions. She also introduced the incoming Council members who were present as observers: Maryana Kravtsenyuk. Oluseyi Oladele and Gareth Jones.

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, Métis and Inuit Peoples.

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

No Conflicts related to the matters on the agenda were declared. Levonnie Louie noted her recent appointments as a board member for the Medical Council of Canada as well as on 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**)
By Consent Agenda, Council approved the removal of Ms. Pam Gill as Hearings Director, and the Appointment of Ms. Nazrina Umarji as Hearings Director of the College of Physicians and Surgeons of Alberta, per section 14(1) of the *Health Professions Act*.
- 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**)

Additional information was requested by Council regarding the Competence Committee report and the challenges experienced in recruiting individuals to serve on the Committee. While the usual recruitment process did not result in any submissions, a personal approach resulted in people stepping forward to participate. Others on Council noted that this issue is not only a concern for CPSA as other organizations are experiencing similar difficulties related to physician workloads and a reluctance to take on further responsibilities. While it is not known if this situation will persist, it has been recognized that the value of making personal connections should not be overlooked when trying to promote CPSA and the work of Council and its Committees.

MOTION C63-22: Moved by Daisy Fung and seconded by Laurie Steinbach that Council approves the agenda and items on the Consent agenda as circulated. Carried.

3.0 Reports

3.1 President's Report

Ms. Strilchuk's written report provided a summary of the meetings and events she has participated in since the September Council meeting. She highlighted the value of her attendance at the CLEAR conference and encouraged all Council members to consider

participating in some form of governance training or regulatory learning. She noted that her attendance at the AMA's Fall Representative Forum was a great opportunity to build relationships. While visiting the Mosaic PCN in Calgary, she experienced four very diverse clinics and was able to see first hand the dedication of the physicians in those clinics.

3.2 Registrar's Report

Dr. McLeod opened his presentation with a discussion of the results of an engagement survey that staff responded to earlier in the year. He advised of the work being done to understand the survey results and to understand the concerns of staff members. The work is ongoing and he will provide further updates to Council in the new year.

Included in Council's agenda package are updates from each of the departments highlighting some of the work that has been going on and the need to be flexible and change plans as external forces impact the work. The dashboard was prepared based on results to the end of September and Dr. McLeod indicated that current data indicates that CPSA will meet the KPI targets by the end of the year.

Dr. McLeod shared with Council that the strains on the profession and the healthcare system are not unique to Alberta. He noted that primary care is a serious issue that needs to be addressed by everyone, as it is the base that the rest of the healthcare system is built upon. He added that he recently attended a Primary Care Network forum which encouraged attendees to talk about joys in the workplace and how that can have a positive impact on the healthcare system. As well, Council members Stacey Strilchuk and Tyler White are involved in the Modernizing Alberta's Primary Health Care System (MAPS) initiative. These are some of the ways individuals and groups can influence the system without being in a position of authority.

Throughout the past year, Dr. McLeod has been working with Tyler White to develop a partnership with Siksika. They are in the early stages of creating a memorandum of understanding that recognizes Siksika's self-governance and clarifies the role of CPSA as a regulatory authority to assist them.

At the national level, with the legislated changes to Medical Assistance in Dying (MAiD), the Standard of Practice on MAiD will need to be updated. Dr. McLeod advised that additional clarity is required around clinical practice standards vs regulatory standards and that this clarity is expected to come from Health Canada. The distinction between clinical standards and regulatory standards were discussed, with Dr. Hartfield noting that part of the definition of unprofessional conduct in the HPA holds physicians accountable to the standard of practice that is acceptable in the community. It would be impractical for a regulator to have an exhaustive list of clinical practice guidelines, and for cases around the standard of care, the regulator relies on experts and references to evidence of clinical practice guidelines.

Also at the National level, Dr. McLeod advised that the current executive officer for the Federation Of Medical Regulatory Authorities of Canada is retiring and a contractor has been hired for the transitional phase until a new executive officer is hired.

Council asked for additional information regarding a recent court decision around the payment of costs as part of the sanctioning for a regulated member. It is anticipated the decision will be appealed and will likely come before the Supreme Court. In the meantime, this decision will likely impact any decisions being made by CPSA's Hearing Tribunals.

Responding to a question about the impact of burnout on patient care, Dr. McLeod indicated that it is well known that the health of the profession has a direct impact on patient care. While the issue has been recognized, the solution is very complex and will take years to address and overcome. He suggested the next generation of physicians likely need to take the lead and change the culture of medicine to affect any real and sustained change in the health and well-being of physicians.

4.0 Registration

4.1 Accelerated Practice Readiness Assessment (PRA) Pilot (verbal)

In follow-up to the information shared at the September 26 Emergency meeting of Council, Dr. Michael Caffaro advised Council that he anticipates this pilot project will be ready to implement early in 2023. His team is meeting with representatives from Alberta Health Services (AHS) and the Zone Medical Directors to ensure a common understanding of who is eligible for this program. Recruitment of physicians remains the responsibility of AHS at this time. In developing this program, Bruce Leisen, Director, Registration connected with his colleagues to get their reactions and perspectives. He received a great deal of support and another medical regulator has shared it with their ministry to consider developing a similar process.

Responding to a question about a recent announcement in British Columbia, Council was advised that the College of Physicians and Surgeons of British Columbia (CPSBC) plans to increase the number of Practice Readiness Assessments in their province. However, Alberta is already doing more assessments than CPSBC has set as a goal over the next three years. In 2022, CPSA did 99 assessments while CPSBC plans to adjust their processes so they are able to assess 90 physicians by the end of three years.

One of the outcomes of CPSA's new pilot is that physicians will be able to work in their chosen practice location immediately. Dr. Caffaro also shared that Alberta is able to have a PRA for specialist positions. As this pilot will use some of the processes which already exist in the Continuing Competence department, no additional resources will be required. It was also noted that consideration could be given to expanding the list of eligible jurisdictions once more data is gathered from the pilot project.

Council was provided with assurances that assessments are done objectively, and that assessors do not derive any benefit from the results of their assessment decisions. In many cases, the assessors are practice visitors who would not have a relationship with a previous relationship with the candidate. However, as the pilot progresses, part of the evaluation will look at issues such as these to ensure fairness and transparency of the work. Dr. Caffaro also noted that if an appropriate assessor is not available in Alberta, there is an ability to employ experts from other regulators.

Plans around assessing the success of the pilot will be shared with Council. The metrics are still being developed, but it will also be dependent on whether anyone gets recruited and takes advantage of this accelerated process.

Noting that there is already pressure to ensure a candidate passes the assessment, Dr. Els advised Council that CPSA's role is to ensure competency of the individual and provide quality assurance around the candidate's work. The needs of the community are not part of this independent process. Ms. Jill Hastings added that historically, CPSA has failed candidates and checks and balances exist to ensure the process is not compromised by external lobbying.

Information about this pilot project has been shared with communities across the province. As well, on December 7, Dr. McLeod will be making a presentation to the Alberta Municipalities Small Communities Committee.

Council asked if any work was underway to ensure Canadian graduates are encouraged to work in rural communities. In response, Dr. McLeod indicated that further announcements would be made by others as this work will involve the Medical School Deans. The CPSA pilot is one piece of a much more encompassing plan throughout the healthcare system relative to physician resourcing.

Ms. Strilchuk closed the discussions by encouraging Council members to help spread information about the pilot program and the registration process in their communities. If Council needs more information, they were encouraged to reach out to a CPSA team member directly.

4.2 Alberta Sponsorship Model for Practice Readiness Assessments

At a previous Council meeting, Council provided support for CPSA staff to look into the potential of opening up the sponsorship model beyond Alberta Health Services (AHS). While AHS has expanded their sponsorship support to include the Chief Medical Officer, there are still needs for physicians and specialists that are not addressed by the current sponsorship model. The information included in the Council materials included a list of potential sponsors, with recommendations of criteria that could be used to determine the suitability of a potential sponsor. Council was also reminded that CPSA would not be involved in the recruitment of physicians. The expansion of the sponsorship model

offers others in the province with a means to bring physicians to Alberta. Once criteria are approved, the internal process to connect with potential sponsors will be developed. This work could require additional resources, particularly for staffing, but may be able to access funding through other means, including charging an administrative fee to sponsors. At the present time, it is estimated the costs to a sponsor would be approximately \$100,000.

Alberta Health Services will continue to be a sponsor and would concentrate on the areas they already do well. Other sponsors could fill the gaps which currently exist.

To mitigate the risk that a sponsor could exploit a physician, the following ideas were shared:

- Develop and provide applicants with access to supports, including those available through the AMA
- Work with the AMA to have an oversight mechanism in place
- Ensure sponsoring organizations are aware that they could lose their sponsorship ability for acting in bad faith.
- Recommend candidates consult with a lawyer prior to signing any contracts

Ensuring that the distribution of physicians across the province is equitable will require some province wide workforce planning which is outside the responsibility of the regulator. Additionally, CPSA can not be seen as favoring one area of the province over another.

Responding to a question about potentially expanding the scope of AHS, Dr. Caffaro indicated that there are a number of areas where AHS has been unable to recruit physicians. It is anticipated that a sponsor who has "boots on the ground" and a vested interest in the recruitment to an area would be more successful in promoting the opportunity and will also be better able to keep the physician in the community. Dr. McLeod added that part of the criteria for a sponsor will be their ability to demonstrate they can provide the necessary supports.

Dr. Caffaro indicated that the program will be evaluated in such a way that CPSA can demonstrate it is reasonable in its oversight and has assurances that the sponsor adheres to the criteria as developed and approved by Council. Dr. McLeod added that as part of the criteria, CPSA can also ensure that there is follow up with the candidate over the course of their contract with the sponsoring organization. In response to a concern about private industry and the potential to encourage a high quantity of patients over quality care, Dr. McLeod indicated consideration could be given to having access to data for the physicians/sponsors and the sponsorship criteria could restrict commercial enterprises from becoming a sponsor.

Council noted the following that will need to be considered before launching this program:

- The role of the Rural Health Professions Action Plan
- What supports can be available to ensure physicians aren't isolated?

- What role will the town/community play in fostering a welcoming environment for a new physician?
- Private or commercial industry may need to be involved as they may be the ones who can afford to be a sponsor; just need to ensure there is robust and transparent follow up and monitoring.
- Is there a role for the AMA?
- Need to ensure the needs of a community are reflected in the selection criteria.
- Could co-sponsorship be considered such that a community identifies a need and works with a commercial entity that would be willing to provide financial support?

Dr. McLeod indicated that this would not be a pilot project, but if Council felt it was not achieving the desired outcomes, it could be shut down at any time. Dr. Caffaro added that at this time, it is not known how many organizations would be interested in sponsoring a position.

MOTION C64-22: Moved by Christopher Fung and seconded by Laurie Steinbach that Council agrees to have CPSA staff further explore the sponsorship delegation model and requests CPSA staff to provide additional details regarding the concerns around criteria which will be discussed at the February 2023 Council meeting. Carried.

ACTIONS:

- The criteria for a potential sponsor will be revisited based on the questions raised by Council.
- A report will be prepared for the February Council meeting that includes:
 - A proposed program policy with sponsorship criteria addressing concerns raised by Council
 - Options for Council involvement such as:
 - A working group to review applications
 - Delegation of authority to the Registrar
 - Formal reporting to Council

5.0 Committee Reports

5.1 Legislation and Bylaw Committee Report

5.1.1 Executive Elections Policy

Christopher Fung, Chair of the Legislation and Bylaw Committee presented the proposed revisions to the Executive Elections Policy. Given the approval of the Governance Review Implementation Plan, the titles for the President and Vice-President have been updated as Chair and Vice-Chair. Council discussed the timing for the Executive Elections and decided to have the Chair elected in May

and the other two positions would be elected in September. The other matters clarified in the proposed revisions were around who would be able to vote, how tie votes could be managed and the requirement for candidates to leave the room during voting.

MOTION C65-22: Moved by Levonne Louie and seconded by John O'Connor that Council approves the revisions to the Executive Elections Policy. Carried.

5.1.2 Proposed Bylaw Revisions

Christopher Fung directed Council to the information contained in the agenda materials. These Bylaw changes are required primarily to bring the Bylaws into alignment with the changes made to the *Health Professions Act*. A more thorough review of the Bylaws will be undertaken in the coming year. Ms. McBride, Program Manager, Policy, noted that CPSA was advised earlier in the day that *Bill 46, the Health Statutes Amendment Act, 2020*, may not be proclaimed on December 31. As such the Bylaw changes noted as 1 to 9 in the dossier materials will not go forward until the Bill is proclaimed, likely in March of 2023.

Council questioned the definition of good character which included a requirement that a current criminal record check is clear. As this required advice from legal counsel, discussions on this matter were made in camera.

MOTION C66-22: Moved by John O'Connor and seconded by Jaelene Mannerfeldt that CPSA Council approves the proposed changes to the CPSA Bylaws for Phase 1 of the Bylaw Review. Carried.

As this was his last meeting in this role, Ms. Strilchuk thanked Dr. Christopher Fung for his service in chairing the Legislation and Bylaw Committee.

5.0 Committee Reports (continued)

5.2 Anti-Racism Anti-Discrimination Action Advisory Committee Report

Dr. Ehi Iyayi, Chair of the Anti-Racism Anti-Discrimination Action Advisory Committee presented the Committee's report. In addition to providing input to an online course about microaggression for regulated members, the Committee is providing input and guidance for an Advice to the Profession document on Anti-Racism and Anti-Discrimination.

Ms. Strilchuk thanked Dr. Iyayi for chairing the Committee in its inaugural year. She noted the foundation has been set for a Committee with an engaged group that is ready to do some amazing work.

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 CPSA in the planning and development of a Standard of Practice to address Indigenous-Specific Racism and Discrimination. The Circle continues work on the Terms of Reference, a draft of which was shared in the dossier materials. Going forward, the Circle is looking at an engagement strategy to hear from Indigenous people while recognizing the distinct communities within the term Indigenous people.

Ms. Regan Bartel, member of the Circle and Director of Health for the Métis 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 presented the Group's report to Council. The Working Group will continue in 2023 with the addition of Patrick Etokudo and Ian Walker as members. Richard Buckley will take on the role of Chair. Levonne Louie, who has stepped down from the working group, was thanked for her past contributions. Submissions for grant funding are open until December 15th. The support from a number of staff members, including Tina Giamberardino, Tracy Simons, Josh Eberhart and the Communications team was recognized as Ms. McFarlane offered them her thanks.

Ms. Strilchuk thanked Ms. McFarlane for chairing this working group.

5.5 History Project

Dr. McLeod shared that the impetus for a project to research the history of the CPSA began in 2021. An initial plan was to apply for grant funding for a student position to begin this work. Unfortunately, the application was denied and a summer student was not hired. In the interim, other matters have precluded further work being done in this area. At this time, Dr. McLeod would like further direction from Council regarding the need for this project to continue. If Council approves pausing this work until 2024, the budget for 2024 will be developed to include the project.

MOTION C67-22: Moved by Jaelene Mannerfeldt and seconded by Laurie Steinbach that Council approves pausing the History Project, bringing it back for Council discussion in December 2023, as a possible project for 2024 or 2025. Carried.

ACTIONS:

- Dr. McLeod will make inquiries with the AMA regarding a potential future collaboration if they are working on a similar project.

6.0 Standards

6.1 Consultation 024 – approval for implementation

- *Restricted Activities*

Ms. McBride presented the Restricted Activities Standard of Practice. At the present time, the provisions of this standard are laid out in regulation. Consultation on the Standard was open from September 19 to October 19 and the final version was shared and approved by the Minister of Health. However, given that the implementation of the regulation is currently on hold, the Standard will not be implemented until the regulation takes effect.

Responding to a concern about a specific procedure that should be limited to physicians only, because this Standard was based on the regulation, CPSA is not able to make such a substantive change at this time. Ms. Chantelle Dick, Standards of Practice Advisor, made note of the concern for future consideration.

MOTION C68-22: Moved by Richard Buckley and seconded by Jaelene Mannerfeldt that Council approves the Restricted Activities standard of practice as presented for implementation in alignment with the *Health Professions Restricted Activities Regulation*. Carried. (1 opposed).

6.2 Consultation 025 – approval for consultation

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

Dr. Danielle Michaels presented the Standard of Practice on Female Genital Mutilation. This Standard was developed in response to the passing of the *Health Professions (Protecting Women and Girls) Amendment Act*.

Dr. Monica Wickland-Weller presented the Safe Prescribing for Opioid Use Disorder Standard of Practice which required updating as a result of the changes made to the *Mental Health Service Protection Regulation*. In response to a question about how regulated members should be informing themselves of legislated matters, Dr. Wickland-Weller advised that information about the new legislation was shared with registered members and a communication plan, including Frequently Asked Questions is in place. Dr. McLeod added that regulated professionals have an obligation to read the information that is shared by CPSA.

In response to concerns raised by Council, some of the specific details that were included in the Standard were moved to the Advice to Professionals document to allow the Standard to exist at a high level which would not require updating should the philosophy of addiction treatment change in the near future. Dr. McLeod assured Council that the regulatory body as well as the Association are involved in conversations with

Alberta Health prior to matters such as these being legislated. Action will be taken if there is significant risk to the public as a result of proposed legislation.

It was also noted that reference to specific program names should be removed to ensure longevity of the standard.

The last Standard that was recommended for consultation is the Medical Assistance in Dying (MAiD) Standard. The proposed changes are required to reflect government legislation. Dr. Caffaro summarized the proposed changes.

Council suggested that item 4 of the Standard around declining a request for MAiD should also include cultural practices. Before making such a change, the reference to the Conscientious Objection standard will be reviewed to ensure consistency. Council was advised that from an operational standpoint, declining the request for cultural reasons would be included as a matter of personal conscience or religion. It was also noted that the Advice document could clarify this point.

MOTION C69-22: Moved by Richard Buckley and seconded by Levonne Louie that Council approves the draft Female Genital Mutilation, Medical Assistance in Dying, and Safe Prescribing for Opioid Use Disorder standards of practice as presented for consultation. Carried

7.0 In Camera (Council and others by invitation)

Council met in-camera with the Registrar, Assistant Registrars, Hearing Directors, Chief Financial Officer, Chief Innovation Officer, Governance Program Manager and the Program Manager for Policy.

Friday, December 2, 2022 starting at 0800

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

Council met in-camera with the Registrar, Assistant Registrars, Hearing Directors, Chief Financial Officer, Chief Innovation Officer and Governance Program Manager.

9.0 Call to Order and Introductions for public session

Ms. Strilchuk called the public session to order at 0815.

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.

Levonne 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

Dr. McLeod introduced Dr. Hartfield, noting that CPSA is two years into this quality improvement project which is seeing positive changes in streamlining the complaints process.

Dr. Hartfield's presentation provided an overview of workflows within the Professional Conduct department and how efficiencies have been gained by creating specific work streams with an improved reporting structure. Key to the workflow improvements has been the agreement with Alberta Health Services (AHS) which has provided timely access to AHS files for physician. Another key improvement will be the introduction of a new software program specifically designed for this type of work, which will also

provide better access to data, including the ability to gather feedback from complainants, physicians and lawyers about their experience during the complaint process. It was shared that current data suggests that 40% of complaints are dismissed. In many instances, the complaint brought forward relates to a communication issue and can be resolved by means other than a formal complaint. In future, it is anticipated that a process to have patients raise a concern about their physician may alleviate the need for individuals to submit a formal complaint about some of the issues brought forward as a complaint. Responding to a question about sharing this information with regulated members, Dr. Hartfield indicated that she will be preparing an article for an upcoming issue of The Messenger. Other considerations to share some of the learnings that can benefit all physicians are underway, including working with the Deans to share information with residents, providing learning opportunities to International Medical Graduates and, potentially, writing a blog. Data on complaints around cultural safety is also being gathered to ensure physicians are aware of the impact of their words and actions on a patient, even if it was not what the physician intended. In some cases, this may be considered unprofessional conduct as per the Code of Ethics and, as such, may not be dismissed. Dr. Hartfield added, that physicians found lacking in their knowledge and understanding of cultural safety could be sent for specific training as a result of a complaint.

Noting that many of the complaints brought forward by patients are related to communication, ideas were shared about ensuring incoming physicians understand the importance of good listening skills. However, for physicians already in practice, it was shared that the requirement for ongoing quality improvement and continuous professional development could be leveraged as a means to encourage physicians to take courses on communication.

Council was pleased to see the ongoing work to improve processes and access for Indigenous peoples. In response to a question about other groups who may need support in submitting a complaint, Dr. Hartfield shared that she has been in contact with other partners and coordinates with them as much as possible.

In closing, Council was advised that the project is ongoing. Some of this work was based on work done in Ontario around their backlog and the work done at CPSA is being shared with other Medical Regulators. However, differences in legislation makes it difficult for this work to be replicated consistently across the country.

Ms. Strilchuk thanked Dr. Hartfield and her team for their work in this area.

ACTION:

- Consideration will be given to making a presentation at the University of Alberta's Grand Rounds to share information around the complaints data, particularly with respect to the need for physicians to listen and communicate with their patients better.

-
- A KPI around sustaining service levels for the Professional Conduct department will be developed/considered pending further information and understanding of the resources required for this work.
-

11.0 Executive Committee Report

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

At the September Council meeting, Council requested additional information about how a competence-based skills matrix could be used to fill positions on Council. In response, Dr. Jay Rosenfield, from the Medical Council of Canada (MCC) was invited to present information to Council on the evolution from an elected Board to an appointed Board that is now used by MCC.

Some of the key points shared by Dr. Rosenfield included:

- As an organization, MCC is not directly responsible to their members
- The Board at MCC is a policy-based Board with a fiduciary duty to MCC
- Members of the MCC board do not advocate for their “constituency”
- The perception of a Council perpetuating itself is managed by populating a nominating committee with people who would not have a vested interest in the individuals who are on Council.
- The competencies required on a board are those required for good governance, not for the functioning of the organization. Expertise is not required, but candidates should understand the work of the organization.
- MCC is still working on developing an equity, diversity and inclusion policy, but Dr. Rosenfield noted the importance of working with experts in this field and educating Board members about their inherent biases.

After Dr. Rosenfield’s presentation, Council discussed next steps for the Governance Review Implementation. Ms. Strilchuk indicated that if Council passes the proposed motion, the Governance Committee will look at options for a process that could be used to fill Council positions based on a skills matrix instead of the current election process. As part of this work, Council asked that:

- a change management plan be developed to ensure regulated members understand the model and the reasons for its use.
- equity of access for individuals who are not from Edmonton or Calgary be planned for and promoted.
- recommendations for diversity be incorporated into the plan and proposed selection processes.

Motion C70-22: Moved by Jaelene Mannerfeldt and seconded by Levonne Louie that the Governance Committee will review nomination models with a skills matrix lens and make a recommendation to Council regarding CPSA moving to a competency-based selection of Council members at the May Council Meeting. Carried (Christopher Fung abstained).

12.0 Strategic Action Plan - Update

Dr. McLeod prefaced the presentation by Mr. Ed Jess by noting that it will be easy to connect the day to day work of CPSA to the strategic plan. Mr. Jess presented a high-level overview of the work done to turn the plan into action. Further details will be made available to Council as part of the budget and business planning approvals.

Mr. Jess indicated that work is underway to develop Key Performance Indicators at both a department level and for the organization as a whole. Ms. Strilchuk and Dr. McLeod will review the organization-wide KPIs, of which it is expected there will be less than ten. An early draft of the Strategic Action Plan and the KPIs will be presented at the February Council meeting. It was noted that Council will receive reports on the KPIs quarterly, but that the Finance and Audit Committee is provided with additional details at their meetings. While KPIs will be established, there will be annual targets for each year relative to the KPIs.

13.0 Council Education

13.1 Presentation from Research and Evaluation Unit (REVU)

Dr. Nikki Kain provided Council with an overview of the Research and Evaluation Unit and their ongoing work. She shared the background for the development of an agreement with Alberta Health to access billing data. The agreement details the specific ways in which the aggregate data will be used by CPSA for quality improvement and quality assessment work.

Dr. Nancy Hernandez-Ceron provided some examples of the ways in which the data received from Alberta Health can be incorporated into the work around predictive analytics and how it can be used by Continuing Competence to assist physicians in improving their practice.

Responding to a question about potential concerns by physicians over the privacy of the data, Mr. Jess indicated the agreement specifies that the data can only be used for research purposes for the enhancement of health care services. Dr. Hernandez-Ceron added that she received training from Alberta Health around the safeguarding of the data which is only used as aggregate data. Physicians may not be aware that CPSA has access to billing data as the work has only just begun. Once the REVU team has a better understanding of what data is available, a model similar the MD Snapshot may be developed. Consideration is also being given to getting access to data on lab requisitioning and diagnostic imaging requests in the future.

13.2 Finance 101

This presentation was deferred until the next Council meeting in February.

Prior to adjourning the public session at 1437, Ms. Strilchuk recognized Linda McFarlane, Christopher Fung, John O'Connor and Chaim Katz for their service on Council.

13.0 In Camera (Council and others by invitation)

Council met in-camera with the Registrar prior to adjourning the meeting at 1530.

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: December 1 and 2, 2022

Council met in-camera at various times during the December 1 and 2, 2022 Council meeting to discuss sensitive issues.. The following motions were made:

MOTION C61-22: 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 C62-22: Moved by Patrick Etokudo and seconded by Laurie Steinbach that Council approves the 2022 Council Effectiveness questionnaire as amended. Carried.

From: [Gail Jones](#)
To: [Council 2022](#)
Cc: [Sue Welke](#); [Keely McBride](#); "[Scott McLeod](#)"
Subject: Confirmation of Approval
Date: Friday, December 30, 2022 2:10:00 PM

Thank you Council members. This e-mail confirms that the following motion has now passed:

MOTION C71-22: Moved by Richard Buckley and seconded by John O'Connor that Council approves the *Physicians, Surgeons, Osteopaths and Physician Assistants Profession Amendment Regulation* as circulated and that Council directs Ms. Keely McBride to finalize the draft certificate and circulate it for signature by Stacey Strilchuk (Council President) or Scott McLeod (Registrar and CEO). Carried.

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 |

CPSA's office is closed from 4:15 p.m on Dec. 23, 2022 through Jan. 2, 2023. We will re-open at 8:15 a.m. on Jan. 3, 2023.

For urgent requests during our office closure, please call 1-800-561-3899. For annual renewal inquiries, please email annual.billing@cpsa.ab.ca and we will respond when our office reopens. Your practice permit will remain active in the meantime.

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

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From: Gail Jones

Sent: Thursday, December 22, 2022 3:14 PM

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

Cc: [REDACTED]

Subject: Response Required By Dec. 31 - Approval

Council Members,

As part of the ongoing work to fulfill the requirements of Bill 46, Council approval of the revised draft regulation and certificate is required before the end of the year. Information about this approval is provided in a Covering Report to Council that has been uploaded to [SharePoint](#) and is available for your review at this [link](#).

In order to pass this motion, I will need a voting member to indicate they will move the motion (see proposed motion below) and then another voting member to indicate they second the motion. Once I have that in place, I will send a follow up e-mail to call for the vote.

Proposed Motion:

- That Council approves the *Physicians, Surgeons, Osteopaths and Physician Assistants Profession Amendment Regulation* as circulated and that Council directs Ms. Keely McBride to finalize the draft certificate and circulate it for signature by Stacey Strilchuk (Council President) or Scott McLeod (Registrar and CEO).

If you have any questions about the regulation or the certificate process, Keely [REDACTED] will be available via e-mail to respond.

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
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Submission to: **Council**

Meeting Date:	Submitted by:		
February 23, 2023	Richard Buckley, 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>Where did the funding come from?</p> <p>From 2012–2016, CPSA collected \$150 from each regulated member as part of their annual renewal with the intent to purchase or build new office space to accommodate CPSA’s growing team. However, with favourable lease rates in 2018, Council decided to continue leasing in downtown Edmonton until at least 2029. The building fund money was invested.</p> <p>In 2020, Council sought feedback from the profession to help decide what to do with the building fund money that had grown to over \$9 million with interest from investments. 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. The remaining balance of \$4.7 million in the building fund as of December 31, 2021 was used towards operations for the 2022 fiscal year.</p> <p>The Building Fund Initiatives Working Group (BFIWG) is a committee of Council established in 2022 to oversee the \$5 million to support programs, initiatives or research to benefit Albertans.</p> <p>The Working Group currently consists of the following voting members:</p> <ul style="list-style-type: none"> • Richard Buckley, Chair • Nicole Cardinal 		

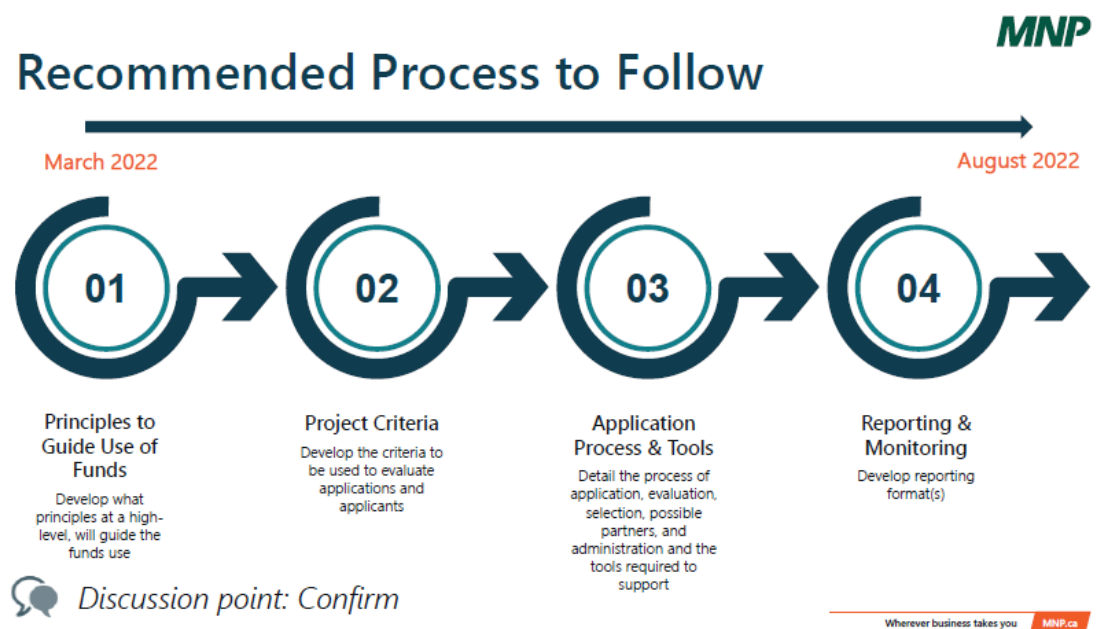
- Patrick Etokudo
- Stacey Strilchuk
- Ian Walker

The Working Group is supported by CPSA administration:

- Scott McLeod, Registrar
- Tracy Simons, Chief Financial Officer
- Josh Eberhart, Senior Accountant/Financial Analyst
- Tina Giamberardino, Risk Management Coordinator
- Kendra Benson, Operations Assistant
- Cecilia Li, Communications Advisor

How was the grant created?

CPSA hired a consultant, Mr. Greg Lamothe of MNP to provide assistance to the BFIWG to facilitate the working group through a process. The group had agreed on four major steps in the process to oversee the distribution of the \$5M.



Between March and August 2022, the working group developed the principles, project criteria, the criteria weighting, a request for proposal document and general reporting requirements.

In 2022, the BFIWG presented a recommendation to establish a grant program, the CPSA Healthier Albertan Grant, which Council approved at their Sept. 2022 meeting.

What are the key elements about the grant?

Grant Principles

The grant principles were approved by Council at their Sept. 2022 meeting.

1. Funds will only be provided to Alberta-based organizations/individuals and need to be utilized on projects/initiatives that will directly benefit the health or care of Albertans
2. The primary recipient of funds must be a NPO, non-government agency, academic organization/individual and/or charitable organization, or community group
3. Funded projects/initiatives must provide evidence of being sustainable once the CPSA funds have been utilized
4. Only one funding application call will take place, the granting period for the funds will be no longer than 3 years, and funds must begin to be applied within one year of receipt
5. Funded projects/initiatives must be aligned with at least one of CPSA's five strategic directions (highest quality, compassionate care, enhanced partnerships, proactive and innovative approach, anti-racism and anti-discrimination, or authentic Indigenous connections)
6. Projects/Initiatives that include broad collaborations across sectors and organizations are preferred
7. Projects/Initiatives must have established criteria for evaluation
8. Applicants will have to select to submit in one of three categories
 - a. Small Grant - \$50,000 - \$100,000
 - b. Medium Grant - \$100,001 - \$1,000,000
 - c. Large Grant - \$1,000,001 - \$2,500,000
9. Funds **cannot** be used for expenditures that are capital in nature (e.g., building construction, renovations, improvements, capital equipment, hardware, software, vehicles, etc.); those related to overhead (e.g., rent, electricity); or those related to the general operations and administration of the host organization including travel

outside of Alberta

Evaluation Criteria

The working group developed criteria to evaluate the proposals submitted which was approved by Council.

MNP

Selected Criteria Weighting



A total of seven criteria will be utilized to evaluate submissions, each with a specific weighting

Criteria	Description	Weighting
Budget	The accuracy and completeness of the budget make achievement of stated outcomes likely	10%
Workplan	The quality of the Workplan (personnel, project activities, and timeline) make achievement of stated outcomes likely	25%
Benefit to Albertan's health or care	There is a clear statement of benefit to Albertan's health or care with justification for the claims detailed	10%
Sustainability	Projects/Initiatives are clearly sustainable after CPSA funds have been utilized	10%
Degree of Collaboration	Collaborations within or across sectors, communities, and/or organizations are planned and/or secured	10%
Alignment with CPSA Strategic Directions	The project/initiative is specifically and clearly aligned with at least one of CPSA's five	15%

strategic directions	
Assessment/Evaluation	<p>The success of the project/ initiative can readily be evaluated. An evaluation plan has been developed and included in the proposal</p> <p>20%</p>

Within each criteria, the proposals will be evaluated on a score of:

- Unacceptable
- Somewhat acceptable
- Acceptable
- Good
- Outstanding

A scoring matrix has been developed with narrative descriptors for each criteria score.

Other considerations include:

- Budget submissions must total no less than \$50,000 and no more than \$2,500,000
- If a score of 0.0 is obtained on any one of the criteria, the submission will be rejected
- A minimum score of 15/28 (54%) must be obtained, or the submission will be rejected

Application process and tools

The working group developed a request for proposal (RFP) for grant applications.

The RFP outlines the required components of the proposals, including the maximum page limits for each section.

The working group also discussed methods of reducing bias during the evaluation phase. Applications will need to be submitted in two formats, a full submission and a submission without identifying information (a blinded version). The blinded version would exclude all personal and organizational details about the applicant.

How was the grant rolled out?

The request for proposal was issued on November 1, 2022.

The communication strategy was reviewed by the working group included the following tactics:

- CPSA website [grant page](#)
- Oct, Nov, Dec & Feb *Messenger* articles
- Media release on Nov. 1
- Featured news article on the CPSA web site Nov. 1
- Posted RFP on the Alberta Purchasing Connection website
- Direct email to all Alberta physicians
- External groups notified
 - UofA
 - UofC
 - Various non-profit groups

Where are we now in the grant process?

All interested parties wanting to submit a grant proposal had to submit an expression of intent by December 15, 2022 at 4 pm MST.

Due to the large volume of questions, a separate Q&A document was prepared and posted on the CPSA website on November 29, 2022 to help individuals/organizations with their Expression of Intent forms.

A total of **257 Expression of Intent Submissions** have been received by the deadline. Each applicant received an email confirming receipt of their expression of intent and was provided a unique proposal number for their reference.

We are still receiving requests to submit an expression of intent. We are advising that the deadline has passed and the individual is not eligible to submit a proposal.

Applicants had until January 4, 2023 to submit their questions. A total of 170 questions were received. The questions were categorized based on a broader

theme to help navigate the answers. The questions and responses were reviewed by the committee chair for further input. The Q&A were posted on the [CPSA website grant page](#) on January 18, 2023. Each applicant who submitted an expression of intent received an email notifying them of the Q&A available on the website and informed of an amended RFP.

The RFP was amended for the following:

- Added a requirement on the Submission Form to identify the status of the primary recipient of the funds as
NPO
Non-government agency
Academic organization/ individual
Charitable organization
Community group

The applicant must also supply proof of NPO, non-government agency, charitable organization, or community group where applicable.

- Expanded the page count by 1 for the proof of status requirement.
- Corrected an error in the page count for the submission with identifying information.
- Added a margin requirement of 2.5 cm for the submission.

The Working Group is now waiting for the deadline for the proposals to be submitted.

Next Steps:

What are upcoming key dates?

Feb. 28, 2023	Proposal submission deadline.
Mar. 1 – 15, 2023	CPSA admin reviews all submissions to ensure identifiable information removed.
Mar. 16 – May 5, 2023	Evaluation of proposals by Working Group.
May 25-26, 2023	CPSA Council meeting (approval of Working Group recommendation).

	May 31, 2023	Successful organizations and/or individuals will be notified in writing.
	June 1 - 9, 2023	Formal agreements to be executed.
	June 12 - 16, 2023	Unsuccessful organizations and/or individuals will be notified in writing.
	Within 1 year of award date	Projects will be initiated.
	June 30, 2026	Last day of available funding
List of Attachments:		
n/a		

Submission to:	Council		
Meeting Date:	Submitted by:		
February 23-24, 2023	Dr. Richard Buckley		
Agenda Item Title:	Competence Committee Report from February 1, 2023		
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 February 1, 2023, to cover the following:</p> <ul style="list-style-type: none"> • Five new members, Dr. Lori Olivieri, Dr. Vincent Elgersma, Dr. Christine Kennedy, Dr. Kerri Novak, and Dr. Lyle Oberg were welcomed and introduced. A medical learner, Mr. Alexander Beke, attended as an observer (non-voting member). Further direction is anticipated from Council on medical learner involvement. • Committee was informed about competence assessment as a requirement of the new pilot project of accelerated registration for eligible IMGs. • On January 16-17, primary care stakeholders gathered at the Modernizing of Alberta's Primary Health Care System (MAPS) innovation forum, where CPSA was represented. Potential innovations for modernizing Alberta's primary care system were discussed. • The Infection Prevention and Control (IPAC) program's new SOP came into force on November 1, 2022. The MDR assessment of medical practices are underway and several new IPAC Guidance Standards were posted. • The CPSA's Clinic Registry Project is progressing under the leadership of the IPAC team with over 130 clinics currently registered. • Continuing Competence's involvement with the Provincial CPD Network remains ongoing. We are also engaging in discussions with APL and AHS on appropriate utilization of imaging, ECGs, and laboratory requisitions from a competence perspective. • Annual 2022 activity reporting was received from Analytics, Innovation & Research (AIR), Continuing Competence programs, Physician Health Monitoring Program (PHMP), as well as from the advisory committees of PHMP, IPAC, and the Assessment Program Advisory Committee (APAC). • IPR Fee Structure Committee reviewed and discussed the existing cost recovery fee structure for IPR competence assessments. The result was a carried motion to adjust the fee, which was last reviewed in 2018, and transition to an annual fee instead of one-time fee to 		

	<p>incentivize engagement. This new fee structure would lessen the burden on general membership coverage. Committee wishes to review this fee structure again in 2025.</p> <ul style="list-style-type: none"> • Continuing Competence Program Manual – The Committee carried a motion to approve the new Continuing Competence Program Manual. The manual will act as a supplementary document to the Continuing Competence Standard of Practice approved by Council in September 2022. The manual, along with the approved Standard of Practice, will be implemented once the corresponding provisions within Bill 46 are proclaimed. A link to the Continuing Competence Program Manual has been included to this memo.
Next Steps:	The Competence Committee will meet next in April 2023.
List of Attachments:	
1. Continuing Competence Program Manual	

CPSA's Continuing Competence Program Manual is a supplementary and supporting document to the Continuing Competence standard of practice. The Continuing Competence standard of practice describes the components of the Continuing Competence Program and the Continuing Competence Program Manual explains in detail the context and various requirements of regulated members.

A regulated member is any person who is registered or who is required to be registered as a member of CPSA. CPSA regulates physicians, surgeons, osteopaths and physician assistants.

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Authority

CPSA is obligated under section 10(1)(b) of the *Health Professions Act, RSA 2000, c.H-7 (HPA)* to establish a competence committee. Pursuant to section 50 (1) of the *HPA*, CPSA must establish a continuing competence program within its standards. CPSA's Continuing Competence Program is comprised of three components as outlined in the *Continuing Competence* standard of practice approved by CPSA Council Sept. 8, 2022:

Component 1 – Continuing Professional Development

Component 2 – General Assessment

Component 3 – Competence Assessment

Confidentiality

Information related to participation in a continuing competence program is confidential under section 52 of the *HPA*, unless the Competence Committee determines a referral to the Complaints Director is necessary based on information obtained through the continuing competence program that:

- the regulated member has intentionally provided false or misleading information;
- the regulated member displays a lack of competence in the provision of professional services that has not been remedied by participating in the continuing competence program;
- the regulated member may be incapacitated; or
- the conduct of the regulated member constitutes unprofessional conduct that cannot be readily remedied by means of the continuing competence program.

Failure or Refusal to Comply

Failure or refusal to meet the Continuing Competence Program requirements is considered unprofessional conduct and may result in sanctions or affect the ability of regulated members to renew their practice permit.

Given that completion of competence activities is mandatory, failure to engage will result in the involvement of the Assistant Registrar and potential referral to the Complaints Director.

Component 1 – Continuing Professional Development (CPD)

Overview

Medical practice is continuously changing and to provide the best possible care to patients, regulated members are expected to continue acquiring knowledge and skills throughout their careers to maintain competency.

Participation

Physicians, surgeons, osteopaths and physician assistants on a general register, provisional register, telemedicine register or limited practice register with an active practice permit must be continuously enrolled and in good standing with one of:

- the [Maintenance of Proficiency \(Mainpro+\)](#) Program of the College of Family Physicians of Canada (CFPC); or
- the [Maintenance of Certification \(MoC\)](#) Program of the Royal College of Physicians & Surgeons of Canada (RCPSC).

Being in good standing with a CPD program (Mainpro+ or MoC) requires earning a minimum number of eligible credits within the timelines identified by that program.

Exemptions & Deferrals

A regulated member is exempt when their practice is exclusively in a training program (medical students, physician extenders, medical residents, postgrads/fellows).

If a regulated member is unable to participate for health reasons or exceptional circumstances, the regulated member must apply directly to the CPD program (Mainpro+ or MOC) for an exemption from or deferral of the CPD cycle and comply with the CPD program's requirements.

If a regulated member believes they should not be required to participate for exceptional circumstances that have not been approved by the CPD program (Mainpro+ or MoC), the regulated member must make application to the Registrar or their designate for an exemption from or deferral of participation, within 30 days of the regulated member first becoming non-compliant with CPD participation.

Process for Application for Exemption or Deferral

- A regulated member must provide evidence satisfactory to the Registrar or their designate to support an exemption or deferral.
- If the Registrar or their designate requires further evidence from a regulated member regarding an application for exemption or deferral, the regulated member must provide that further evidence by the deadline set by the Registrar.
- The Registrar or their designate must advise a regulated member in writing as to whether the exemption or deferral requested by the regulated member has been granted, with or without conditions, as determined by the Registrar. The Registrar must provide written reasons for the decision.
- A decision of the Registrar or their designate regarding an application for exemption or deferral may, upon further application by the regulated member, be reviewed by Council.
- An application to Council must be submitted in writing by the regulated member to the Registrar within 30 days of the date of the Registrar's decision, accompanied by the review fee, along with reasons for the application for review by Council. Refer to CPSA's Fee Schedule.

Timelines

CPD programs (Mainpro+ and MoC) each set the requirements and timelines for earning a minimum number of eligible credits. CPSA monitors enrollment in the CPD programs to ensure regulated members are in good standing to maintain their Alberta practice permits.

Record Retention

A regulated member must, when requested by the Registrar or their designate, from time to time, provide evidence satisfactory to the Registrar that the regulated member is compliant with CPD requirements.

A regulated member must keep records in a form satisfactory to the Registrar, of any activities undertaken for the purpose of CPD for a period of six years.

Reporting

Credits earned for CPD activities must be reported directly to the CPD program (Mainpro+ or MoC) in which the regulated member is enrolled. **CPD credits should not be reported to CPSA.**

Component 2 – General Assessment

General assessment may include assessment of a regulated member's professional knowledge and skills, communication skills, practice management and professional ethics. General Assessment includes, but is not limited to, CPSA's [Physician Practice Improvement Program \(PIIP\)](#) and the [Physician Prescribing Practices \(PPP\) program](#).

PHYSICIAN PRACTICE IMPROVEMENT PROGRAM (PIIP)

Overview

PIIP supports the [Federation of Medical Regulatory Authorities of Canada \(FMRAC\)'s Physician Practice Improvement framework](#), which is intended to support regulated members' continuous quality improvement, based around the [CanMEDS roles](#) (medical expert, communicator, collaborator, leader, health advocate, scholar and professional). FMRAC defines physician practice improvement as a quality improvement and assurance system focused on needs-based, life-long learning that has a demonstrable, positive impact on the quality of patient care, and is feasible and sustainable.

Participation

Physicians, surgeons and osteopaths on the **general register**, **provisional register** and **telemedicine register** are required to participate in PIIP.

Regulated members must complete each of the following three PIIP activities at least once over a five-year cycle:

- A practice-driven quality improvement activity using objective data
- A CPSA Standards of Practice quality improvement activity
- A personal development activity

The following regulated members are not currently required to participate in PPIP:

- Regulated members on a **limited practice register**
- **Physician Assistants**

Exemptions & Deferrals

A regulated member required to participate in PPIP may, if extenuating circumstances exist, submit a request in writing to the Registrar to vary the period in which the regulated member's practice improvement activities must be completed.

Timelines

Regulated members required to participate must complete all three PPIP activities over a continuous five-year period.

PPIP Activities

a) Practice-Driven Quality Improvement

Required Elements

The practice-driven quality improvement component of PPIP requires regulated members to use objective data and continuous quality improvement methodology to identify areas for improvement and implement strategies to enhance practice.

1. Review objective data.
2. Identify a gap/opportunity.
3. Establish SMART goals to address the gap.
4. Engage in a root cause analysis of why the gap is present.
5. Use QI methodology (e.g. PDSA cycle) to work towards identified goals.
6. Develop and document an action plan
7. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP [action plan template](#). An action plan based on SMART goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

Facilitation is recommended, with a colleague, direct supervisor, formal facilitator or trained coach.

Tools

Sources of objective data include but are not limited to:

- EMR (both clinical and schedule data)
- Netcare/PIN/Connect Care
- Vaccine registry
- Alberta Health Services dashboard
- Multi-source feedback from peers/learners/patient questionnaires
- Prescribing data through [MD Snapshot-Prescribing](#)
- Health Quality Council of Alberta's [Primary Healthcare Panel Reports](#)
- [Canadian Primary Care Sentinel Surveillance Network](#)

Note: PPIP supports the use of data in an ethical manner. CPSA encourages regulated members to use the following free resource and support tools if there are questions regarding ethical data usage:

[Alberta Innovates: A Project Ethics Community Consensus Initiative \(ARECCI\)](#)

For more information and resources, refer to the PPIP website: [Practice-Driven Quality Improvement - College of Physicians & Surgeons of Alberta | CPSA](#)

b) CPSA Standards of Practice

Required Elements

The CPSA *Standards of Practice* component of PPIP requires regulated members to use elements of a CPSA standard of practice as a metric, to assess and improve adherence to the SOP.

1. Review objective data.
2. Identify a gap/opportunity.
3. Establish SMART goals to address the gap.
4. Engage in a root cause analysis of why the gap is present.
5. Use QI methodology (e.g. PDSA cycle) to work towards identified goals.
6. Develop and document an action plan
7. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP [action plan template](#). An action plan based on SMART goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

Facilitation is recommended, with a colleague, direct supervisor, formal facilitator or trained coach.

Tools

Standard of Practice Metrics tools or Group Practice Review can be used for this activity. Self-assessments based on individual CPSA SOPs are also acceptable.

- Standard of Practice Metrics Tools

Two self-directed tools using CPSA's standards are available on the CPSA website: [Standard of Practice Metrics](#) - one for primary care and one for referral encounters. Each tool contains two modules: a record review and a self-reflection activity with creation of an action plan.

Process

1. Randomly select 10 patient records.
2. Use the questions in the record review module of the tool to audit the charts and reflect on office processes, care management, patient follow-up and monitoring.
3. Review the results of the record review and use the self-reflection module to identify areas of strength and opportunities for improvement.
4. Develop and document an action plan.
5. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP [action plan template](#). An action plan based on SMART Goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

Facilitation is recommended with a colleague, direct supervisor, formal facilitator or trained coach.

Cost

There is currently no cost to the regulated member to use the self-assessment tools.

- **Group Practice Review**

Group Practice Review (GPR) is a collaborative, educational process, designed to strengthen and enhance a group practice. The review is managed and facilitated by CPSA staff in collaboration with the clinic physicians and staff.

Regulated members are required to participate in GPR if their clinic is selected.

Selection & Referral Criteria

Family physician and general practitioner clinics are selected to participate in GPR using a combination of the following criteria:

- At random
- Through CPSA's Clinic Registration process
- Potential protective and risk factors of clinical performance
- Previously participated in GPR and selected for follow-up

Specialists within a multi-disciplinary practice group selected for GPR are required to participate.

Family physician and general practitioner clinics with two or more regulated members who are interested in participating in GPR may contact Group.Practice@cpsa.ab.ca to self-refer. Limited spots are available and cannot be guaranteed.

A GPR specifically for specialist-only clinics is currently in development.

Process

1. The clinic identifies a designate regulated member as the primary contact.
2. The designate regulated member completes a clinic questionnaire.
3. An on-site or virtual standard of practice (SOP) review is conducted.
4. The clinic's regulated members meet with a CPSA-trained physician facilitator, to discuss the results of the review.
5. Develop and document an action plan.
6. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP [action plan template](#). An action plan based on SMART Goals (Specific, Measurable, Achievable, Relevant, and Time-Bound) is recommended.

Resources:

[Group Practice Review - College of Physicians & Surgeons of Alberta | CPSA](#)

Group Practice Review – What to Expect

SOP Review – What to Expect

Cost

There is currently no cost to the regulated member to participate in the Group Practice Review.

c) Personal Development

Required Elements

The personal development component of PPIP requires members to use personal reflection and formal feedback methods to focus on their wellness and gain insight into the CanMEDS attributes of communicator, professional, scholar, collaborator, health advocate and leader.

A personal development activity must:

1. Collect formal feedback or self-reflection data focused on attributes of communicator, professional, scholar, collaborator, health advocate and/or leader.
2. Review the data with the facilitation of a colleague, direct supervisor, formal facilitator or trained coach.
3. Develop and document an action plan.
4. Implement the action plan and evaluate success.

Regulated members may use their own action plan template or the PPIP [action plan template](#). An action plan based on SMART Goals (Specific, Measurable, Achievable, Relevant and Time-Bound) is recommended.

For more information and resources, refer to the PPIP website: [Personal Development - College of Physicians & Surgeons of Alberta | CPSA](#)

Tools

The MCC 360 tool can be used for this activity. Other data sources include feedback data, surveys, wellness and skills assessments.

- **MCC 360**

Administered by the Medical Council of Canada (MCC), MCC 360 provides regulated members with feedback from a sample of their colleagues, co-workers and patients, which is combined with a self-evaluation for a complete “360 degree” perspective. The feedback focuses on regulated members’ role as a communicator, professional and collaborator.

Regulated members are required to participate in MCC 360 if they are selected.

Selection & Referral Criteria

Selection is random or based on self-reported responses to the PPIP questions contained in CPSA’s annual Renewal Information Form (RIF) and/or result of PPIP audit.

Regulated members who are interested in participating in MCC 360 to complete their personal development activity may contact msf@cpsa.ab.ca to self-refer. Limited spots are available and cannot be guaranteed.

Process

1. Complete the MCC 360 profile.
2. Review and reflect upon MCC 360 results.
3. Participate in a follow-up telephone discussion with a CPSA-trained physician facilitator.
4. Develop and document an action plan.
5. Implement the action plan and evaluate success.

Resource:

[*MCC 360 - College of Physicians & Surgeons of Alberta | CPSA*](#)

- *MCC 360 - What to Expect*

For more information, refer to the PPIP website: [*MCC 360 - College of Physicians & Surgeons of Alberta | CPSA*](#)

Cost

There is currently no cost to the regulated member to participate in the MCC 360 if selected to participate.

MCC may also accept self-referrals directly, but costs will apply. Contact the [MCC 360](#) directly for details.

Record Retention

Upon request, a regulated member must provide documentation of any or all PPIP activities to CPSA. Regulated members must retain action plans and documentation sufficient to verify the PPIP activities for a period of six years.

Reporting

Regulated members required to participate in PPIP must self-report their activities annually in the Renewal Information Form (RIF), under the PPIP section.

Audit

Audit questionnaires are sent to both verify participation and gather further information about PPIP activities available to the profession.

a) Process

Upon selection for audit, a regulated member will receive a communication via their secure CPSA Physician Portal, with a link to the audit questionnaire for completion and submission.

b) Selection Criteria

Regulated members are selected randomly, based on self-reported responses to PPIP questions on CPSA's annual Renewal Information Form (RIF).

c) Outcomes

Regulated members who do not meet the specific elements of the PPIP activity they reported as having completed may be directed to participate in an activity such as MCC 360 or Group Practice Review.

CPD Credits

Regulated members who participate in Group Practice Review or MCC 360 are eligible for CPD certified credits and upon completion are encouraged to apply for [CPD](#) credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Other PPIP activity may be eligible for non-certified CPD credits. Upon completion of the activity the regulated member is encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Regulated members are encouraged to review their recent CPD activity to assess alignment with [PPIP](#) activity requirements, as they may be eligible to qualify for PPIP activity. Contact ppip@cpsa.ab.ca to inquiry if the activity participated in meets a PPIP requirement.

PHYSICIAN PRESCRIBING PRACTICES (PPP) PROGRAM

Overview

PPP is an educationally focused program that engages physicians through collaboration & advice. The program utilizes prescribing practice related information received from the Tracked Prescription Program (TPP) Alberta and other sources to proactively identify potentially high risk prescribing patterns for regulated member notifications, further assessment and, where necessary, educational interventions.

Selection & Referral Criteria

PPP selects regulated members for participation into either an advisory feedback intervention or a directed feedback intervention. Both are based on identified risk thresholds.

Regulated members with identified prescribing specific concerns may also be referred to a directed feedback intervention from other CPSA program areas.

Process

Regulated members who are identified for advisory feedback interventions may receive PPP patient advisories. These patient advisories provide information about the regulated member's prescribing practices to increase awareness and identify opportunities to optimize prescribing. The programs and tools below support the regulated member in self-directed continuous quality improvement.

Regulated members selected or referred to a directed feedback intervention are to participate in a Competence Assessment activity as detailed [here](#) in the program manual.

Tracked Prescription Program (TPP) Alberta

a) Type 1 Monitored Medications

Regulated members, including residents, must register with TPP Alberta to prescribe [Type 1](#) (e.g. opioids, benzodiazepines) monitored drugs. Registration can be completed using an [online form](#), and is only required once.

Special prescription forms issued by TPP Alberta are required for prescribing Type 1 monitoring drugs. Regulated members receive one personalized TPP Secure Pad upon program registration, with re-ordering available upon request through TPP Alberta. [Ordering a TPP Pad.](#)

Prescription forgeries involving monitored medications can be reported to TPP, along with mandatory reporting of TPP Pad loss or theft, through the program website. [Report a Forgery & TPP Pad Loss/Theft reporting.](#)

b) TPP-Targeted Medications

For detailed TPP Alberta specific rules please refer to the TPP Alberta guide. [TPP Alberta Program Guide.](#)

Regulated members can access monitored drug utilization patterns, overall for Alberta, as well as their individual practice locations using TPP Alberta Atlas reports. [TPP Antibiotic Atlas](#) & [TPP Opioid & Benzodiazepine Atlas](#) Links.

More information about the TPP program can be found at www.tppalberta.ca

Opioid Agonist Treatment (OAT) Program

a) Overview

The Opioid Agonist Treatment (OAT) Program is a PPP sub-program specific to prescribing practices for [Opioid Use Disorder](#) (OUD) treatment.

The OAT Program seeks to ensure patient safety and an appropriate level of competence among regulated members who prescribe OAT. The program provides OAT prescribing approvals, OAT specific prescribing resources and advice and conducts OAT Education and Support (OATES) practice visits.

The OAT Program also maintains a [web-listing](#) of Alberta OAT Clinics to facilitate patient access to treatment. Regulated members interested in listing their clinic to the website can inquire with the OAT program (OAT.Info@cpsa.ab.ca).

b) OAT Prescribing Approval

Regulated members who wish to prescribe OAT for OUD treatment (with the exception of buprenorphine), must apply for a prescribing approval. If educational and experiential requirements are met, an online form can be completed for registration. To learn more about approval requirements and to access the registration form, click [here](#).

c) Opioid Agnostic Treatment Education and Support (OATES)

OATES is an educationally focused, collegial practice visit initiative with an aim to support regulated members in community clinics in safe provision of OUD treatment to Albertans.

Participation

Participation in an OATES practice visit occurs through three possible routes:

- Self-referral; voluntary clinic request
- Community-based OAT clinics requesting inclusion on the OAT Clinics listing
- Identified as a result of a prescribing query or referral initiated by another CPSA program area, regulated member or the public

Process

An OATES practice visit is broken over one to two half-days and typically conducted on-site. The process generally includes:

- Pre-visit questionnaire completed by clinic medical lead in advance of the scheduled visit.
- Interview with a clinic designate to gather information about the practice, range of services offered, wrap-around support and OUD related protocols and/or policies.
- Chart review using standardized worksheet templates.
- Interview with clinic medical lead.
- Report by practice visitor to the PPP Program.
- A visit summary and feedback in the form of a written report is provided to the clinic medical lead, typically with an accompanying teleconference for de-briefing, advice and answering any remaining questions.

Cannabis for Medical Purposes (CMP) Program

a) Overview

The CMP Program provides medical cannabis authorization approvals, educational resources, and advice to physicians on safer use of cannabis for therapeutic purposes.

b) CMP Approval

Regulated members who wish to authorize cannabis for medical purposes are required to notify CPSA prior to issuing a medical cannabis authorization to a patient.

This one-time only notification is required for a CMP Approval. The notification can be completed through the program website by clicking [here](#).

Tools

a) TPP Opioid & Benzodiazepines Atlas

Annual report highlighting use of Opioids & Benzodiazepines and Z-drugs in Alberta available through TPP Alberta. Contact [TPP Alberta | Tracked Prescription Program Alberta](#) to request an atlas.

b) TPP Antibiotic Atlas

Report on provincial use of antibiotics monitored by TPP Alberta including heat maps for geographical utilization rates. Contact [TPP Alberta | Tracked Prescription Program Alberta](#) to request an atlas.

c) MD Snapshot - Prescribing

All regulated members who prescribed an opioid, benzodiazepine/Z-drug or an antibiotic in the previous quarter are provided with an online Prescribing Snapshot through their CPSA Physician Portal. The [MD Snapshot-Prescribing](#) is a self-directed learning tool with aggregate and patient specific data enclosed, along with prescribing resources and companion documents to support action planning for improved patient care and prescribing practice.

The Prescribing Snapshot follows a quarterly release cycle, with the most recent quarter's data available for viewing in the 'Analytics' tab of the CPSA Physician Portal 3 weeks after quarter end. PPP issues individual notifications to members with new data for the preceding quarter, as well as a general notice in the CPSA Messenger for each report cycle.

Electronic PDF and paper versions are available upon request (AIR.Inquiries@cpsa.ab.ca). Members can report issues, including suspected data errors, directly through the CPSA Physician Portal "Report an Issue" feature.

The reports are intended solely as a tool to support self-directed practice improvement and greater prescribing awareness among regulated members; they are not used internally for selecting members for PPP program participation.

d) Prescribing Advice, Consultation and Resources

Regulated members can contact PPP for prescribing related advice and consultation at 780-969-4935 (Toll-free: 1-800-561-3899 Ext. 4935 (in Canada)) or AIR.Inquiries@cpsa.ab.ca.

PPP also produces 'Clinical Toolkit' prescribing advice briefs on select topics, as required. An inventory of prescribing resources is available on the '[Prescribing Tools & Resources](#)' webpage.

Timelines

The program monitors prescribing practices quarterly, accepts referrals and responds to prescribing inquiries.

Cost

There is generally no cost to regulated members for most PPP activities.

Regulated members may be responsible for costs related to referrals to PPP (e.g. received through Professional Conduct) or interventions that are exceptionally resource intensive. Regulated members will be provided with specifics on costs in advance of engagement with the program.

CPD Credits

Following review of any of the tools available through PPP as well as educational interventions with peer facilitation, regulated members are encouraged to apply for CPD credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

A review of the Prescribing Snapshot is eligible for non-certified Mainpro+ credits under the College of Family Physicians of Canada's (CFPC) Assessment category. Physicians can also complete a Linking Learning exercise to earn five Mainpro+ certified credits. Members of the Royal College of Physicians and Surgeons of Canada (RCPSC) can claim MoC Section 3 credits.

Regulated members may also use their MD Snapshot – Prescribing reports as a data source for a PPIP [Practice-Driven Quality Improvement](#) or [Standard of Practice](#) activity if the regulated member uses the formal feedback data to improve or action something. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

Component 3 - Competence Assessment

Overview

The competence assessment program is intended to identify regulated members whose practice may require support and intervention in order to meet competence standards. An educational approach is taken.

CPSA competence assessment programs include, but are not limited to, [Individual Practice Review \(IPR\)](#), [Physician Assessment and Feedback \(PAF\)](#), [Physician Health Monitoring Program \(PHMP\)](#) and [Physician Prescribing Practices \(PPP\) - Directed Feedback Interventions](#).

A competence assessment may require evaluations, including:

- practice visits
- examinations
- an individualized assessment of professional competence, which may include (but is not limited to) assessments of:
 - professional knowledge or skills,
 - communication skills,
 - mental and physical health,
 - professional ethics,
 - practice management,
- interviews, or
- any other type of evaluation as required by the Competence Committee.

Participation

- (1) A regulated member who is directed by the Competence Committee or its delegate to participate in a competence assessment shall cooperate with the requirements for the assessment within a reasonable timeframe, provided by the Competence Committee or CPSA staff.
- (2) Without limitation to the duties of a regulated member set out in the *HPA*, the co-operation required of a regulated member directed to participate in a competence assessment will include:

- (a) permitting the Competence Committee or its delegate to enter and inspect the premises where the regulated member engages in the practice of medicine, subject to the limitation set out in section 51(4) of the *HPA* regarding private dwellings and publicly-funded facilities,
 - (b) permitting the Competence Committee or its delegate to inspect the regulated member's records of the care of patients,
 - (c) providing to the Competence Committee or its delegate the information requested in respect of the practice of medicine conducted by the regulated member,
 - (d) providing the information in subsection (c) in the form requested by the Competence Committee or its delegate,
 - (e) answering questions posed by the Competence Committee or its delegate on matters pertaining to medical competence and performance,
 - (f) conferring on the contents of a report,
 - (g) meeting with the Competence Committee or its delegate and discussing final recommendations for practice changes or improvements, and
 - (h) demonstrating the adoption of recommendations, practice changes and/or improvements to the satisfaction of the Competence Committee or its delegate.
- (3) A regulated member who is directed by the Competence Committee or its delegate to participate in an interview for follow-up of an assessment shall make themselves available within 30 days for the interview unless an extension is granted.
- (4) A regulated member who is directed by the Competence Committee or its delegate to undertake a more detailed assessment of clinical knowledge and skills shall cooperate with the requirements for that assessment within a reasonable, specified timeframe.
- (5) The cooperation required of a regulated member for a more detailed assessment may include, but is not limited to, travel and attendance at a competence assessment program acceptable to the Competence Committee or its delegate and payment of the associated costs.

PHYSICIAN ASSESSMENT & FEEDBACK (PAF)

Overview

PAF is a pro-active approach to quality assurance that provides selected regulated members with an assessment of their practice. Regulated members participate in a structured review with a CPSA-trained physician assessor.

Participation

Regulated members are required to participate in PAF if they are selected.

Family physicians, general practitioners and specialists on the general and provisional register who provide direct patient care are currently eligible for selection into PAF.

Selection & Referral Criteria

Protective and risk factors identified in the [MD Snapshot-Practice Checkup](#) (populated by responses provided in the annual Renewal Information Form (RIF) and from CPSA's database) are used for PAF's selection. Indicators will continue to evolve based on evidence and research investigating potential protective and risk factors for performance.

In addition to factors-based selection, a number of regulated members are selected randomly.

Exemptions & Deferrals

Deferral of participation in PAF include regulated members on medical leave, parental leave or extended leave from clinical practice. Regulated members granted a deferral will be allowed 6-12 months to re-establish practice upon return, depending on individual circumstances, prior to commencing participation in PAF.

Regulated members whose practice has no direct patient care are exempt from participating in PAF.

Process

The regulated member:

- 1) Is notified of selection to PAF.

- 2) Completes a Practice Overview Questionnaire.
- 3) Participates in a practice visit with a CPSA-trained physician assessor, including:
 - Patient record review
 - Chart-stimulated discussion
 - Review of office processes
- 4) Reviews and reflects on the PAF Summary Report.
- 5) May request a telephone facilitation to review and reflect on the report.
- 6) Implements practice improvements outlined in the report.

Resources - [Physician Assessment & Feedback - College of Physicians & Surgeons of Alberta / CPSA](#)

- *PAF Information Sheet**
- *PAF for Family Physicians/General Practitioners - What to Expect**
- *PAF for Specialists – What to Expect**

** (Currently being updated for inclusion on the CPSA website)*

Outcome

There are two potential outcomes resulting from participation in the PAF process:

- 1) Self-directed quality improvement.
 - No further assessment or ongoing formal support from CPSA is required.
 - Recommendations from the PAF Summary Report may identify and guide opportunities for the regulated member.
- 2) Referral to Individual Practice Review (IPR).
 - Additional intervention and support is required.
 - A CPSA Senior Medical Advisor will be assigned to follow progress, provide one-on-one support and guide the implementation of practice improvements.

Tools

PAF assessment measures are designed to assess clinical competence and performance through chart review and structured clinical discussion. Office processes are also reviewed for quality. Assessment of compliance with relevant CPSA Standards of Practice is included in these assessments.

The **Family Physician & General Practice** assessment tool is designed to assess adherence to [CPSA's standards of practice](#), including but not limited to, *Patient Record Content*,

Referral Consultation, Continuity of Care, Episodic Care, Virtual Care and Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harms. Clinical performance is also assessed through chart review and structured clinical discussion.

The **Specialists** assessment tool is designed to assess adherence to [CPSA's standards of practice](#), including but not limited to *Referral Consultation, Continuity of Care, Episodic Care and Patient Record Content*.

Resources - [Physician Assessment & Feedback - College of Physicians & Surgeons of Alberta / CPSA](#)

- [CPSA IPR Office & Practice Overview](#)
- *Family Physicians and General Practitioners – Assessment Tool*
- *Specialists - Assessment Tool* (Currently being finalized for inclusion on the CPSA website)

Timelines

PAF selection is initiated multiple times throughout the year. Approximate average timeline from initiation to completion is 3-6 months.

Cost

There is no cost to the regulated member for the PAF practice visit.

Pending the results of the practice visit, there may be some external assessments/activities recommended, which will be at the regulated member's cost.

Examples of external recommended supports include:

- Medical Record Keeping courses at the University of Calgary, University of Toronto and College of Physicians and Surgeons of British Columbia.
- Safe Medical Care Learning courses from the Canadian Medical Protective Association (CMPA).
- Additional programs/courses specific to the regulated member's educational needs.

Should the outcome of the PAF assessment result in a referral to Individual Practice Review (IPR), please refer [here](#) in the program manual.

CPD Credits

Upon completion and closure of the PAF file, the regulated member is encouraged to apply for [CPD](#) credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in PAF may qualify as a [PPIP](#) activity if the regulated member uses the PAF formal feedback data to improve or action something. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

INDIVIDUAL PRACTICE REVIEW (IPR)

Overview

IPR is a customized and collaborative process. Tailored individually for assessment and remedial needs, IPR emphasizes targeted educational support to improve a regulated member's practice.

Participation

Participation in IPR is initiated by referral. When directed by CPSA, a regulated member must participate in an IPR practice assessment. Regulated members will receive communication from CPSA, advising of the referral to take part in IPR. The communication will include details about the process and next steps.

Selection & Referral Criteria

Referral to the IPR program may be made by:

- A CPSA department (such as Professional Conduct, to address and resolve a complaint) that identifies a regulated member who needs assistance to maintain or improve their competence.
- CPSA's Physician Assessment & Feedback (PAF) program, when PAF results suggest the regulated member could benefit from additional support.
- Self-referral.

Process

IPR is designed around opportunities identified by the assessment of a regulated member's practice. A trained CPSA Senior Medical Advisor will provide oversight, support and direction throughout. The type of assessment is based on the specific features of the practice and the referral itself.

An IPR practice assessment is a virtual or in-person practice visit at the location(s) of the practice. The practice visit generally includes, but is not limited to, a review of key administrative processes, chart review for record keeping and clinical reasoning and a facilitated chart-stimulated recall with a CPSA trained practice physician. A report identifying practice strengths and opportunities for improvement is provided.

Regulated members may also be directed to external competence programs for assessment. For more information click [here](#).

Follow-up review of the regulated member's practice after completion of the required remedial activities will generally be required. If significant challenges are identified, additional competency assessments may be required such as direct observation by a peer during provision of care in clinic, surgical suite, emergency room, etc.

Resource: [Individual Practice Review - College of Physicians & Surgeons of Alberta | CPSA](#)

- IPR – What to Expect

Tools

IPR practice assessment tools are designed to assess adherence to [CPSA's standards of practice](#), such as *Patient Record Content*, *Referral Consultation*, *Continuity of Care*, *Episodic Care*, *Virtual Care and Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harms* as well as thoroughness of histories and physical examinations.

Assessment measures are detailed here:

[Individual Practice Review - College of Physicians & Surgeons of Alberta | CPSA](#)

- IPR Office & Practice Overview
- IPR Chart Review

Timelines

Participation in the IPR program varies as the assessment and remediation activity is customized to the regulated members identified needs.

Cost

IPR is a cost-recovery program, with standardized fees set by the Competence Committee and Council.

Regulated members will be provided with specifics on costs when they first enter the IPR program.

If the results of the IPR indicate a need for significant improvement, remediation or additional assessment through other accredited programs (locally or abroad), additional costs will apply.

Additional accredited assessment programs, and common external courses and remediation activities include, but are not limited to:

- Center for Personalized Education for Professionals (CPEP).
- Medical Record Keeping courses at the University of Calgary, University of Toronto and College of Physicians and Surgeons of British Columbia.
- Workshops/programs at the Canadian Medical Protective Association (CMPA).
- Programs/courses specific to a regulated member's needs, such as prescribing and de-prescribing, professionalism, communication, etc.
- Participation in the University of Calgary Alberta Physician Assessment & Support Services (APASS) program, for practice mentorship and individualized learning plans.
- Working with a CPSA-contracted practice mentor.

Costs of participating in these educational interventions and assessments are the responsibility of the regulated member. Additional IPR fees may be assessed at the discretion of CPSA, generally in the case of an excessive length of time in the IPR program or by direction of a Terms of Resolution agreement with Professional Conduct.

CPD Credits

Upon completion of IPR and closure of the file, the regulated member is encouraged to apply for [CPD](#) credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in IPR may qualify as a [PPIP](#) activity if the regulated member uses the IPR formal feedback data to improve or action something. Regulated members self-report any

PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

PHYSICIAN HEALTH MONITORING PROGRAM (PHMP)

Overview

PHMP advises in situations where regulated members are experiencing a health condition that could interfere in their ability to practice medicine safely.

Participation

Participants include regulated members that presently have a physical, cognitive, mental and/or emotional condition that negatively impacts, or is likely to negatively impact, the regulated member's work.

Selection & Referral Criteria

A regulated member may contact the PHMP at any time to discuss a concern about their own health.

If a regulated member is concerned about a colleague, they may contact PHMP informally to discuss this. Reporting to CPSA is required when thresholds defined in the relevant Standards of Practice are reached: [Duty to Report Self](#) and [Duty to Report a Colleague](#).

PHMP can be contacted by third parties (i.e. Alberta Health Services, Universities, etc.), other departments within CPSA and members of the public/patients.

Underlying Principles

The principles under which the PHMP operates include the following:

- 1) Protection of the public is paramount in all considerations.
- 2) If a regulated member declines to participate in PHMP despite a health condition which may affect their fitness to practice, then this may be grounds for a referral to Professional Conduct.
- 3) PHMP works collaboratively with regulated members to ensure health conditions and work are managed in a way that ensures safe practice, allowing the regulated member

to continue in practice wherever possible, with a minimum of disruption to the service they provide to their patients.

- 4) PHMP provides guidance and support to regulated members but does not provide any form of treatment or advice about treatment.
- 5) PHMP strongly encourages the regulated member's right to access all available resources, including the:
 - [Physician and Family Support Program](#) operated by the Alberta Medical Association (PFSP)
 - Case Coordination function of the PFSP
 - [Canadian Medical Protective Association](#) (CMPA)
- 6) Evidence and expert opinion are used when determining fitness to practice and any subsequent actions.
- 7) PHMP recognises the majority of regulated members manage their health conditions in a way that minimizes the impact on their practice and the safe care of patients.
- 8) The regulated member's personal health information is kept strictly confidential at all times. Specific information about who has access to this information, and under which circumstances, can be found in the [Physicians' Personal Health Information policy](#).

Processes

- 1) Identification of regulated members with possible health conditions may occur through:
 - Registration and annual renewal
 - Self-reporting
 - Colleagues or other health professionals reporting
 - Internal CPSA referrals
 - Third-party referrals
 - Public/patients reporting

- 2) Assessment of risk to patients:

If there is reasonable concern that a regulated member may be experiencing impairment or lack of capacity which may impact practice, PHMP may request the regulated member voluntarily temporarily withdraw from practice until a full assessment of health issues and risk to patients is completed.

If no immediate risk, the following may be carried out:

- a) Meeting with the Registrar or designate.
- b) Obtaining reports from treating practitioners.

- c) Obtaining independent assessment and/or reports from non-treating assessors and/or workplace monitors.
 - d) The reports from b) and c) form the basis of ongoing requirements to monitor the regulated member's health and ensure they are compliant with treatment recommendations and remain safe to practice.
- 3) The regulated member may be asked to voluntarily restrict or modify their practice to ensure their practice remains safe and they remain healthy.

Restrictions/modifications solely related to the health of the regulated member, are kept confidential.

Restrictions/modifications related to practice may be included on the regulated member's practice permit as a condition of practice, as a result of a formal agreement or arising out of alternative processes within CPSA. Conditions may include: limitations to night call, restriction on the type and number of patients seen, or restrictions of the practice type or location.

- 4) If the regulated member will not voluntarily withdraw from practice when there is reason to believe the regulated member lacks capacity to care safely for patients, the matter may be referred to the Complaints Director for consideration to use provisions in Section 118 of HPA.

Assessment Tools

Regulated members may be asked to:

- 1) Allow the collection of additional information to assess fitness to practice for health reasons. Additional information may include:
 - Reports of treating practitioner(s) and the opinion of these practitioners as to the regulated member's fitness to practice.
 - Reports from colleagues of clinical performance and/or professional conduct.
 - Additional independent third-party assessments.
 - Other information held by CPSA or other medical regulatory authorities.
- 2) Undergo third-party assessments, which may include the following:
 - Cognitive assessment and neuropsychological testing.
 - Physical assessment tailored to the specific health condition.
 - Psychiatric assessment.

- Multidisciplinary assessment for complex cases.
- 3) Allow CPSA access to any medical reports and records resulting from the assessments that consider the regulated member's fitness for practice.

Monitoring Tools

Monitoring may include:

- Report(s) from treating practitioner(s).
- Report(s) from colleagues or designated practice monitor.
- Reassessment(s) by a third party.
- Practice visit(s) or audit(s) to review their practice.
- Competency assessment.
- Monitoring of billing or medical records to determine compliance with practice restrictions.
- Full review and assessment of activities undertaken, with the possibility of revision of expectations and/or practice conditions.
- Enter into a monitoring agreement when appropriate, to ensure compliance with the monitoring requirements as a condition of continued practice, and as an alternative to the complaints process to resolve issues related to health.

Cessation of Assessment/Monitoring

Subject to the progression of the health condition(s) and the individual circumstances of the regulated member, any assessment or monitoring process may be suspended or terminated when the impact of the health condition(s) no longer negatively impacts or is no longer reasonably likely to negatively impact the members fitness to practice medicine and significant risk to patients or public safety is no longer present.

Policies

Full PHMP policies are available on the CPSA Website [here](#).

Cost

Regulated members will be provided with specifics on costs, if applicable, when they first enter the PHMP program.

CPD Credits

During monitoring and upon completion and closure of the PHMP file, regulated members are encouraged to apply for [CPD](#) credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in PHMP may qualify as a [PPIP personal development](#) activity if the regulated member uses the PHMP formal feedback data, receives facilitation and develops an action. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

PHYSICIAN PRESCRIBING PRACTICES (PPP) – DIRECTED FEEDBACK INTERVENTIONS

Regulated members may be identified by the [PPP program](#) for Directed Feedback Interventions.

Process

Each prescribing intervention has a formalized review and reporting process aimed at facilitating learning and providing constructive feedback to improve prescribing practices.

A directed feedback intervention may involve:

- 1) Prescribing Review using TPP data – Occurs for all cases
- 2) Questionnaire & Teleconference – Prescribing queries to solicit further information on specific prescribing aspects or patterns.
- 3) Chart Review – Led by a Senior Medical Advisor, PPP Pharmacist, PPP physician mentor or PPP practice visitor as appropriate.
- 4) Practice Visit – May be virtual or on-site; involves interviews with clinic staff and direct observation of the regulated member's practice. Practice visits are typically led by a PPP practice visitor.
- 5) If identified learning needs require longitudinal engagement and mentorship, PPP will assign a PPP physician mentor. Time lines will vary depending on the goals.
- 6) Closing correspondence letter with a summary of interaction and concluding advice and/or report to the referring program, as required.
- 7) Interventions may also be closed through referral to other program areas, such as Individual Practice Review. Referral criteria include learning needs that are identified to be broader than or unrelated to the regulated member's prescribing practice.

Timelines

The program monitors prescribing practices quarterly and accepts referrals and prescribing queries as required. Engagement with the program varies depending on the goals of the directed feedback intervention.

Costs

Regulated members may be responsible for costs related to referrals to PPP (e.g. received through Professional Conduct) or interventions that are exceptionally resource intensive. Regulated members will be provided with specifics on costs in advance of engagement with the program.

CPD

Upon closure of a PPP directed feedback intervention, the regulated member is encouraged to apply for [CPD](#) credits through the College of Family Physicians of Canada (Mainpro+) or the Royal College of Physicians and Surgeons of Canada (MoC) as appropriate.

Participation in a PPP Directed Feedback Intervention may qualify as a PPIP [Practice-Driven Quality Improvement](#) or [Standard of Practice](#) activity if the regulated member uses the formal feedback data to improve or action something. Regulated members self-report any PPIP activities on the RIF in the year of completion. Contact ppip@cpsa.ab.ca to inquire if the activity participated in meets a PPIP requirement.

Acronyms

ARECCI	Alberta Innovates: A Project Ethics Community Consensus Initiatives
CFPC	College of Family Physicians of Canada
CMP	Cannabis for Medical Purposes Program
CMPA	Canadian Medical Protective Association
CPD	Continuing Professional Development
CPEP	Centre for Personalized Education for Professionals
CPSA	College of Physicians & Surgeons of Alberta
EMR	Electronic Medical Record
FMRAC	Federation of Medical Regulatory Authorities of Canada
GPR	Group Practice Review
HPA	Health Professions Act
IPR	Individual Practice Review
MAINPRO	Maintenance of Proficiency - College of Family Physicians of Canada
MCC	Medical Council of Canada
MoC	Maintenance of Certification
OAT	Opioid Agonist Treatment Program
OATES	Opioid Agonist Treatment Education and Support
OD	Opioid Use Disorder
PAF	Physician Assessment and Feedback Program
PDSA	Plan-Do-Study-Act
PHMP	Physician Health Monitoring Program
PIIP	Physician Practice Improvement Program
PPP	Physician Prescribing Practices
RCPSC	Royal College of Physicians & Surgeons of Canada
SMART	Specific. Measurable. Achievable. Realistic. Timely.
SOP	Standard of Practice
TPP	Tracked Prescribing Program

Questions?

Any questions about the information contained in this manual, please email
support@cpsa.ab.ca

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Stacey Strilchuk		
Agenda Item Title:	Executive 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) :	N/A
Background:	<p>The Executive Committee met on January 23, 2023 and discussed the following matters:</p> <ol style="list-style-type: none"> 1. Council Vaccination for COVID-19 Policy. Executive Committee is presenting this item separately on the February 2023 Council Agenda. 2. February 2023 Council Meeting Agenda. The Committee used the following inputs to develop the Agenda: <ol style="list-style-type: none"> a. Council Meeting Action Items and Follow-up List b. Data from the Annual Survey of Council Effectiveness c. Agenda item ideas submitted by Council members 3. Use of titles on Council Agendas and Minutes. Executive Committee discussed various ways of informing meeting attendees of the credentials of Council members, CPSA staff and guests to Council. The use of post-nominals was agreed upon, and this has been implemented for the February 2023 Council meeting. 4. Governance Review Implementation Update. Progress on the Governance Review Implementation was presented to the Committee with some shifts in timelines (within the year) to accommodate the timing of Committee meetings for Committee reviews. Governance review activities currently underway include: <ol style="list-style-type: none"> a. Draft Council Agreement under development following the Council Retreat.

	<ul style="list-style-type: none"> b. 2023 Council Learning Plan at February Council meeting. c. Governance Committee review of Committee Structure and development of a Committee Policy. d. In camera policy/procedures under development e. Competency/Skills matrix and Nominations models. Options being developed by Governance Committee for consideration at May Council meeting. <p>5. In-Camera meetings. Executive Committee tasked the CPSA Team will bringing back a procedure for In-Camera meetings, for consideration at the next Committee meeting.</p>
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Levonne Louie, FAC Chair		
Agenda Item Title:	Finance & Audit Committee (FAC) Meeting Summary Report		
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 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 February 17, 2023 and addressed the following issues:</p> <p>1. Review of pension investment managers for the defined benefit plan.</p> <p>FAC invited Mr. Luis Ramierz from Mercer to present his report on the review of the pension investment returns for 2022 for the defined benefit (DB) pension plan. Total registered DB pension assets at December 2022 are \$45,392,000.</p> <p>For 2022, the gross return on the pension investments was a loss of 10.4% (which was above the benchmark of a loss of 10.9%). Over a four year period, the investments achieved a 7.1% return, gross of fees, which exceeded the pension fund objectives of a 5% nominal return over 4 years. FAC endorsed Mercer's recommendation that there be no change to the investment managers for the DB pension plan.</p> <p>The FAC also reviewed the Statement of Investment Policies & Procedures (SIPP) for the DB pension assets and updated the policy to remove the restrictions on investments and added: CPSA recognizes the importance of considering environmental, social and governance (ESG) factors in determining the investment approach under this policy.</p>

2. Staffing update

FAC reviewed a request from management for unbudgeted expenditure estimated at \$223,000 for staffing changes to support the professional conduct department and the office of the registrar. FAC reviewed the analysis and assessed the risks of not proceeding with the proposed changes.

The committee approved the unbudgeted request for expenditures highlighting that management needs to identify the source of funding from a combination of current year revenues and unrestricted surplus.

The committee stressed the need to develop a communication plan on the progress and changes to the complaints process for both physicians and the public, and develop the capability to track progress on the key performance measures approved by Council.

3. People & Culture feedback

The CPSA is currently reviewing a number of internal staff policies. The CPSA Director, People & Culture sought feedback from the FAC on the following topics:

- Vacation policy for staff
- Recognition of statutory holidays

4. CPSA staff benefit review update

In follow-up to the Total Compensation review for staff conducted in 2022, the CPSA is now reviewing staff benefits to ensure the total compensation provided to staff is in line with the Council approved Total Compensation Philosophy.

The CPSA Director, People & Culture provided an update on the staff survey and focus group feedback that has been conducted. Benefit models are currently being developed which will guide the tender process for group benefits to be conducted this year. The benefit package to be developed will be within the approved CPSA budget.

5. Investment Performance Review 2022

CPSA has two investment advisors, each of whom manages one-half of CPSA's general operating surplus. Mr. Boris Mirjanic of CIBC and Mr. Steven Thornitt of TD Waterhouse attended the

FAC meeting to provide overviews of performance of the investments in 2022 and share their thoughts on market expectations for 2023.

Total investments at December 31, 2022:

Investment Advisor	\$	% return net of fees	3 year % return, net of fees
CIBC Private Wealth Management	\$15,629,000	5.5% loss	4.1%
TD Waterhouse	\$15,788,000	9.5% loss	3.4 %
Total	\$31,417,000		

As CPSA is moving to two new investment advisors (see item 6), CIBC and TD were thanked for their services over the past number of years.

6. Investment advisor search (non-pension assets)

As per CPSA's management control framework, CPSA issued a request for proposal for investment advisors for the non-pension assets in the fall 2022. FAC was informed of the results of the investment advisor search by email in early February.

Two new firms were identified, being Phillips, Hager & North (PH&N) and Industrial Alliance (IA). These firms will commence their services in Q1 2023.

7. Q4 2022 activity update

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 operation management of CPSA and was satisfied with the process.

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.

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

Draft Financial Results

FAC received the draft financial results for 2022. The year-end audit is on schedule to commence in April with the draft audited financial statements to be reviewed at FAC's May meeting and be presented to Council for approval in May.

8. Security Management Committee

FAC received a report from the Security Management Committee. The committee reviews security incidents, issues and responses to determine if further action is necessary; provides direction as required; and distills and distributes lessons learned to staff and Council through the Leadership Team.

The report included an overview of the May 2022 to Feb 2023 breach report. The report also included the annual privacy reporting for 2022.

The FAC was satisfied with the level of reporting and the continued staff education sessions to address awareness of privacy breaches.

9. People & Culture Statistics

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

10. Treatment & Counselling Fund

FAC received a report summarizing the costs incurred to date for the Treatments & Counseling Fund.

Under the *Health Professions Act* each health profession's regulatory college is required to create and administer a fund

for therapy and counselling for patients who allege sexual abuse or sexual misconduct by a regulated health professional.

Currently funding of \$22,500 is available to eligible patients of sexual abuse or sexual misconduct. The funding is available up to five years after the date on which a finding of unprofessional conduct in whole or in part on sexual abuse or sexual misconduct towards a patient is made. The funding is available is provided by CPSA.

Year	# eligible active cases	# cases requesting treatment costs	Total Expenses to Dec. 31, 2022	Maximum Funding Remaining
2019 *	5	3	\$31,713	\$83,443
2020	11	8	\$73,812	\$176,020
2021	7	3	\$9,148	\$148,807
2022	4	0	\$ -	\$90,000
Total	27	14	\$114,673	\$498,270

* Program commenced April 1, 2019

11. Management Control Framework

The Management Control Framework highlights Management's fiduciary duty to be prudent in its decision-making regarding the use of CPSA resources. The framework presents a structure for planning, resourcing, implementing, monitoring and reporting on business activities. It outlines the authorized delegation of authority for purchasing and contracting.

FAC approved changes to the framework authorizing delegation of duties by the Registrar in their absence. The duties of Registrar, as are set out in the *Health Professions Act (HPA)*, can be delegated to another member of the Executive (i.e. the Deputy Registrar or one of the Assistant Registrars), and that the duties for the administration of the organization typically referred as the Chief Executive Officer duties can be delegated to a Chief role.

FAC discussed two additional items for approval which are covered under separate briefings: FAC Co-Chair and Accreditation Fees.

Next Steps:

n/a

List of Attachments:

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Levonne Louie, FAC Chair		
Agenda Item Title:	Finance & Audit Committee - Co-Chair appointment		
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) :	The Finance & Audit Committee recommends that Council appoints Daisy Fung as Co-Chair to the Finance & Audit Committee for 2023.
Background:	<p>Ms. Levonne Louie is the chair of the Finance & Audit Committee (FAC). As a public member on Council, her appointment at CPSA will end on October 30, 2023.</p> <p>The FAC is seeking the creation of a co-chair role for 2023 to support the committee so there will be no gap in the chair role for the current year upon Ms. Louie's term ending.</p> <p>The FAC members were canvassed for interest in taking on a co-chair role. Dr. Daisy Fung is prepared to accept this responsibility.</p>
Next Steps:	<ol style="list-style-type: none"> 1. Council to approve Dr. Daisy Fung as the co-chair for FAC for 2023. 2. Ms. Louie and Dr. Fung will work together with CPSA team members to plan upcoming FAC meetings and will share responsibility for presenting information to the FAC as well as to Council. 3. FAC is requesting the Governance Committee discuss the merits if a co-chair or a vice-chair structure for all committees would be in the best interest for corporate governance as a permanent structure for all committees. <p>Co-chair - would consider two individuals assigned the role of chair for the applicable term.</p>

	Vice-chair - would consider succession planning between the vice-chair role and the chair role.
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List of Attachments:

n/a

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Levonnie 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) :	N/A
Background:	<p>The Governance Committee met on February 1, 2023 and discussed the following matters:</p> <ol style="list-style-type: none"> 1. Competence Committee Request – The Competence Committee brought forward a request to add a student learner to the Committee. A recommendation to Council in follow up to this request is included under separate cover. 2. Vice-Chair/Co-Chair for Governance Committee and Finance and Audit Committee – As part of the succession planning to fill the positions of Chair for these two Committees once Ms. Louie's appointment to CPSA Council is rescinded in October, a Co-chair position was established for the Governance Committee. The request to appoint Ms. Laurie Steinbach as Co-Chair is included under separate cover. 3. 2023 CPSA Council Learning Plan – The Committee discussed the proposed learning plan and recommended adjustments to the plan to create linkages to the Strategic Plan. The request for Council approval of the plan is included under separate cover. 4. Reappointment to CRC/Hearing Tribunal List – The Committee approved making a recommendation to Council regarding extending the appointments of 3 physicians to the CRC and Hearing Tribunal listing. The request for Council approval is included under separate cover. 5. Governance Review Implementation – Selection of Council Members – the Committee reviewed some preliminary

information regarding the use of a Nominations and Competency based model to select regulated members to serve on CPSA Council. Discussions will continue at the March and April meetings of the Committee with the expectation that a recommendation will be developed to present to Council in May.

6. Governance Review Implementation – Governance Structure/Committees – As recommended by the Governance Review, the Committee discussed the categorization of Committees as governance committees and operational committees with the expectation that Council members would not sit as members on the operational committees. A Committees policy is under development.
7. CPSA Bylaw Review – the Committee was given an update regarding plans to conduct a comprehensive review of CPSA Bylaws. The process and timeline for this review will be shared at the March Committee meeting.
8. Medical Facility Accreditation Committee (MFAC) Terms of Reference – the Committee was advised of some updates to MFAC’s terms of reference that were not reflected in the document provided to Council previously. The additional changes are the result of the Bylaw changes that were approved by Council and have been deemed friendly amendments that do not require additional approvals. The corrected Terms of Reference are posted on the [public website](#).
9. Debrief of Council Retreat and Council Orientation – the Committee provided feedback regarding the recent retreat and orientation and made suggestions for those programs in future. Planning for the 2024 retreat will begin with consideration of themes.
10. Review of Annual Documents – the Committee reviewed the annual documents that have been signed by all Council members. The Conflicts of Interest that were shared by this process are listed in SharePoint for access by Council members only. The request to declare any new real, potential or perceived conflicts of interest will capture any conflicts in addition to those annually identified.

List of Attachments:

1. [Appointment of Learner to Competence Committee](#)
2. [Appointment of Laurie Steinbach as Co-Chair for Governance Committee](#)
3. [Extension of appointments for individuals on Complaints Review Committee/Hearing Tribunal List](#)

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Levonne Louie		
Agenda Item Title:	Governance Committee – appointment of learner to Competence Committee		
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) :	The Governance Committee is recommending that Council appoints Alexander Beke as an observer on the Competence Committee for a one-year term, effective immediately.
Background:	<p>The Competence Committee approached the Governance Committee with a request to appoint a medical learner to the committee. The Competence Committee noted that this would be a non-voting position. The initial request was for a three-year term; however, the Governance Committee suggested a one-year term as a trial period allowing time to understand the value of having a learner on the Committee as well as how participation on the Competence Committee can add value for a medical learner. In the interim, considerations will be given to:</p> <ul style="list-style-type: none"> • formalizing the involvement of medical learners in the Terms of Reference, • developing a selection process • understanding the implications around financial compensation • clarifying expectations of participation and responsibilities to connect with other medical learners <p>As noted in the Honoraria and Expense Policy: <i>Observers who are invited to attend CPSA Committee meetings may be eligible for reimbursement of travel expenses but are generally not eligible to be paid an honorarium (both at the discretion of the Registrar).</i></p>
Next Steps:	Conversations between the two Committees and/or CPSA staff supporting the Committees will continue to further understand the

role of medical learners in the work of CPSA Council and Committees. The Finance & Audit Committee will be engaged as necessary around matters of compensation.

List of Attachments:

1. [Competence Committee Terms of Reference.](#)

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Levonne Louie		
Agenda Item Title:	Governance Committee – appointment of Co-Chair		
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:	The Governance Committee recommends that Council appoints Laurie Steinbach as Co-Chair to the Governance Committee for 2023.
Background:	When the Governance Committee met in November of 2022, they recognized the risks related to appointing Levonne Louie as chair for both the Governance Committee and the Finance & Audit Committee given that her appointment to CPSA Council might end in October. As such, the Committee recommended appointing a Co-Chair who would be able to step in seamlessly when Ms. Louie's appointment ended. Ms. Steinbach was approached to take on this role and, with the endorsement of the Committee, she is prepared to accept this responsibility.
Next Steps:	<ul style="list-style-type: none"> Ms. Louie and Ms. Steinbach will work together with CPSA team members to plan upcoming Governance Committee meetings and will share responsibility for presenting information to the Governance Committee as well as to Council. Updates will be made to the Terms of Reference to incorporate the position of Co-Chair. Similar discussions will take place at the Finance & Audit Committee to ensure appropriate succession planning for that Committee.

List of Attachments:

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Levonne Louie		
Agenda Item Title:	Governance Committee – extension of appointments for individuals on Complaints Review Committee and Hearing Tribunal List		
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:	The Governance Committee recommends that Council extends the appointments of the following regulated members to the Complaints Review Committee and Hearing Tribunal List for a further three-years commencing immediately: Dr. Don Yee Dr. Randall Sargent Dr. John Pasternak		
Background:	While all three physicians have already served multiple terms, it is within the discretion of Council to extend a member's appointment on the membership list. The Governance Committee is satisfied with the rationale provided to extend the appointments of these physicians. Included for Council information is the full listing of the regulated members currently appointed to the Complaints Review Committee and Hearing Tribunal Listing.		
Next Steps:	•		
List of Attachments:			
1. Complaint Review Committee and Hearing Tribunal Listing			

Complaint Review Committee and Hearing Tribunal

Physician Members

(Terms are January 1-December 31)

NAME	M/F	APPOINTED
Dr. Harish Amin	M	2019 – 2021 2022 – 2024
Dr. Brinda Balachandra	F	2016 – 2018 2019 – 2021 2022 – 2024
Dr. Vonda Bobart	F	2016 – 2018 2019 – 2021 2022 – 2024
Dr. Amanda Brisebois [Has a position with a conflict of interest; not being selected for new panels.]	F	2021 – 2023
Dr. Timothy Chan	M	2023 – 2025
Dr. Gregory Charrois	M	2018 – 2020 2021 – 2023
Dr. Robin Cox	M	2010 – 2015 2018 – 2020 2021 – 2023
Dr. William Craig	M	2016 – 2018 2019 – 2021 2022 – 2024
Dr. Erica Dance [Has a position with a conflict of interest; not being selected for new panels.]	F	2016 – 2018 2019 – 2021 2022 – 2024
Dr. Douglas Faulder	M	2016 – 2018 2019 – 2021 2022 – 2024
Dr. Sita Gourishankar	F	2019 – 2021 2022 – 2024
Dr. Debakanta Jena	M	2018 – 2020 2021 – 2023
Dr. Goldees Liaghati-Nasseri [On maternity leave; not being selected for new panels]	F	2019 – 2021 2022 – 2024
Dr. Kim Loeffler	F	2019 – 2021 2022 – 2024

NAME	M/F	APPOINTED
Dr. Elizabeth MacKay	F	2018 – 2020 2021 – 2023
Dr. Neelam Mahil	F	2018 – 2020 2021 – 2023
Dr. Fraulein Morales*	F	2022 – 2025
Dr. John Pasternak [Recommended for extension of term]	M	2010 – 2015 2017 – 2019 2020 – 2022
Dr. Neelan Pillay	M	2019 – 2021 2022 – 2024
Dr. Thilinie Rajapakse	F	2021 – 2023
Dr. Randall Sargent [Recommended for extension of term]	M	2015 – 2017 2018 – 2020 2021 – 2022
Dr. David Sheppard	M	2018 – 2020 2021 – 2023
Dr. Melanie Stapleton	F	2023 – 2025
Dr. Ralph Strother	M	2018 – 2020 2021 – 2023
Dr. Anca Tapardel*	F	2022 – 2025
Dr. Sheela Vijay*	F	2022 – 2025
Dr. Eric Wasylenko [Retired; only participating in outstanding matters]	M	2019 – 2021 2022 – 2024
Dr. Don Yee [Recommended for extension of term]	M	2010 – 2015 2017 – 2019 2020 – 2022

*Term is June 1, 2022 to May 31, 2025

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Tracy Simons, Chief Financial Officer		
Agenda Item Title:	Patient Relations Fund Annual 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>Bill 21, <i>An Act to Protect Patients</i>, was proclaimed in the fall 2018. The <i>Health Professions Act</i> was amended to require each health profession's regulatory college to create and administer a fund for therapy and counselling for patients who allege sexual abuse or sexual misconduct by a regulated professional.</p> <p>1. Funding for Treatment and Counselling Regulation</p> <p>On December 2, 2020, the Government of Alberta introduced this regulation to specifically address funding and access to counselling services for patients who have suffered sexual abuse and/or sexual misconduct by regulated members. The regulation came into effect June 2, 2021.</p> <p>There were no changes to the regulations in 2022.</p> <p>2. Treatment and Counselling Costs</p> <p>An applicant is eligible to apply for funding as soon as a formal complaint is made to the CPSA. Alberta Health sets the guidelines determining the funding amount available to patients. Currently funding of \$22,500 is available to eligible patients of sexual abuse or sexual misconduct. The funding is available up to five years after the date on which a finding of unprofessional conduct in whole or in part on sexual abuse or sexual misconduct towards a patient is made. The funding is provided by CPSA.</p>

The total expenses incurred in 2022 to support the Treatment & Counselling program was \$53,950. The total cumulative spent to support the program between 2019 and 2022 was \$114,673.

See the attached 2022 Treatment & Counselling Annual Report.

3. Mandatory Training for Physicians

Under Bill 21, all health professionals must complete mandatory training to prevent and address sexual abuse and sexual misconduct.

CPSA has rolled out two training programs for physicians. The **Patient Relations Part 1** was rolled out over the fall of 2020 through early 2021 as a separate project of all registered members (independent practice) to complete.

The course became part of the new registration process so any new applicant had to provide proof of course completion before registration could be completed, which is still the case today.

The **Patient Relations Part 2** was implemented as part of the annual renewal process in the fall of 2021. The course also became part of the new registration process as renewal was rolled out so any new applicant had to complete the course before registration could be completed.

Today all new applicants must complete both courses before registration can be completed.

The total number of physicians completing the courses in 2022 were:

Patient Relations 1	761
Patient Relations 2	1412

List of Attachments:

1. 2022 Treatment & Counselling Annual Report

Treatment and Counselling Annual Report

	College of Physicians & Surgeons of Alberta			
Reporting Period:	January 1 – December 31, 2022			
	Related to Sexual Abuse	Related to Sexual Misconduct	Combined nature	Total
Number of new Complaints	1	3	0	4
Number of new Patients in 2022 that Accessed the Fund	0	0	0	0
Amount of Money Dispersed in 2022 for new Complaints	\$0	\$0	\$0	\$0
Amount of Money Dispersed in 2022 for open complaints	\$ 30,421	\$ 15,528	\$ 8,001	\$ 53,950

	College of Physicians & Surgeons of Alberta			
Reporting Period:	April 1, 2019 – December 31, 2022			
	Related to Sexual Abuse	Related to Sexual Misconduct	Combined nature	Total
Number of Complaints	11	19	3	33
Number of Patients that Accessed the Fund	5	7	2	14
Amount of Money Dispersed	\$ 45,086	\$ 38,598	\$ 30,989	\$ 114,673

**Summary of total expenditures by year
Treatment & Counselling Program**

Year	# eligible cases	# closed	# active cases	# cases requesting treatment costs	Expenses 2019	Expenses 2020	Expenses 2021	Expenses 2022	Total Expenses to Dec. 31, 2022
2019	6	1	5	3	\$ 2,796	\$ 2,187	\$ 3,385	\$ 23,345	\$ 31,713
2020	13	2	11	8		\$ 29,742	\$ 18,378	\$ 25,692	\$ 73,812
2021	10	3	7	3			\$ 4,235	\$ 4,913	\$ 9,148
2022	4	0	4	0				\$ -	\$ -
Total	33	6	27	14	\$ 2,796	\$ 31,929	\$ 25,998	\$ 53,950	\$ 114,673

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Andrea Garland		
Agenda Item Title:	Report and Recommendation from Communications regarding Live Tweeting of Council Meetings		
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) :	Council approves live tweeting of Council meetings by the Communications Department on a permanent basis.
Background:	<p>At the May 2022 Council meeting, Council approved a trial period to test live tweeting Council meetings until the end of 2022. Live tweeting CPSA Council meetings presents the opportunity to share CPSA Council discussions/updates (public session only) in a succinct and timely manner with those who may not have the opportunity to join in person. While promoting transparency, live tweeting provides Albertans with access to and knowledge around what CPSA Council is responsible for, and the role CPSA plays in Alberta's healthcare system.</p> <p>For both September and December, our Council tweets accounted for almost half of our total CPSA impressions* for the month, and over half of our engagements**. This can mainly be attributed to the volume of posts that go out over the two-day window.</p> <p>While the engagements per post weren't significantly high, we still see the value in being transparent and accessible to the public, and recommend we continue to live tweet Council meetings.</p> <p>*an impression is the number of times a tweet appears to users in either their timeline or search results. **engagement is the total number of times a user interacted with the tweets we sent, including retweets, replies, likes, link clicks, etc.</p>

Next Steps:

If approved, a CPSA communications member would continue to review the agenda in advance and plan to tweet out significant motions, presentations and the start/end of the meetings. They will then craft additional content throughout the day depending on discussions or changes made to the agenda.

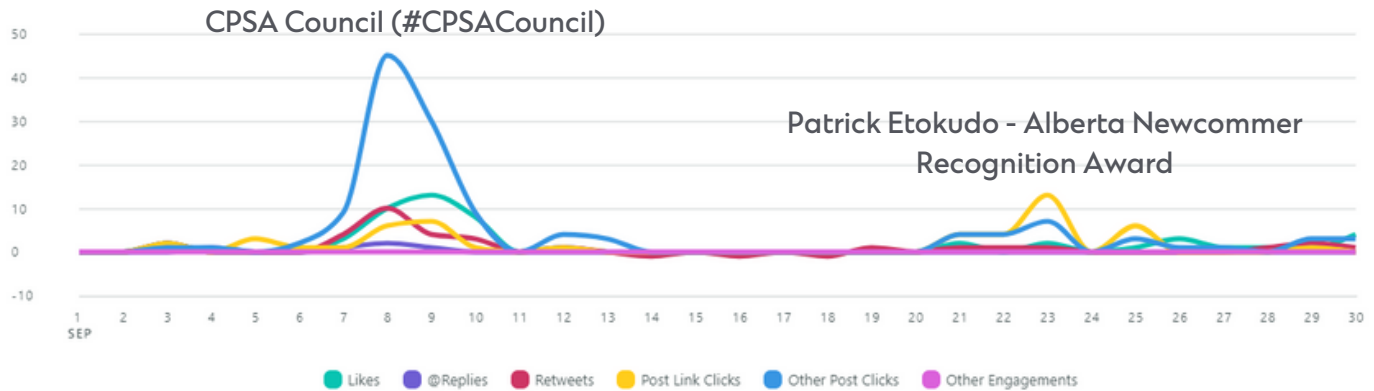
The tweets are approved by the Communications Director who works with Council Executive Committee, CPSA Registrar or appropriate department if an online question needs to be answered beyond Communications' scope of understanding/authority.

We support if Councillors wish to engage with the content, however recommend they hold off until breaks or times outside of the active meeting sessions.

List of Attachments:


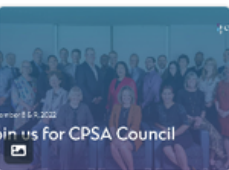



1. [September & December Council live tweeting analytics](#)

Engagement per day*



	Impressions	Engagement	Post Link Clicks
#CPSACouncil September*	6,789 12,299	153 266	19 50

TOP POSTS

<p> @CPSA_CA Fri 9/2/2022 3:00 pm MDT</p> <p>Did you know CPSA Council sessions are open to the public? Sign up to virtually join the sessions or follow #CPSACouncil on...</p>  <p>Join us for CPSA Council</p> <p>Total Engagements 15</p> <p>Likes 2</p> <p>@Replies 1</p> <p>Retweets 2</p> <p>Post Link Clicks 5</p> <p>Other Post Clicks 5</p> <p>Other Engagements 0</p>	<p> @CPSA_CA Thu 9/8/2022 2:31 pm MDT</p> <p>#CPSACouncil discusses the remaining \$5 million of the Building Fund, allocated to support programs, initiatives or research benefitting the health or care of Albertans, and approves a name: CPSA Healthier Albertan Grant. Details coming soon!</p> <p>Total Engagements 14</p> <p>Likes 3</p> <p>@Replies 1</p> <p>Retweets 3</p> <p>Post Link Clicks —</p> <p>Other Post Clicks 7</p> <p>Other Engagements 0</p>	<p> @CPSA_CA Wed 9/7/2022 10:00 am MDT</p> <p>#CPSACouncil meets this Thursday and Friday—don't forget to follow along! More information and the meeting agenda can be found online: https://t.co/nDbATkZ3An #ABHealth</p> <p>Total Engagements 14</p> <p>Likes 1</p> <p>@Replies 0</p> <p>Retweets 0</p> <p>Post Link Clicks 2</p> <p>Other Post Clicks 11</p> <p>Other Engagements 0</p>	<p> @CPSA_CA Thu 9/8/2022 1:24 pm MDT</p> <p>CPSA's Anti-Racism Anti-Discrimination Action Advisory Committee provides #CPSACouncil with an update on future plans, including opportunities for collecting relevant data and educational supports coming for the profession.</p> <p>Total Engagements 13</p> <p>Likes 4</p> <p>@Replies 0</p> <p>Retweets 1</p> <p>Post Link Clicks —</p> <p>Other Post Clicks 8</p> <p>Other Engagements 0</p>
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Glossary

Post Link Clicks:

Number of times users clicked on the link in your post.

Other Post Clicks:

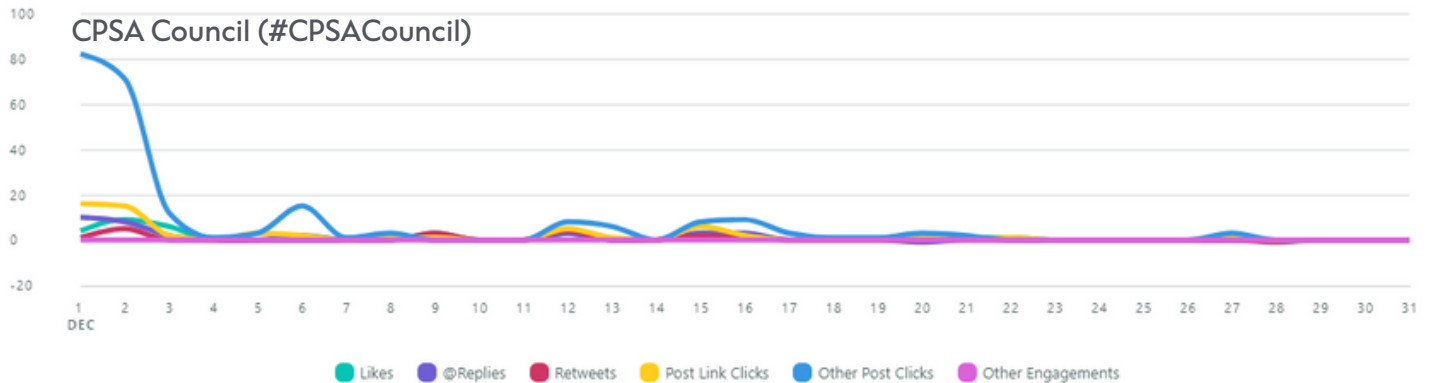
Number of times users clicked on the content in your post, excluding the link. This includes clicks on the media, hashtags, detail expand, and user profile from your post.

Other Engagements:

Number of times users engaged in your post in other ways. This includes such engagements as poll votes, app install attempts, app opens, and follows from your post.

*Represents all CPSA Twitter posts for the month.

Engagement per day*



	Impressions	Engagement	Post Link Clicks
#CPSACouncil	2,897	221	35
December*	6,264	368	57

TOP POSTS

<p>#CPSACouncil receives an update on the accelerated Practice Readiness Assessment pilot project (learn more here: https://t.co/ZFsuED0sYx) and discusses expanding Alberta's current sponsorship model to</p> <p>Total Engagements 29</p> <p>Likes 1</p> <p>@Replies 2</p> <p>Retweets 1</p> <p>Post Link Clicks 15</p> <p>Other Post Clicks 10</p> <p>Other Engagements 0</p>	<p>#CPSACouncil receives an update from our Professional Conduct department about internal process improvements and work done to date to understand and address the backlog of complaints.</p> <p>Total Engagements 27</p> <p>Likes 2</p> <p>@Replies 2</p> <p>Retweets 0</p> <p>Post Link Clicks —</p> <p>Other Post Clicks 23</p> <p>Other Engagements 0</p>	<p>CPSA team members have been working on an Action Plan to accompany CPSA's new Strategic Plan, found here: https://t.co/zELP3Jtfqx. #CPSACouncil hears about the progress and can expect to receive the finalized plan at their first meeting in 2023.</p> <p>Total Engagements 23</p> <p>Likes 1</p> <p>@Replies 2</p> <p>Retweets 0</p> <p>Post Link Clicks 8</p> <p>Other Post Clicks 12</p> <p>Other Engagements 0</p>	<p>That's a wrap! Thank you for joining us for #CPSACouncil. The 2023 Council meeting dates are on our website, and stay tuned for the synopsis for this meeting. https://t.co/nDbatlgErV</p> <p>Total Engagements 22</p> <p>Likes 1</p> <p>@Replies 3</p> <p>Retweets 0</p> <p>Post Link Clicks 1</p> <p>Other Post Clicks 17</p> <p>Other Engagements 0</p>
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Glossary

Post Link Clicks:

Number of times users clicked on the link in your post.

Other Post Clicks:

Number of times users clicked on the content in your post, excluding the link. This includes clicks on the media, hashtags, detail expand, and user profile from your post.

Other Engagements:

Number of times users engaged in your post in other ways. This includes such engagements as poll votes, app install attempts, app opens, and follows from your post.

*Represents all CPSA Twitter posts for the month.

Chair's Report

College of Physicians and Surgeons of Alberta Governing Council

Prepared for February Council – February 23rd and 24th 2023

December 2022

- December 12th Performance review meeting with Register
- December 12th Meeting with the Premier, Minister and the Registrar
- December 16th Government relations meeting with the Registrar
- December 21st Council retreat planning meeting

January 2023

- January 4th CPSA and AMA meeting
- January 16th Meeting with the Registrar
- January 16th Council planning meeting
- January 18th Government relating meeting with the Registrar
- January 23rd Executive Committee meeting
- January 23rd Planning meeting for Rural Municipalities Association
- January 23rd Lunch meeting with Registrar and new Chief of Staff
- January 25th Building Fund Initiative working group meeting
- January 25th Presentation with Registrar Rural Municipalities Association
- January 26th New councillor orientation
- January 27th Council retreat
- January 28th Council retreat

February 2023

- February 1st Governance Committee meeting
- February 1st Competence Committee meeting
- February 2nd AADAAC meeting
- February 15th MFAC meeting
- February 17th FAC Committee meeting
- February 20th Pre council meeting with Executive Committee
- February 22nd Meeting with the Registrar
- February 27th Building Fund Initiative working group meeting

To: CPSA Council
From: Scott McLeod
Date: February 23rd, 2023

Introduction

Welcome to the 2023 Council year. After a very productive Council retreat at the end of January, I'm excited about the opportunities that lie ahead in the coming months.

Every year since I have been in this role there have been some unique challenges and I'm confident 2023 will be no different. CPSA is still under pressure to streamline registration and there is growing interest in the concept of a national license for physicians. Our Professional Conduct team is working through the final stages of Project Bluebird and we are looking for ways to streamline operations with Continuing Competence and Physician Health Monitoring.

This year will, however, also be focused on bringing the Strategy to life and operationalizing the direction provided by Council. We will continue to drive innovation across the organization and work hard to strengthen the culture at CPSA.

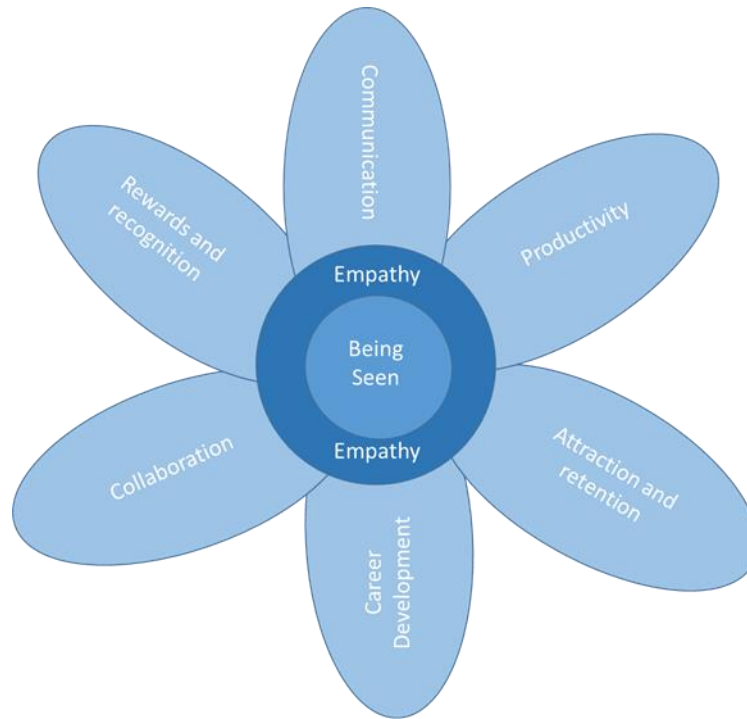
1. CPSA Organizational Updates a. Staff Engagement Survey:

As I reported back in December, we have been working hard to understand the results of the May 2022 engagement survey. I reported in December that we had consulted an expert to interview our team in more detail so we could better understand where we needed to focus our energy. Since then we have received the consultant's report, presented the findings to the entire team, shared the report with everyone and requested feedback from the team. The feedback to date confirmed that what we captured during those conversations did indeed get to the real meaning behind the engagement scores.

The report is available for Council members if anyone would like to read it, however the essence of the report is as follows.

"Engagement - defined as emotional commitment - across the organization is high, with a small percentage of staff leaning toward neutral or disengaged for specific reasons. Staff want to take an active role in contributing to changes that create a greater experience of inclusion in the shared mission and vision of the CPSA. With few exceptions, the extent of staff participation in these focus groups demonstrated that positivity. That's an enviable place to land in our current climate." Gayle Nelson

"The key findings revolved around the core issue of the importance of CPSA team members feeling seen and heard. Most of the findings are central to the theme of empathy to their realities and how that varies from department to department or even program to program or person to person." Gayle Nelson



Reward and Recognition - Without question, intrinsic rewards outranked tangible ones. Most staff said what mattered most was to have personal feedback that recognized the effort they'd made.

Productivity - The following were most often mentioned as obstacles to productivity:

- Technology
- Workload and staffing issues.
- Internal communication

Communication - There is a sense from staff that communication has focused on the external at the expense of the internal. There were also numerous comments about the demands of navigating the external political environment over the past three years – and how it's shifted the attention of the LT toward "justifying our existence, and their having to spend more time dealing with conflict."

Collaboration - Most of the feedback focused on wanting to know more about other people's work and the benefit of championing more mentorship and stretch opportunities between departments.

Career & Development, Talent & Staffing - There's an organization-wide desire for more structured career planning with a professional development path, a competency matrix and explicit criteria for moving into another role.

Attracting new talent and retaining existing staff For attracting new staff, these suggestions were made:

"The threshold for benefits could be lowered to include part-time."

"Make sure that remote work is set up well."

"We could do some myth-busting in the public domain about who we are and what we do. It wasn't until I had a one-on-one with a staff member that I got excited about coming to the CPSA."

Next Steps

Some actions have already been taken and much more will be done in the coming months and years, but our approach now is to build on the many positive things we heard from the team and approaching this as a shared responsibility. The People and Culture department has taken the lead to work through these key findings and will be developing an approach to respond to the concerns raised. In addition, senior leadership has been and will continue to embrace the reality that they need to be seen more and they need to see team members more. We all need to demonstrate more empathy. Some early initiatives that have already been incorporated include monthly all team coffee breaks with senior leadership, a holiday celebration in December and a pancake breakfast in January. We are looking at other opportunities for people to come together and connect.

The “Culture Crew” is a group of team members with representation from each department that will work together to build a strong CPSA culture. This group will also help the senior leadership prioritize the work to address all the key findings in the report.

Jim Kiddo has already initiated a review of all the IT concerns for CPSA and will develop a plan to address them, both in the short and long term.

It’s never easy to get feedback that you’re not doing as well as you thought you were, but feedback is also one of the greatest gifts you can receive. Without it there is no way to know where you can grow and improve. The engagement survey has provided us with that feedback and opportunity. We are fortunate to have a team that wants CPSA to be the best it can be and therefore I see a bright future in front of us.

b. Fair Registration Practices Act audit

The *Fair Registration Practices Act*, which was introduced by the Government of Alberta (GOA) in 2019 and came into effect on March 1, 2020, establishes the Fair Registration Practices Code and a Fair Registration Practices Office. The *Act* provides the Minister of Skilled Trades and Professions (STP) the authority to require regulatory bodies of regulated occupations and trades to report on their registration and assessment practices to the Minister to ensure principles of transparency, objectivity, impartiality and procedural fairness are met. The Minister has the ability to direct that an audit be undertaken or issue compliance orders, if required.

After a number of meetings and questionnaires over the last few years, the Minister has started a review of CPSA’s registration process along with several other regulators. The focus of the review is fairness of process and turnaround time within the regulator. Deloitte has been engaged by the GOA to assist in this STP review. CPSA has submitted documents upon request which cover registration policies, processes, time lines and statistics. The CPSA process is based on credentials, and equivalency of training, and not on country of origin/citizenship. CPSA’s current measures for eligibility review is 7.3 days – inquiry of applicant (submission of Review of Qualifications) to Initiation of Evaluation - with 95% initiated within 3.5 days. The other significant CPSA measure is the time from completion of a registration file to registration decision; this is currently 4.1 days with 95% completed the same day. The *Health Professions Act* expects that this latter work be completed within thirty (30) days of the completion of all required registration submissions.

c. CPSA 2022 Annual Report

Every year CPSA is mandated to provide a report to government. The Communications team held brainstorming sessions in September and invited Council and leadership team members to attend. A proposal on the theme, strategic direction and content outline of the 2022 annual report was drafted and approved by Scott and Stacey in November and now the report is being put together. The theme of the 2022 annual report is "Recognizing Resilience" and the storytelling will be structured around the five directions of our 2022-2026 strategic plan. More details can be found in "First Look" document provided to Council members as part of the dossier.

Council-specific content in the annual report includes a message from the President, one from the public members and one from the physician members. You'll be hearing from members of the Communications team soon (if you haven't already) for support in developing these messages.

It's important to note that Council is ultimately responsible for the information reported in the print version of the annual report (which goes to Alberta Health) and therefore approval from Council on the print report will be done via email ballot in May.

The 2022 annual report co-leads will follow up with Council after this meeting via email, highlighting key dates and information.

d. Key Performance Indicators (KPIs)

Attached you will find the [update for the last quarter of 2022](#) on our KPIs as well as our performance [dashboard](#).

2. The Profession

I wish I was able to report that the profession as a whole is doing better, but there continues to be a great deal of pressure on physicians in Alberta and across the country. CPSA continues to be aware of that and the impact a regulator has on physician wellbeing.

3. Provincial Update

a. Medical Assistance in Dying (MAID)

Due to the importance of aligning the medical, nursing and pharmacy professions when it comes to MAID policies related to the provision of MAID services CPSA, ACP and CRNA have come together to develop a joint policy on MAID. We are in the early days of this work, but it's an opportunity for the three organizations to support the three professions in a common way with common language. We will continue to keep Council engaged as things unfold. In the meantime, it looks as though the federal government will be delaying the inclusion of mental illness and MAID until next year.

b. Government of Alberta

CPSA senior leaders and staff are in communications with various members of Alberta Health (AH), Alberta Health Services (AHS) and the Health Quality Council of Alberta (HQCA) on a regular basis. These interactions vary from senior strategic engagements and

committee work that impacts the performance of the health system to more operational interactions on how care is provided day to day.

Over the past several months there have been many concerns raised by the Deputy Premier and staff from his office around CPSA's approach to the registration of International Medical Graduates. We, in partnership with the Deputy Minister of Health and other senior AH leaders, have met with senior staff from the Department of Skilled Trades and Professions to help them better understand how CPSA does our work and how we compare to other jurisdictions. We shared our concern that public comments about barriers to registration may have the opposite impact they are hoping for.

We shared how CPSA is already leading the country in many different metrics related to the registration of international graduates. The opportunity to attract physicians to Alberta is to highlight those strengths and focus on this being the place to come. Changing that narrative to better represent the reality here in Alberta is an opportunity that they seem interested in pursuing.

Our conversation with the Deputy Minister, Skilled Trades and Professions was very positive and they agreed to this approach. We will continue to work with them to share a positive narrative.

c. Outreach

i. Alberta Municipalities Small Communities Committee

On December 7th 2022, I had the opportunity to meet with the Alberta Municipalities Small Communities Committee. I provided them with a high-level overview of CPSA and all that we do. I then shared in greater detail the work we are doing to support the registration of International Medical Graduates. It was clear from our discussions that they too are concerned about the quality and competency of the physicians being licenced in Alberta and want to be sure that those who do receive a licence are competent and professional in their work. It was a good meeting.

ii. Canadian Association of Nigerian Physicians and Dentists (CANPAD)

I was honoured to be asked by the Canadian Association of Nigerian Physicians and Dentists to provide the key note address during their annual gala event on December 10th 2022. Even though I was not asked to do this presentation specifically as the CPSA Registrar, it was an incredible opportunity to connect with many Nigerian Physicians working in Alberta. It was also an opportunity to connect with the Honourable Kaycee Madu, who brought welcoming comments from the Alberta Government.

I was asked to share my experiences through challenging times and provide a perspective on resilience. Overall, I believe the group enjoyed the presentation, but more importantly I made some valuable connections with many Nigerian physician in Alberta.

iii. Rural Municipalities Association (RMA)

On January 25th 2023, Stacey and I had the opportunity to meet with the RMA Board. We had a dinner meeting with them at their office in Nisku where we had a couple hours to get to know them better. We learned a great deal about the incredible work they do and we

shared what CPSA does. We had a great discussion answering their questions and building relationships. They were engaged and interested in the work CPSA does. We highlighted the core work we do and spent time reviewing the new Practice Readiness Assessment (PRA) pilot project. We went into more depth on several things such as the predictive analytics work we do to identify high risk practice behaviour and we emphasised that we are here to protect Albertans. They clearly understood that having more doctors is not the solution if they are not competent doctors. They also recognized the risks of rushing registration for the sake of speed and not quality.

Their Board chair, Mr. Paul McLaughlin noted that in preparation for this meeting he spent a great deal of time looking over our website and in particular the work we do around complaints. He expressed how impressed he was with the work we do and he finds that the negative narrative about CPSA currently being spread around is unfounded. He and the other Board members are happy to start challenging that narrative.

In follow up to the January 25th meeting, CPSA has been invited to present to a plenary session at the Rural Municipalities Association 2023 Spring Convention in March. Nothing has been confirmed yet, however this may be another opportunity for Stacey and I to share information about the role of CPSA and the accelerated PRA pilot project. And, of course, we will be available to answer questions from the convention participants.

iv. Alberta Health Advocate

CPSA has always had a strong working relationship with Alberta's Health Advocate. I recently had a meeting with Catherine Douglas. With 6 years at the Office of the Alberta Health Advocates, the last 2 years as Acting Director and Director, Catherine has now been appointed as the interim Health Advocate and Mental Health Patient Advocate.

If you want to learn more about Alberta's Health Advocate, I recommend you look at their [website](#):

4. National Updates

a. Federation Of Medical Regulatory Authorities of Canada (FMRAC) /College of Family Physicians of Canada (CFPC)/Canadian Medical Association (CMA)

National Licensure has once again become a topic of discussion across Canada and the Canadian Medical Association has put considerable effort into advancing this subject through its advocacy work at the Federal and Provincial levels of government.

This is not a new discussion and FMRAC has been looking at ways to enhance physician mobility while protecting Canadians for several years now. Licensure is, in its simplest form, just a way of verifying that a physician has the core credentials, competencies and professionalism to practice medicine. What comes after that is the regulation of that practice in the jurisdiction responsible for the care of their citizens. Having a National Licence may make it easier to standardize registration, but that in itself does not increase mobility. Each jurisdiction will still require some form of registration with the Medical Regulatory Authority (MRA) to ensure that physician follows the expected code of ethics, standards of practice and is responsive to any complaints that may be filled against them.

There have also been some moves [provincially](#) to enhance the mobility of health care professionals, but without details as to how these plans would unfold it's difficult to know what the consequences will be. Since Premier Ford's announcement, [FMRAC has made a public statement](#) as has the [College of Family Physicians of Canada](#).

b. CanMeds 2025

I have recently been appointed as the FMRAC representative on the CanMEDs 2025 National Advisory Board. I am including the following summary of the intent of this group as information for Council:

"CanMEDs Framework is a major Canadian educational resource that is used across the continuum of medical education in Canada. To remain contemporary, the CanMEDs Framework undergoes modifications approximately every 10 years. Since these updates have impacts across the health care and medical education system, CanMEDS 2025 updates will be conducted under the format of a multi-institutional/organizational project that is co-sponsored by the the Royal College of Physicians and Surgeons of Canada (Royal College), Association of Faculties of Medicine of Canada (AFMC), College de Medecins de Quebec (CMQ) and College of Family Physicians of Canada (CFPC). The project is largely funded and staffed by the Royal College."

"The CanMEDS 2025 National Advisory Board provides advice on strategic direction and overall recommendations on the project. It is responsible for:

a. advising on the overall project direction to help align with their respective institutional vision and strategy;

b. applying an anti-racist and inclusive lens to the work and flagging opportunities to be more innovative in this regard;

c. contributing to the implementation of the CanMEDS 2025 initiative by helping to:

-identify emerging themes,

-support access to expertise and resources, including recommending Expert Working Group (EWG) members, and

-encourage own stakeholders to engage in the development and consultation work, and

d. championing and promoting CanMEDS 2025 to their organizations and networks after launch."

c. Royal College of Physicians and Surgeons of Canada

Nothing to report

d. 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)

This year's FSMB meeting will take place in Minneapolis, MN from May 4-6th. Further details are available on the [FSMB website](#).

Conclusion

Despite the reality that 2023 is going to be another very busy year, I believe we have a strong team that can take on the work that comes our way. With Council and the entire CPSA team working together in a supportive and collaborative way we will continue to meet our mandate of protecting the public and guiding the medical profession. Looking forward to good things in 2023.

CPSA Business Activity Update

For the Period Ending December 31, 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.												
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	Q4 2022 UPDATE
Data Discovery	Understand how to operationalize and act on new and existing data discoveries			Prescribing Analytics	CINO	Exceeding/Meeting Target	100%		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 HLSA	Nancy's secondment renewal has been submitted to AH. Work ongoing to renew and expand TPP ISA and PIA as well as development of new ISA and PIA for other AH Health Data.
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	Exceeding/Meeting Target	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	All models updated and comparison evaluation complete comparing self reported RIF data vs. AH Data shared with CPSA
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.	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).												
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	Q4 2022 UPDATE
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	100%	We continued to support the Alberta Virtual Care Coordinating body and touched on digital health experiences as part of our omnibus survey at the end of 2022.	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.	Virtual care communication support is on track for Q4.
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).	Virtual Care Standard complete. Ongoing work with Virtual Care Working Group (AH Committee, Ewan Chairs) and Digitally Enabled Care Working Group (Ed Chairs).
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 inforce 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.	No change
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's	2022 Target		Accountability	Owner	Status	Results YTD	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE	Q4 2022 UPDATE
	Departments are engaged in CQI	66%		Prescribing Analytics	CINO	Completed	66%		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.	PC, Registration and PHMP both engaged in CQI work.
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	Q4 2022 UPDATE
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	100%		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	PHMP work is paused pending potential department reorganization plans.
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	Completed	100%	Training Completed	20%	25%	100%	
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%		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	This initiative is considered to be on hold.
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	Completed	100%		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.	The governance review is complete and is moving into implementation of the plan that was approved by Council.

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's	2022 Target		Accountability	Owner	Status	Results YTD	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE	Q4 2022 UPDATE
	Improve media sentiment score	Average media sentiment score of 68%		Communications	Director Communications	Below Target	67%	We were very close to target and netted out at a neutral sentiment score for the year, which shows that we received a fairly equal amount of positive and negative coverage, with the majority being neutral towards CPSA for 2022.	Average sentiment score of 68.3% in Q1	Average sentiment score of 67% in Q2	Average sentiment score of 65% in Q3	Average sentiment score of 67% in Q4
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	Q4 2022 UPDATE
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	Exceeding/Meeting Target	90%		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	The work is nearly complete and the education project is expected to roll out on schedule.
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%		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.	No change
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	100%	Our overall communications work continued while promoting our brand. Work also began on socializing our new strategic plan. The Conversations microsite was launched with support from social media, helping us move our Albertan Engagement plan forward.	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.	Branding, media and communication work on track in Q4.
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	Direct Professional Conduct	Below Target	70%	Manual tracking of statistical data has provided some information on progress in 2022. The new software anticipated for launch in January 2023 has been delayed to Q2 as customization remains ongoing. Public member satisfaction surveys have been postponed to 2023. Ongoing progress into 2023 was anticipated.	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.

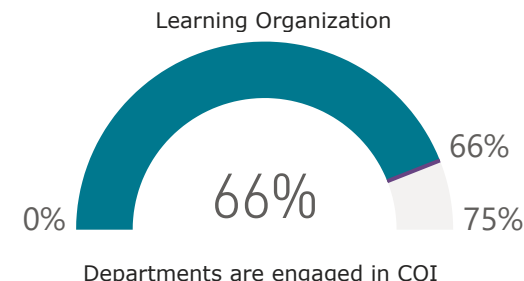
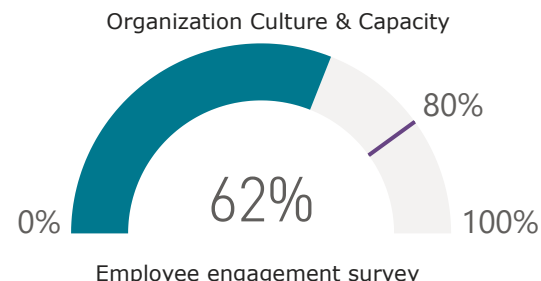
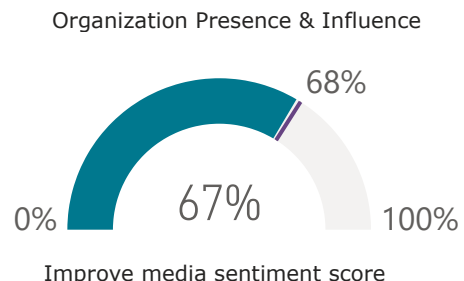
	KPI's	2022 Target		Accountability	Owner	Status	Results YTD	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE	Q4 2022 UPDATE
	Exemplary Employee engagement as reported on the employee engagement survey	80% score on survey		People & Culture	Director PnC	Below Target	62%	Survey completed as well as follow up focus groups. Culture Crew is established and ready to take on team experience projects aimed at improving culture.	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.	Culture crew established and a clear understanding of the work required to improve team experience through the focus group work.

Global Name	2022 Action/Tactics	Expected Results	(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	Q4 2022 UPDATE
Employee Engagement	Partner with (potentially new) vendor to conduct employee engagement survey Next survey 2022	Engagement scores increase to 80%		People & Culture	Director PnC	Completed	100%		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.	All research has been conducted and validated by team members.
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	100%		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.	A new performance reviews approach was created and shared with leaders for feedback. We're in the final stages of fine tuning the process which will be used in 2023.
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	Below Target	50%	Work was initiated but other competing priorities meant it was not completed in 2022. It will be developed in 2023.	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.	Feedback obtained at the leadership retreat. Plans were established in 2022 with the intent to roll out in 2023.
Workforce Plan Previously Staff training	Equity, Diversity & Inclusion training for staff (enhanced training)			People & Culture	Director PnC	Exceeding/Meeting Target	100%		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.	We laid the foundation with a plan and respect in the workplace program in 2022. More work to come in 2023.
People Resource Center	Streamline work processes: Continued rollout of People Resource Centre in second phase. (year 2 of 2)			Admin	CFO	Significant Delay	50%	Upon re-evaluation of the software tool for the payroll and people & culture needs, decision made to stop implementation of the payroll and recruiting modules. Further analysis of HRIS needs to be undertaken and review of software options conducted in 2023.	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.	Implementation of the payroll module stopped in Q4.
Total Compensation Review	Conduct salary & benefit review	Alignment of compensation with Total Compensation philosophy		Admin	CFO/Director PnC	Completed	100%		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.	Updated salary grids implemented for October 1, 2022. Staff surveys and focus groups conducted in Q4 by the People & Culture dept. Benefit analysis to be conducted in 2023 to align with RFP for a benefit provider.
Anti-Racism, Anti-Discrimination Action Advisory Committee	Establish Anti-Racism, Anti-Discrimination Action Advisory Committee			Office of the Registrar	COS	Completed	100%		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.	The committee is now established so the KPI is complete. We are working on sustaining and continuous improvement, which is beyond the original KPI.
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	100%		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	Up to date as per information received
HPA - Act to Protect training	Patient Relations part 1 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	Complete - part of registration work flow
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	no change from Q1
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	75%		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.	Audit started by Fair Reg GOA group.
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 GOC		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 Centre 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.	2022 phase of document drop zone completed. 2023 phase will analyze the third party documents received by the Registration dept.

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	Below Target	70%	Implementation of new software has been delayed as the team continues to work on customizations and testing.	10%	15%	70%	
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	60%	Recruitment for coordinator of the external reviewer program was outstanding at end of year. Once the role is filled it is anticipated to see improved progress.	15%	25%	50%	
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	80%	Extensive efforts in 2022 have resulted in progress in all work streams; some areas have work continuing into 2023 as was expected to be within our target for 2022.	25%	35%	65%	
Customer service Initiative	Hire additional staff	Enhanced customer service experience addressing phone calls into CPSA		People & Culture	Director PnC	Completed	100%		Team member hired and will start as lead on April 25.	CX Lead is onboarded 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.	The new team is up and running and are already responding to 92% of call without a transfer.

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's	2022 Target		Accountability	Owner	Status	Results YTD	Detailed Explanation	Q1 2022 UPDATE	Q2 2022 UPDATE	Q3 2022 UPDATE	Q4 2022 UPDATE
	Higher risk individual physicians are assessed	200 regulated members assessed (2% of membership)		Continuing Competence	Director Continuing Competence	Below Target	69%	PAF made program improvements to increase efficiency and paused initiations towards the end of the year.	31 physicians initiated for quality assurance assessments	87 physicians initiated for quality assurance assessments	131 physicians initiated for quality assurance assessments	137 physicians initiated for quality assurance assessments in 2022
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	Q4 2022 UPDATE
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	100%		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.	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.
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.	89% self-reported on RIF that they are engaged and have knowledge about at least one of the three pillars of PPIP.
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	Below Target	1.37%	PAF made program improvements to increase efficiency and paused initiations towards the end of the year.	31 physicians initiated for quality assurance assessments	87 physicians initiated for quality assurance assessments	131 physicians initiated for quality assurance assessments	137 physicians initiated for quality assurance assessments in 2022
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	100%		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.	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.
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 a continuous strategy/action.	This is a continuous strategy/action.	This is a continuous strategy/action.	This is a continuous strategy/action.
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.	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. This has allowed for better alignment and efficiencies of actions in the ASI 2.0 space.

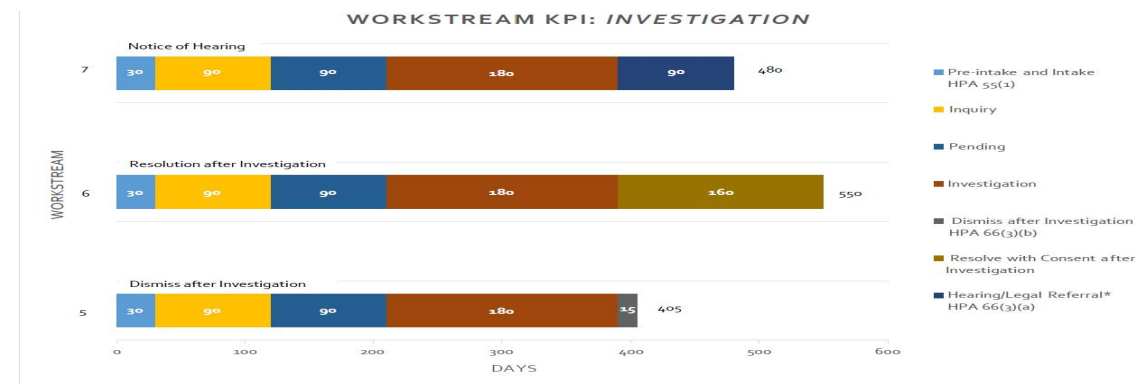
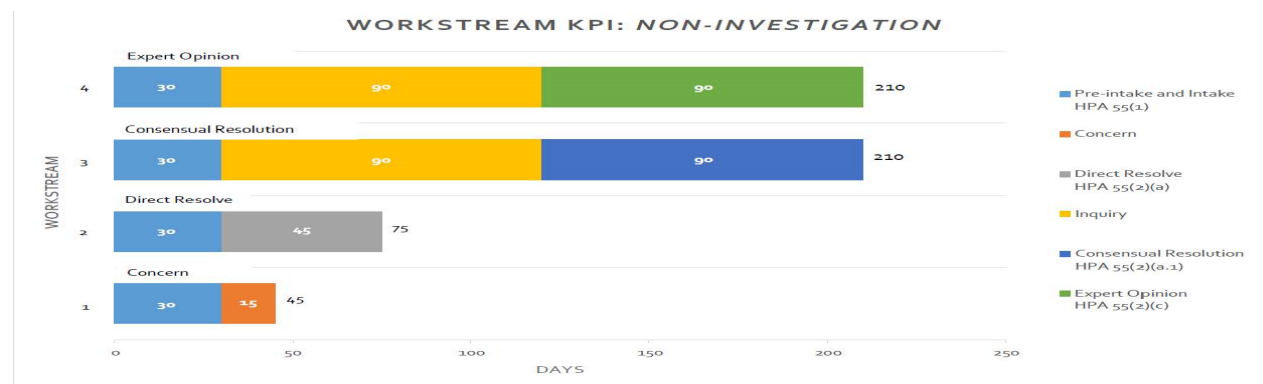
	Systematic Review - physician health factors	Continue literature review of health conditions relevant to the Physician Health Monitoring program (year 2 of 3): Phase 1 (continued) - Age related cognitive decline Phase 2 (continued) - Sleep deprivation Phase 3 - Suboxone and the affects on cognition	Extraction of identified literature; Creation of review document		Physician Health Monitoring	PHMP AR	Exceeding/Meeting Target	75%		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 cf 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.	Final report received on Cognitive impairment from RSI. Fatigue risk report under way, looking to complete end Q1.
	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.	Council approved for implementation.



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.

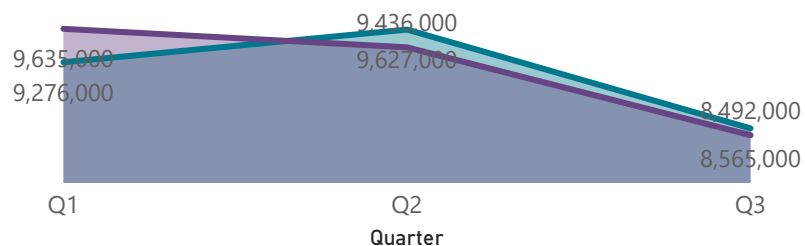
60% of complaint files will meet the workstream completion time frames for Non-Investigation and Investigation Workstreams by December 2022.



Financial Results

Revenues Compared to Expense (prior other income)

Gross Expenses Gross Revenues

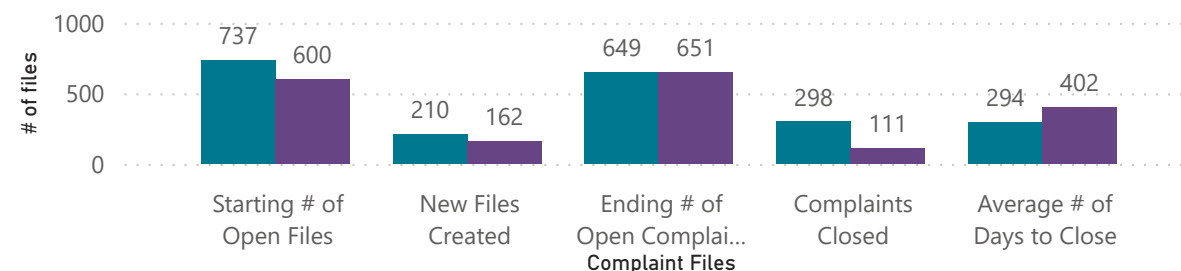


Q4 financial data is not available at this time; the external audit is scheduled to commence April 2023. The year end audited financials will be presented to Council at the May meeting.

Complaint Files Quarterly Stats

Q4 Comparison of 2022 & 2021

Q4 2022 Q4 2021



Limited Practice Register Policy

POLICY TITLE	Limited Practice Register – Clinical Surgical Assistant
PURPOSE	Ensure all physicians and osteopaths who do not satisfy the criteria for independent practice registration, and who may provide limited medical services in a variety of specific settings under supervision, have the required supervision, training and competencies to practise medicine safely.
SCOPE	<p>This policy applies to physicians or osteopaths on the Limited Practice Register who:</p> <ul style="list-style-type: none"> have successfully completed Alberta Health Services' (AHS) Clinical Assistant/Surgical Assistant orientation and assessment process and are not the most responsible physician in the care of patients. Their practise of medicine is limited to AHS assignments and must be under the supervision of their program lead or designate.
NOTES	<p>Requirements for registration under this policy include:</p> <ul style="list-style-type: none"> A confirmation the physician or osteopath has successfully completed AHS' Clinical Assistant/Surgical Assistant orientation and assessment process. Ongoing support from AHS in order to remain on the Limited Practice Register. If AHS withdraws support, this requirement for registration will no longer be met and the registration will no longer be valid. <p>Registration on the Limited Practice Register is not a pathway to independent practice. Physicians must meet the criteria for either the Provisional Register or the General Register to be eligible for independent practice.</p>

LAST REVISED: MARCH 8, 2023

APPROVED BY COUNCIL: SEPTEMBER 10, 2020

POLICY STATEMENT

Physicians or osteopaths whose training, certification and clinical practice experience does not meet the requirements for independent practice on the General Register or the Provisional Register Conditional Practice, but who have successfully completed AHS' Clinical Assistant/Surgical Assistant orientation program. These physicians must:

- 1) Have a primary **medical degree** from a medical school listed in the World Directory of Medical Schools at the time the candidate completed the program. Otherwise, they must have a Doctor of Osteopathic Medicine degree from a school in the United States,

accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

- 2) Have a **minimum of one year of continuous postgraduate training**. Fellowship training, community service, public service, national service, Medical Officer posts and practice experience do not meet the requirements for postgraduate training. Postgraduate training must be in a formal accredited training program that:
 - a) has defined learning objectives,
 - b) provides instruction and supervision to trainee in hospital wards, emergency departments, outpatient clinics and other hospital departments, and may include community-based clinics and office practices,
 - c) provides graduated levels of responsibility in accordance with the trainee's stage of training and success in achieving their program's training objectives,
 - d) has a formal assessment and evaluation of the trainee's performance, which leads to advancement through the program,
 - e) does not require or permit the trainee to be the most responsible physician in the management of patients and
 - f) is part of the criteria for independent practice registration in the trainee's home jurisdiction.
- 3) Have **passed the Medical Council of Canada Qualifying Exam Part 1 (MCCQE1)**.
- 4) Demonstrate [English language proficiency](#), if applicable.
- 5) Have satisfactorily completed the [AHS' Clinical or Surgical Assistant orientation and assessment process](#).
- 6) Submit a satisfactory [criminal record check](#).
- 7) Demonstrate currency of practice. This includes evidence of having been in postgraduate training or independent practice within the last three years or a time period as assessed at the discretion of the Registrar.

SUPPORTING DOCUMENTS

- [English language proficiency policy](#)
- [Criminal record check policy](#)

RESPONSIBILITIES

The Registrar is given the authority to determine applications for registration under sections 28 to 30 of the *Health Professions Act* (HPA). Section 20 of the HPA allows the Registrar to delegate functions and duties to another person. The Registrar has delegated his duties and responsibility under Part 2 of the HPA to the Deputy Registrar responsible for registration.

APPROVAL

Council governing the College of Physicians & Surgeons of Alberta

AUTHORITY DOCUMENTS

- [Health Professions Act](#)
- [Health Professions Act: Physicians, Surgeons, Osteopaths and Physician Assistants](#)
- [Profession Regulation](#)
- [CPSA Bylaws](#)

Submission to:	Council		
Meeting Date:	Submitted by:		
February 23, 2023	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:	That Council approves the: <ol style="list-style-type: none"> 1. Expansion of Alberta's physician sponsorship to include non-AHS sponsors as part of the CPSA Practice Readiness Assessment (PRA) program; and 2. Appointment of the Registrar as the delegated authority to approve/decline sponsor applications for the CPSA model. 		
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). At the December 2022 meeting, Council requested additional information and the attached February 2023 briefing note provides Council with information and a recommendation regarding the authority to approve/decline sponsor applications.</p>		
Next Steps:	If approved, CPSA staff will establish procedures to expand the sponsorship model, including the identification of additional, suitable sponsors for physicians wishing to come to Alberta.		
List of Attachments:			
<ol style="list-style-type: none"> 1. February 2023 Briefing Note: Update to the CPSA Practice Readiness Assessment Sponsorship Model 2. December 2022 Council Briefing Note 			

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 (Appendix C) 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.
- Criteria developed are based on successful elements of the current AHS sponsorship (sponsoring position v. physician, minimum contractual obligation, financial support of process and candidate), perceived enhancements required (specific orientation to culturally safe/appropriate care to indigenous Albertans) and lessons learned from the pre-May 2015 sponsorship model (commitment of family physician candidates to longitudinal paneled patient care)
- 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:

- Effective January 1 2023, Council delegates its authority for the approval of sponsors to the Registrar, based on the presented criteria.

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

Appendix C: Sponsor Criteria

- meet CPSA registration criteria under our Provisional Registration policy
- commit to sponsorship of the successful applicant for a potential maximum of six years – time allowed for via the current Regulation, with acknowledgment that the Registrar may extend that period of time
- commitment to sponsorship of the successful applicant for a minimum of three years in the locale/practice identified in the sponsorship application
- Orientation for IMG's to Alberta's healthcare system, which could be at the University of Calgary or another suitable course
- Orientation for IMGs to culturally safe care with an awareness of issues regarding indigenous peoples of Alberta.
- Ability to financially support the sponsorship candidate throughout the process from registration through PRA and into practice – this includes all associated costs including (but not limited to) living expenses and assessor/supervisor remuneration
- for family medicine, an assurance that a sponsor will ensure that the successful applicant is integrated into a longitudinal clinical practice which includes a "medical home" or paneled patient care
- The approved organization sponsors a position and not a specific physician

To: CPSA Council

Date: February 23, 2023

RE: Update to the CPSA Practice Readiness Assessment Sponsorship Model

Issue:

At its December 2022 meeting, Council decided to expand Alberta's physician sponsorship to include non-AHS sponsors (CPSA model) as part of the CPSA Practice Readiness Assessment (PRA) program. Options were also requested regarding the authority to approve/decline sponsor applications.

Purpose:

To provide Council with requested information and a recommendation the authority of Council to approve/decline sponsor applications.

Recommendations:

CPSA recommends that Council approve the:

1. Expansion of Alberta's physician sponsorship to include non-AHS sponsors as part of the CPSA Practice Readiness Assessment (PRA) program; and
2. Appointment of the Registrar as the delegated authority to approve/decline sponsor applications for the CPSA model.

Background:

- There is a perception that having Alberta Health Services (AHS) as the sole organization to sponsor regulated members in Alberta is limiting the availability of physicians.
- At the December 2022 Council meeting, the department presented a CPSA delivery model:
 - Council had concerns they directed CPSA to address prior to making a decision about the delivery of the CPSA model.
 - Refer to the December 2022 Council Briefing Note (appended) and minutes for additional information.
- Council identified several design considerations for the model (see Council minutes for more details):
 - Potential to involve private or commercial industry to facilitate the affordability of the sponsorship;
 - Need to ensure there is robust and transparent follow up and monitoring; and
 - Need to ensure the needs of a community are reflected in the selection criteria.

Analysis:

- AHS will continue sponsoring physicians for their service delivery needs.
 - AHS sponsorship and service needs should align with CPSA model criteria.
- Current sponsorship contract (AHS-CPSA) and agreements with candidates can be utilized as templates for a CPSA-led process.
 - It is anticipated that current aspects of the AHS process may be leveraged to further develop these.
- The majority of Canadian jurisdictions provide sponsorship through Health Authorities or the Ministry of Health.

Council Questions to be addressed by CPSA- For Information

- The role of the Rural Health Professions Action Plan (RhPAP):
 - RhPAP is committed to fostering and building relationships with rural communities, stakeholders, partners, learners, and each other to encourage better access to rural health care.
 - This includes rural community health workforce attraction and retention resource, an ally with Alberta's medical schools, as well as a trusted, collaborative partner for rural Alberta communities trying to achieve greater access to health care.
 - Due to this, it is anticipated RhPAP will be able to provide support to sponsors identified through the CPSA model.
- What supports can be available to ensure physicians aren't isolated? What role will the town/community play in fostering a welcoming environment for a new physician?
 - As part of the design process, CPSA will leverage existing resources from organizations that support rural communities (e.g., government of Alberta and RUMA).
 - CPSA will explore options for physician support as one of the sponsorship criteria.
- Is there a role for the Alberta Medical Association (AMA)?
 - They have representation on the RhPAP Board and can provide input in physician sponsorship through the CPSA model through this avenue.
- Could co-sponsorship be considered such that a community identifies a need and works with a commercial entity that would be willing to provide financial support?
 - Given the complexity of the sponsorship process, a single sponsor is recommended. CPSA can revisit this aspect in future iterations of the model.
- Any private or commercial entities supporting sponsorship must recognize CPSA Standards of Practice/Code of Ethics as preeminent in the provision of care to Albertans, inclusive of recognition that conflict of interest must be resolved in the best interests of patients.
- An expanded list of criteria is included as Appendix A for information. The list is based on the AHS model and feedback from Council at the December 2022 meeting.

Delegated Authority- Decision Point

- Including non-AHS sponsors as part of the CPSA Practice Readiness Assessment (PRA) program requires a decision as to the authority of CPSA Council. Table 1 outlines two options:

Table 1: CPSA Sponsorship Authority/Delivery Options

	Option 1: Registrar Authority (Recommended)	Option 2: Council Authority
	<p>Description: Staff receive, assess, and approve/decline applications for sponsorship</p> <p>(Process to be developed)</p>	<p>Description: Council creates a Committee of 4 Council members – 2 public members, 2 regulated members</p> <p>The purpose of the Committee is to review/approve/decline applications for sponsorship</p> <p>(Process to be developed)</p>
Pros	<ul style="list-style-type: none"> - Assessment decisions made by objective professionals (staff) - More timely: does not require additional layer of Council approval - Staff report progress to Council 	<ul style="list-style-type: none"> - Council maintains oversight of the process
Con	<ul style="list-style-type: none"> - May be perceived as recruitment - Requires staffing resource investment (funding and staff complement TBD) 	<ul style="list-style-type: none"> - Decisions may be perceived as biased, should committee members have links to accepted sponsors - Not timely - Requires two processes (intake and vetting by CPSA staff, as well as process for Council assessment) - Requires both CPSA staff and Council resources (time) - The activities/work to be undertaken are commonly carried out by staff.
Proposed MOTION	That Council approve the appointment of the Registrar as the delegated authority to approve/decline sponsor applications for the CPSA model.	That Council has authority to approve/decline sponsor applications for the CPSA model.

Next Steps:

- Subject to approval and additional direction, CPSA will present the following at the May Council meeting:
 - criteria for the CPSA model;
 - an overview of the process for the CPSA model; and
 - a budget and staffing requirements for CPSA.

APPENDIX A

Sponsor Criteria (DRAFT)

Meet CPSA registration criteria under the Provisional Registration policy

Commit to sponsorship of a successful candidate for a potential maximum of six years - the time allowed for in current Regulation, with acknowledgment that the Registrar may extend that period

Commitment to sponsorship of the successful candidate for a minimum of three years in the locale/practice identified in the sponsorship application

Orientation for IMG's (through either University of Calgary or other approved/suitable course) to Alberta's healthcare system

Orientation for IMG's to culturally safe care with an emphasis on indigenous populations in Alberta and their particular health determinants

Commitment to financially support the sponsored candidate throughout the process from registration through PRA and into practice – including (but not limited to) living expenses, transportation costs and remuneration for PRA assessors and supervisors

Commitment that the family medicine candidate is integrated into a longitudinal clinical practice providing paneled patient care in a "medical home" or similar model

Sponsorship is of a position and to a community, and not of a specific physician

Independent legal counsel is to be offered candidate for review of all contracts pertaining to sponsorship and employment

Practice management education is to be offered the sponsorship candidate through either the Canadian Medical Association Joule's Practice Management Curriculum or another appropriate offering

Commitment that CPSA's Standards of Practice and Code of Ethics shall supersede any business or similar arrangements made between a candidate and a sponsor/clinic entity

Candidates reserve the right to report concerns with non-AHS sponsor activities/direction to CPSA; identification of sponsor maltreatment of a candidate may result in Council/the Registrar withdrawing approval for that sponsor.

Clear identification and prioritization of community needs in sponsorship application inclusive of (where applicable) service needs of a local health authority. This may include background health information from Alberta Health, Health Quality Council of Alberta, Statistics Canada, Canadian Institute for Health Information and other applicable sources.

Submission to:	Council
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Meeting Date:	Submitted by:		
February 23, 2023	Levonne Louie, FAC Chair		
Agenda Item Title:	Finance & Audit Committee - Accreditation Fees PAPF		
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>The Finance & Audit Committee recommends that Council approves the following fees for Psychedelic Assisted Psychotherapy Facilities:</p> <table border="1"> <thead> <tr> <th>Fee type</th><th>Amount (+ GST)</th></tr> </thead> <tbody> <tr> <td>Registration</td><td>\$300</td></tr> <tr> <td>Annual</td><td>\$4212</td></tr> <tr> <td>Assessment</td><td>\$2116</td></tr> <tr> <td>Post renovation / move assessment</td><td>\$670</td></tr> </tbody> </table>	Fee type	Amount (+ GST)	Registration	\$300	Annual	\$4212	Assessment	\$2116	Post renovation / move assessment	\$670
Fee type	Amount (+ GST)										
Registration	\$300										
Annual	\$4212										
Assessment	\$2116										
Post renovation / move assessment	\$670										
Background:	<p>CPSA accredits private facilities under the authority of the <i>Health Professions Act</i>.</p> <p>Effective January 16, 2023, amendments to the Mental Health Services Protection Regulation permit CPSA-accredited Psychedelic Assisted Psychotherapy (PAPT) facilities to operate in Alberta.</p> <p>The CPSA accreditation department accredits private facilities across the following programs:</p> <ul style="list-style-type: none"> • Cardiac Stress Testing • Diagnostic Imaging • Diagnostic Laboratory Medicine • Hyperbaric Oxygen Therapy • Neurodiagnostics • Non-Hospital Surgical 										

	<ul style="list-style-type: none"> • Pulmonary Function Diagnostics • Sleep Medicine Diagnostics • Psychedelic Assisted Psychotherapy - new <p>The principles followed by management include the following:</p> <ul style="list-style-type: none"> • Physician fees do not support the accreditation program • The accreditation dept. activity is self-supporting <ul style="list-style-type: none"> ○ Any surplus from the program is tracked in internal restricted surplus ○ Accumulated surplus to be used for future development costs • The program should target a 5% return • Billing cycle for facilities is April 1 to March 31 • Facility assessment cycle is over a 4 year period <p>FAC has reviewed the assumption for the operating cost structure for the new PAPT facilities prepared by management and supports the recommendation of registration, annual, assessment and post renovation/move assessment fees.</p> <p>For Council's information, CPSA has a contract with AHS whereby it conducts assessments of public facilities for AHS and provides recommendations about whether the public facility is meeting the standards that have been established. CPSA is paid a fee for this service and the current contract ends on March 31, 2023. FAC was provided with an update on contract negotiations and provided feedback for consideration. FAC will be provided with details of final contract terms at its next FAC meeting.</p>
Next Steps:	<ol style="list-style-type: none"> 1. Council to approve the new fees for the PAPT facilities. 2. The CPSA accreditation dept. to develop applicable standards for the PAPT facilities. 3. The CPSA accreditation dept to develop a communication plan to support the new facilities.
List of Attachments:	
n/a	

2023 CPSA Council Learning Plan

Approved: February 23, 2023

Introduction:

Individual and group learning is important to good governance, and fulfilling CPSA's mandate as a regulator to govern in a manner that protects and serves the public interest.

Learning Plan Goals:

1. To enhance the understanding of the role of a health regulator and the fiduciary duty of CPSA Council.
2. To continuously improve as [Exemplary Leaders \(Kouzes and Posner\)](#).¹
3. To promote an exchange of learning amongst Council members.
4. To develop as individual Council members and as Council in working towards CPSA's

Strategic Directions:

- Highest quality, compassionate and ethical care
- Authentic Indigenous Connections
- Anti-Racism and Anti-Discrimination
- Enhanced Partnerships
- Proactive and Innovative Approach

¹ [Five Practices of Exemplary Leaders \(Kouzes and Posner\)](#): Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, Encourage the Heart.

TABLE 1: Individual Learning

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p>Council members participate in individual learning.</p> <p><u>Learning Plan Goals:</u> 1, 2, 4</p>	<ul style="list-style-type: none"> Each council member has access to an annual \$1500 learning allocation. This can be used to take a course or participate in a learning opportunity that helps them fulfill CPSA’s mandate of public protection. List of learning opportunities compiled by CPSA staff and updated regularly (please see the Learning Opportunities appended to each Council agenda). Peer review (conducted through a 360 exercise or other method) can be accessed by individual Council members. Contact the Chief of Staff or Program Manager, Governance to discuss. If desired, Council member meets with CPSA Office of the Registrar staff to discuss and tailor a learning plan. 	<ul style="list-style-type: none"> The annual Councillor self assessment survey includes the following question: “During the year, I identified governance/leadership learning goals and devoted some time to achieve those goals.” 	<p>All Strategic Directions (dependent on the content of the individual courses taken):</p> <ul style="list-style-type: none"> Highest quality, compassionate and ethical care, Anti-Racism and Anti-Discrimination Authentic Indigenous Connections Enhanced Partnerships Proactive and Innovative Approach

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
Mandatory Training: <i>Fair Registration Practices Act</i> – online modules <u>Learning Plan Goal: 1</u>	Under Alberta's <i>Fair Registration Practices Act</i> , CPSA must ensure our registration practices are transparent, objective, impartial and procedurally fair. CPSA Councillors may be involved in hearing appeals of registration decisions. To help ensure CPSA's registration processes comply with legislation, the <i>Fair Registration Practices Act</i> Training is required.	<ul style="list-style-type: none"> Course completion will be tracked. 	<ul style="list-style-type: none"> Highest quality, compassionate and ethical care
Voluntary **to be launched Spring/Summer 2023** Online Education: Micro-aggression Training for Physicians <u>Learning Plan Goals: 2, 4</u>	Online Education: Micro-aggression Training for Physicians 1-1.5-hour online learning Course is being developed in partnership by CPSA, AMA, AHS. The course will be hosted by CPSA, and Council members can be given access to the course.	<ul style="list-style-type: none"> Will be voluntary for all regulated members. Course completion can be tracked. 	<ul style="list-style-type: none"> Anti-Racism and Anti-Discrimination, Highest quality, compassionate and ethical care,
Voluntary – when the Hearings Director Office (HDO) organizes training for CRC/HT members, Council members will also be given the option of participating	Examples from last year include: <ul style="list-style-type: none"> Anti-Racism training delivered by the Centre for Race and Culture Decision-writing workshop delivered by the Canadian Institute for Administrative Justice (CIAJ) 	<ul style="list-style-type: none"> Number of Council members taking the courses can be tracked 	<ul style="list-style-type: none"> Highest quality, compassionate and ethical care

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p>**Note: for these courses, there may be limits on the numbers of attendees.</p> <p><u>Learning Plan Goals:</u> 1, 4</p>			

TABLE 2: Group Learning: 1 hour in-Council Meeting Learning Session

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p><i>Speaker Series</i></p> <p>Council includes a 1-hour (minimum) learning session as part of each Council meeting Agenda.</p> <p><u>Learning Plan Goals:</u> All</p>	<p>Engage speakers who can help meet Council’s learning goals through their presentation on a specific topic.</p> <p>Schedule:</p> <ul style="list-style-type: none"> • February 2023: Finance 101. Speaker: Tracy Simons, CPSA • May 2023: Anti-Racism Anti-Discrimination – presentation from another Canadian regulator (e.g.: CPSO or CPSBC) about their work in this area. Speaker: TBD • September 2023: Chairing meetings – the role of the Chair and effective meetings. Speaker: TBD • December 2023: Council Culture: Giving and receiving feedback. Speaker: TBD 	<p>The Annual Evaluation of Council Effectiveness includes the following question:</p> <p>“Looking back over the meetings of this year, I see growing evidence of the impact of group learning in Council’s discussions and decision-making.”</p>	<p>Highest quality, compassionate and ethical care</p>

TABLE 3: Group Learning: Outside of Council meetings

Activities	Resources	Measuring and Reporting Outcomes	Strategic Plan Alignment
<p>A 1-2 days session on administrative law/tribunals/hearings will be arranged with a third party learning provider (e.g. law firm) for all voting Council members.</p> <p><u>Learning Plan Goals: 1</u></p>	<p>Options:</p> <ol style="list-style-type: none"> 1. Various law firms provide this type of training. CPSA's Hearings Director will assess and engage an individual or firm that has experience with this type of training. 2. Example of specific training Decision Writing Workshop for Complaint Review Committees/Hearing Tribunal members. 	<p>The Annual Evaluation of Council Effectiveness includes the following question:</p> <p>"Looking back over the meetings of this year, I see growing evidence of the impact of group learning in Council's discussions and decision-making."</p>	<p>Highest quality, compassionate and ethical care</p>
<p>Blanket Exercise Workshop (Kairos Canada) Full day – facilitated by Indigenous facilitators</p> <p><u>Learning Plan Goals: 2, 4</u></p>	<p>Indigenous Rights History – "goal is to build understanding about our shared history as Indigenous and non-Indigenous peoples in Canada by walking through pre-contact, treaty-making, colonization and resistance." From Kairos Canada website.</p>	<p>The Annual Evaluation of Council Effectiveness includes the following question:</p> <p>"Looking back over the meetings of this year, I see growing evidence of the impact of group learning in Council's discussions and decision-making."</p>	<p>Authentic Indigenous Connections, Highest quality, compassionate and ethical care, Anti-Racism Anti-Discrimination</p>

Submission to:	Council
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Meeting Date:	Submitted by:		
Feb 23/24, 2023	Tyler White, Co-Chair of the Indigenous Advisory Circle		
Agenda Item Title:	Meeting Report from the Indigenous Advisory Circle		
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 Indigenous Advisory Circle (Circle) had their first meeting of 2023 on Tuesday, February 7. The following topics were introduced for discussion feedback:</p> <ul style="list-style-type: none"> • Forward Direction: The Secretariat proposed the development of an action plan centred around three main categories: Listening, Authentic Engagement and Incorporating Wisdom. The Circle was generally supportive of this proposal, emphasizing to CPSA that co-creating the plan and ensuring Indigenous voices are leading the process will result in its greatest chance of success. • Consultation Protocol – CPSA presented a draft process to consult with a First Nations Community where we have no existing relationships. Circle members provided a wealth of information, including the importance of delineating between engagement and consultation, and that it is a new process for the Communities to be engaged with by organizations like medical regulators. • Membership Recruitment – The Circle had a rich conversation about the voices and perspectives that would enhance the guidance they provide to CPSA. They also shared wisdom about principles for recruitment, the importance of intersectionality, and organizations that may be able to support these efforts. CPSA Communications will

	<p>explore incorporating fulsome Indigenous-specific sections on the website, including information about expressing interest in joining the Circle.</p> <ul style="list-style-type: none"> • Administration and CPSA Updates: the Secretariat confirmed the current Terms of Reference will be the working version for 2023; the work to date on an MOU between Siksika Nation and CPSA was also shared for awareness; the Secretariat introduced the idea of an in-person meeting in 2023. <p>Key themes from the meeting include:</p> <ul style="list-style-type: none"> • Working in Indigenous ways and including Indigenous practices in the work of the Circle • The importance of listening and then incorporating lessons to reduce the burden on Indigenous people to repeat their experiences <ul style="list-style-type: none"> ◦ Including learning from developed materials • A focus on opening hearts rather than changing them • Co-creation of materials will lead to the greatest success
Next Steps:	The Circle will meet again on May 9, 2023
List of Attachments:	
N/A	

Submission to:	Council
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Meeting Date:	Submitted by:		
Feb 23/24, 2023	Daisy Fung, Chair ARADAAC		
Agenda Item Title:	Meeting Report from the Anti-Racism Anti-Discrimination Action Advisory Committee		
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 Anti-Racism Anti-Discrimination Action Advisory Committee met on Thursday, February 2, 2023 to hear and discuss the following matters:</p> <ul style="list-style-type: none"> Kuda Hove, a student researcher with CPSA, delivered a presentation titled: "Should Medical Regulatory Agencies Collect Information on Physician Race and Ethnicity?". This research builds on previous presentations that ARADAAC has heard, and concludes that collecting information on physician race and ethnicity contributes to promoting inclusive and equitable care for racialized communities. ARADAAC discussed the following as important for preparing to collect information: <ul style="list-style-type: none"> the respondents (for example physicians submitting information annually on the Renewal Information Form (RIF)) should be provided a clear understanding of how the information will be used, it should be clear to respondents that they do not have to disclose the information, consider the timing of asking the questions, should it be on initial application, or on an annual questionnaire? <p>The CPSA Team is working on how best to add questions about physician race, ethnicity and other characteristics to the RIF.</p>

	<ul style="list-style-type: none"> • With the implementation of CPSA's governance review, ARADAAAC will transition the ARADAAAC members who are also CPSA Team members (staff) to an internal, operational committee. ARADAAAC discussed a revised Committee Terms of Reference that reflects this transition, and further work will be done on the TOR between meetings. It will be necessary to recruit new ARADAAAC members. • The status of the Committee's 2022 Action Plan was reviewed. Along with the TOR, further work will be done between meetings to set out the Committee's priorities and actions for 2023. • Themes from the Committee feedback on a draft Anti-Discrimination, Anti-Racism Advice to the Profession document were presented. Next steps are: <ul style="list-style-type: none"> • Committee review of the next draft in advance of the May 4 meeting, and • the development of an Advice to Albertans document over the 2nd half of 2023. • The Committee received an update on the CPSA/AHS/AMA online education project: micro-aggression training for physicians. In February and March the course will be finalized, a communications plan will be developed and implemented, the draft course will be tested and an application for CPD credits will be submitted. The course is on track to be launched later in the spring.
Next Steps:	The committee will meet again on May 4, 2023, with some follow-up and review of documents in between meetings. The next Committee meeting will include a presentation by CPSA's Complaints Director/Professional Conduct Department.
List of Attachments:	
1. Kuda Hove's presentation: "Should Medical Regulatory Agencies Collect Information on Physician Race and Ethnicity?"	

Submission to:	Council
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Meeting Date:	Submitted by:
February 24, 2023	Dr. Ewan Affleck, Senior Medical Advisor Mr. Ed Jess, Chief Innovation Officer

Agenda Item Title:	Virtual Care		
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 mission of the College of Physicians and Surgeons of Alberta is <i>"to serve and protect all Albertans, contributing to their health and wellness, by supporting and guiding regulated members to proudly provide safe, high quality care, together with healthcare partners and patients."</i></p> <p>In order to deliver upon our mandate, the CPSA must ensure physicians are competent to provide ethical and compassionate quality health services, and that they have the resources and tools to do so. Physicians require reliable and comprehensive information about the patients and population they serve to be able to provide high quality care. If required information is missing, inaccessible or erroneous, both the capacity of physicians to provide competent care and patient safety are threatened. Consequently, the integrity of the health information used by physicians is a foundational determinant of quality care.</p> <p>With the advent of Covid-19, the use of virtual care has markedly expanded, and is becoming a mainstay of health service in Alberta. Virtual care is dependent on the exchange of health information between members of a patient's circle of care to support remote health services; if information cannot be properly exchanged virtual care can break down, impairing the continuity, equity, safety and efficiency of care. Thus, by its very nature virtual care demands cooperation across health sector stakeholders to assure</p>

	<p>effective health information exchange in support of quality patient care.</p> <p>The <i>Alberta Virtual Care Coordinating Body</i> (AVCCB) is a collaborative working group made up of a broad suite of Alberta health stakeholders whose mission is to optimize quality patient care by promoting a harmonized approach virtual care. The group functions cooperatively to foster principle-based virtual care design and management across health providers and services to benefit the public, First Nations, Inuit and Metis, the health workforce (including physicians), and health leadership alike. Through focused cooperative working groups, the AVCCB is addressing real-world issues that are impairing the capacity of physicians and follow providers to provide quality virtual care.</p> <p>The AVCCB is the first cooperative digital health oversight group of its kind in Canada. The work has garnered a growing list of partners including Canada Health Infoway, Alberta Innovates, the Canadian Institute for Health Information, the Canadian Civil Liberties Association, and the Canadian Network for Digital Health Evaluation. All thirty regulated health professions in Alberta are represented around the table, which can serve as a forum to harmonize regulatory standards, and help ensure that regulated health professionals in the province possess the resources and tools to provide competent and compassionate health service.</p>
Next Steps:	None
List of Attachments:	