

2022 Annual Report

Recognizing Resilience



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Legend

CPSA Strategic Directions



Highest Quality,
Compassionate
and Ethical Care



Enhanced
Partnerships



Authentic
Indigenous
Connections



Anti-Racism
and Anti-
Discrimination



Proactive and
Innovative
Approach

CPSA operates on the traditional territory of the Treaty 6, 7 and 8 First Nations and the homelands of the Métis People. We acknowledge the historical health inequities that have been experienced by Indigenous Peoples and are committed to working to reduce these inequities, and to improving the quality of care provided to Indigenous Peoples by physicians and physician assistants in Alberta.

We would like to extend a special thanks to the Lacombe Medical Clinic in St. Albert for allowing us to photograph and showcase their clinic, staff and patients.

Vision, mission & values

Vision

Professional, ethical and competent regulated members, providing the highest quality care for all Albertans.

Mission

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.

Values

We do the right thing.

We act responsibly, respectfully and with integrity, aspiring to be fair and reasonable. We acknowledge our mistakes as well as our successes, and strive to do what's right in service to the public.

We make informed decisions.

Our decisions are based on evidence, knowledge, experience and best practice. We plan, measure outcomes and apply what we learn.

We empower people.

We believe people perform best when they see the Vision, set their own goals, have the resources they need and aspire to excellence and personal growth.

We collaborate.

We invite others to contribute to achieving our goals and value their time and expertise. We share what we know generously within our legislated limits, and seek opportunities to collaborate externally in areas of mutual interest.

We are innovators.

We think ahead to create opportunity. We set the bar high and value creativity in exploring new and better ways of doing our work.

We enjoy and find meaning in our work.

We care about what we do and give our best. While our work is serious, we enjoy camaraderie with our coworkers and take time to celebrate each other's milestones and achievements.

Collaboration in action: CPSA's new strategic direction



Having a destination in mind is important when embarking on any journey, but knowing how you want to get there is key. In developing CPSA's 2022-2026 Strategic Plan and Action Plan, everyone from CPSA Council, to the executive and senior leaders, to our front-line team members came together to bring CPSA's roadmap for the next five years to life.

Find out more about how CPSA looked ahead to identify key priorities and ensured our work continues to serve the best interest of patients.



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



Governance

Council & Committees

CPSA is governed by a Council that includes physician and public members, with the Deans from Alberta's medical schools alongside medical student and resident representatives as observers. Council plays a vital role in overseeing CPSA's strategic plan and setting our overall direction and policies to help CPSA fulfill our legislated mandate to protect patients and serve the public interest.

We are also advised by committees made up of physicians, physician assistants, Albertans, healthcare partners and other experts, who with their unique knowledge and diverse backgrounds help CPSA meet its obligations to patients across the province. In 2022, members of our Council, advisory, regulatory and accreditation committees provided CPSA with advice to support legislated functions and positively impact health care in Alberta.

Committees

CPSA is advised by the following groups and committees:

- Anti-Racism Anti-Discrimination Action Advisory Committee
- Building Fund Initiatives Working Group
- Competence Committee*
 - Assessment Program Advisory Committee
 - Infection Prevention & Control (IPAC) Advisory Committee
 - Physician Health Monitoring Committee

- Complaint Review Committee*†
- Council Review (Appeals) Panel*
- Executive Committee
- Finance & Audit Committee
- Governance Committee
- Governance Review Committee (disbanded as of September 2022)
- Hearing Tribunal Panel*†
- Indigenous Advisory Circle
- Legislation and Bylaw Committee (disbanded as of December 2022)
- Medical Facility Accreditation Committee*
 - Advisory Committee on Diagnostic Imaging
 - Advisory Committee on Diagnostic Laboratory Medicine
 - Advisory Committee on Neurodiagnostics
 - Advisory Committee on Non-Hospital Surgical Facilities
 - Advisory Committee on Pulmonary Function Diagnostics
 - Advisory Committee on Sleep Medicine Diagnostics
- Strategic Planning Working Group (disbanded as of May 2022)
- Summative Assessment Advisory Committee
- Tracked Prescription Program Steering Committee

*These committees are required by the *Health Professions Act* (HPA)

†Members of CPSA Council do not serve on these committees

Governance Review

As Alberta's medical regulator, CPSA is mandated to protect the public by guiding the medical profession and is committed to building a strong healthcare system for Albertans. One way to fulfill our mandate and commitment is by continuing to strengthen our governance.

In 2022, we carried out a comprehensive review to identify the best principles, structures and processes to update and improve CPSA's governance framework. The goal was to build on an already competent and high-performing Council, and continue our focus on the public interest to help strengthen Alberta's healthcare system.

To achieve this goal, CPSA Council established a Governance Review Committee and engaged a governance expert to work closely with Council members and the CPSA executive team. Together, they reviewed our current governance model and identified best practices to optimize and strengthen our governance. In September 2022, the Governance Review Committee put forward the Governance Review Implementation Plan, which Council approved at their September and December meetings.

In 2022, CPSA Council also approved a Bylaw amendment, reducing the number of voting members on Council from 16 to 14. Seven elected regulated members, seven appointed public members and four observers bring the total to 18, an optimal number recommended during Council's governance review. This will help ensure Council is operating as efficiently as possible, while still supporting the diversity of thought that is crucial to CPSA's success.

The remainder of the *Governance Review Implementation Plan* will be implemented in 2023 and 2024.



2022 Council

Physician Members

Richard Buckley

Nicole Cardinal

Christopher Fung

Daisy Fung

Executive Committee Member-at-Large

Jaelene Mannerfeldt

Vice President

John O'Connor

Raj Sherman

(January-June)

Ian Walker

Public Members

Patrick Etokudo

Levonne Louie

Collin May

(January-May)

Linda McFarlane

Lyle Oberg

(December)

Laurie Steinbach

Stacey Strilchuk

President

Tyler White

Observers

Todd Anderson

Dean, Cumming School of Medicine, University of Calgary
(July-December)

Brenda Hemmelgarn

Dean, Faculty of Medicine & Dentistry, University of Alberta

Chaim Katz

Medical Student, University of Alberta

Jon Meddings

Dean, Cumming School of Medicine, University of Calgary
(January -June)

Laura Morrison

Resident, University of Calgary (January-June)

Michael Taylor

Resident, University of Alberta (July-December)



Back (L-R): Linda McFarlane, Raj Sherman, Jon Meddings, Nicole Cardinal, Patrick Etokudo, Levonne Louie, Richard Buckley, Chaim Katz, Ian Walker, Christopher Fung
Front (L-R): Brenda Hemmelgarn, Jaelene Mannerfeldt, Stacey Strilchuk, Daisy Fung, Laura Morrison
Not pictured: Todd Anderson, Collin May, John O'Connor, Lyle Oberg, Laurie Steinbach, Michael Taylor, Tyler White

CPSA leadership

CPSA Council

Registrar

Dr. Scott McLeod

Continuing Competence

Dr. Susan Ulan (Deputy Registrar)
(January-September)

Dr. Charl Els
(September-December)

- Competence assessments
- Infection Prevention & Control
- Hearing Director's Office

Registration

Dr. Michael Caffaro

- Physician licensing
- Continuing professional development
- Registration assessments

Accreditation

Dr. Gordon Giddings

- Diagnostic and non-hospital surgical facility accreditation and standards
- Physician approvals and privileging in accredited facilities (ended in November 2022)
- Radiation health registry for physicians and equipment

Professional Conduct

Dr. Dawn Hartfield

- Complaints Director
- Complaints intake, investigation and resolution

Physician Health Monitoring

Dr. Jeremy Beach

- Physician Health Monitoring Program (PHMP)
- Practice Conditions Monitoring Program (PCMP)

Chief Information & Privacy Officer

Mr. Jim Kiddoo

- Information management and technology
- Privacy

Chief Innovation Officer

Mr. Ed Jess

- Analytics, Innovation & Research (AIR)
- MD Snapshot reports
- Physician Prescribing Practices (PPP)
- TPP Alberta

Chief of Staff

Mr. Shawn Knight
(January-September)

- Deputy Hearings Director
- Policy and standards of practice
- Governance
- Government relations
- Communications
- People & Culture

Chief Financial Officer

Ms. Tracy Simons

- Finance
- Operations

A message from 2022 CPSA Council President Ms. Stacey Strilchuk

As a public member of CPSA Council who has worked in government and health care for over 25 years, I bring my own preferences and experiences to my role, but I also value the importance of listening to and learning from diverse viewpoints. Each member of Council brings with them a unique perspective and skillset and over the past four years, what I have most appreciated from my Council colleagues is everyone's desire to think critically and engage in constructive conversation to ensure we're making decisions in the best interest of the public. I believe our mindset is well-aligned with the theme of CPSA's 2022 annual report, which focuses on strength and resilience.

Providing CPSA with strategic direction is one of Council's most critical roles. An important part of this is identifying known, new and emerging trends with the potential to impact how we guide the medical profession as Alberta's medical regulator, so patients receive the best care possible. Council understands this responsibility and is committed to bringing proactive, action-oriented strategy to all aspects of our mandate.

In 2022, Council approved a very vigorous, five-year strategic plan and began its governance review, both of which I consider highlights from my first term as CPSA Council President.

Council's governance review covered many different areas, including the size and effectiveness of Council, the structure of our Council and Council Committee meetings, and most importantly, in my opinion, how best to modernize our approach to recruiting regulated members to Council. Throughout the review, we examined Council's roles and responsibilities, evaluated best practices and considered evidence-based leadership to achieve effective decision-making, which in turn helps CPSA be accountable and fulfill its obligations to Albertans. I commend Council for their commitment to this review and ensuring it was consistent with the authenticity of the organization.



CPSA Council was grateful to be invited to Siksika Nation for a special gathering on May 3, 2022. Pictured are Chief Ouray Crowfoot (left), CPSA Council President Stacey Strilchuk and Siksika Councillor Samuel Crowfoot (right).
Credit: Siksika Health Communications.

In May 2022, Council and members of CPSA's executive team had the opportunity to participate in a day of listening and learning with Siksika Nation, which was another highlight of the year. It was a privilege to meet with Siksika's Chief and Council, as well as the healthcare professionals and staff at Siksika Health Services, a leader in providing quality, holistic health care to its members. I want to acknowledge and thank Chief Ouray Crowfoot, Siksika Councillor Samuel Crowfoot and CPSA Councillor Tyler White for giving CPSA such a valuable experience, one that I personally cherish and reflect upon often.

I am proud to endorse CPSA's 2022 annual report on behalf of Council and in closing, I wish to thank our regulated members, CPSA executive and team members, and our partners in health care for their hard work and efforts in 2022—we value and appreciate you.

As always, it is a privilege to serve.

Sincerely,

Stacey Strilchuk



2022 public members of Council (L-R): Stacey Strilchuk, Patrick Etokudo, LeVonne Louie, Linda McFarlane.

Not pictured: Collin May, Lyle Oberg, Laurie Steinbach, Tyler White

A message from the 2022 public members of CPSA Council

The physician-patient relationship is at the heart of health care. It requires not only knowledgeable and compassionate providers, but also honest and engaged patients, both continuously advocating for quality care. Similar to the physician members of Council, our job is to ensure CPSA is operating in the public interest. Council is just one of the many checks and balances that establishes accountability and ensures CPSA is fulfilling its mandate of protecting the public. Medicine has the privilege of profession-led regulation under the *Health Professions Act* (HPA) and we, as public members of Council, are grateful for the opportunity to help inform the important decisions made around the Council table.

The public members of CPSA Council are unique in that we all come with vastly different backgrounds and areas of expertise: we have engineers, teachers and community leaders among us, and we believe these diverse experiences, along with those of our physician members, ultimately lead to our success as a group. Each Councillor approaches discussions with a slightly different lens, allowing us to consider the many perspectives and scenarios in which Albertans might interact with the healthcare system. By bringing forward a variety of ideas, our decisions are more likely to support those we're tasked to serve and protect.

Undoubtedly, the biggest project for CPSA Council in 2022 was reimagining CPSA's 2022-2026 Strategic Plan. Planning, developing and implementing this plan involved a significant amount of work from everyone on Council, but we'd like to specifically highlight the contributions of the Strategic Planning Working Group. Consulting with CPSA team members and partners, this working group spearheaded the creation of CPSA's new strategic plan, which is skillfully aligned with the work we're already doing and the work we envision moving forward. Each element of the plan ties back to CPSA's vision, mission and values, therefore ensuring we continue to meet our mandate of protecting Albertans and guiding the medical profession.

Other main priorities for CPSA Council in 2022 included our continued commitment to anti-racism and anti-discrimination, as well as ongoing education. CPSA's Anti-Racism Anti-Discrimination Action Advisory Committee and Indigenous Advisory Circle ultimately support both of these priorities, and we look forward to seeing how this education and awareness will continue to guide our work in 2023.

We'd like to close by thanking all Albertans—healthcare providers and patients alike—for their continued resilience in the face of some truly difficult times. By continuing to listen to, learn from and collaborate with each other in a respectful way, we can help create a system where all patients receive the care they deserve.

Sincerely,

The 2022 public members of CPSA Council

A message from the 2022 physician members of CPSA Council

After two intense years immersed in the COVID-19 pandemic, 2022 offered a glimpse of light at the end of the tunnel; however, that light also illuminated many longstanding challenges within our healthcare system, leading to another difficult year in care spaces. We want to start by saying thank you to our healthcare colleagues, many of whom are feeling exhausted and burnt out. We appreciate your passion, kindness and resilience as you continue caring for patients across our province.

As both healthcare providers and Albertans, CPSA Council's physician members are uniquely positioned to guide decision-making on key healthcare issues—a position and responsibility we do not take lightly. We feel very fortunate to have been elected by our colleagues throughout the province and are committed to fostering safe, high-quality health care in Alberta by guiding the medical profession.

Just as our profession is ever-evolving, so too is our group of Councillors. We were happy to welcome a new physician member to Council in 2022, as each new Councillor brings a wealth of knowledge and a fresh perspective to decisions impacting health care, creating diversity of thought and experience at our Council table. United by a common goal, these perspectives allow us to make decisions in the best interest of patients.

We know providing quality health care is much more than conducting a physical examination or reading lab results—although those are important, too. Providing health care means creating a space where both patients and providers feel safe, respected and empowered to advocate for themselves and others. We also know that health care does not exist in silos, meaning collaboration and communication



2022 physician members of Council (L-R): Nicole Cardinal, Jaelene Mannerfeldt, Raj Sherman, Richard Buckley, Daisy Fung, Christopher Fung, Ian Walker.

Not pictured: John O'Connor

are instrumental to safe, high-quality care. With an innovative lens and those considerations in mind, Council developed and approved CPSA's new five-year strategic plan, which will guide our decision-making and reinforce our values as an organization through 2026.

We would like to once again thank our fellow Councillors and the entire CPSA team for their work in 2022. We will continue to lead with kindness and respect as we look ahead to 2023.

Sincerely,

The 2022 physician members of CPSA Council



A message from CPSA Registrar Dr. Scott McLeod

The beginning of 2022 brought with it a sense of uncertainty. The Omicron variant of COVID-19 was spreading like wildfire across the province and, for many of us, exhaustion and burnout were setting in as we entered the third year of the pandemic.

While 2022 had a challenging start, the year brought many opportunities for CPSA to evolve and strengthen as an organization, and we have slowly begun to see small steps towards recovery as a province, a profession and a regulator. This doesn't mean everything is back to the way it was in 2019—that's in the past and there is no intention of going back to where we were. Instead, 2022 was a chance for CPSA to look forward and see the opportunities that await us.

After working remotely for more than two years, CPSA's team returned to the office in April 2022 under a hybrid model, so we can balance the advantages of working from home with the benefits of connecting in person. While this was an encouraging

step away from the chaos of the pandemic, it was yet another change after two years of constant upheaval and transition. And yet, we all adapted and were able to work together to move some important projects forward.

One of our biggest priorities in 2022 was the development of our five-year strategic plan. Developed by our Council, a comprehensive strategic plan is important in terms of providing CPSA with a roadmap to guide our work and ensure we're meeting our mandate, but it's useless without a plan to turn that direction into action. I'm happy to report that our entire organization played an important role in pulling together an action plan that supports the strategic plan, and will ensure we continue to see progress in the important work we do at CPSA.

I am always impressed by the creativity and enthusiasm of CPSA's team and consider myself fortunate to lead dedicated people who can adapt and ensure we're providing physicians and physician assistants with the best support possible, so patients receive the best care possible.

I know many people, particularly those in health care, are still struggling with the effects of the last three years and many physicians, physician assistants and health professionals continue to face challenges. Yet throughout those challenges, I have seen our regulated members continue to dedicate themselves to the profession and their patients, providing high-quality care in difficult circumstances.

While the last three years have no doubt been some of the most challenging we have ever experienced, the strength and resilience I have seen from the profession and all members of the healthcare team has been inspiring. I hope the information shared in our 2022 annual report is not only informative, but demonstrates the commitment everyone at CPSA has to delivering on our mandate and ensuring safe, caring health experiences for all.

Sincerely,

Dr. Scott McLeod

Our corner of the healthcare system



What is CPSA's role in Alberta's healthcare system? How do we work with other healthcare organizations to support high-quality patient care? What does profession-led regulation actually mean?

A healthcare system has many moving parts, all with different but equally important roles. Learn more about how CPSA meets our mandate to protect patients through collaboration, effective governance and an educational approach.



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





Adapting to meet the needs of patients in Alberta



If the last few years have taught us anything, it's the importance of being adaptable. CPSA is responding to the need for access to safe, high-quality community-based medical care by making improvements to our Practice Readiness Assessment process and providing guidance to support the physician-patient relationship.

Learn how CPSA is adapting to meet the evolving needs of patients in Alberta, and leading the way for other provinces to do the same.



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

Departments & statistics

Registration

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

physicians with Canadian credentials and those with international training, to ensure they practice safely and competently.

In 2022, international medical graduates (IMGs) made up nearly 35 per cent of Alberta's physician workforce. Before these physicians could practise in Alberta, they each had to complete a Practice Readiness Assessment (PRA)—the final step to independent practice in Alberta for those who do not have complete Canadian credentials. Recognizing the growing need for physicians providing community-based care, we announced a five-year pilot project to condense the PRA for IMGs with training comparable to that obtained in Canadian universities. The goal of the pilot, which launched in early 2023, is to evaluate whether certain IMGs may begin independently practising in their identified communities faster, while still ensuring patient safety is the top priority.

Registration & membership statistics

	2022	2021	Variance	2020*
Applications issued**	826	755	9.40%	782
Physician registrations***				
Graduates from Alberta universities	203	197	3.05%	226
Graduates from other Canadian universities	197	152	29.61%	176
Graduates from universities outside Canada	216	154	40.26%	160
Total new registrations	708	580	22.07%	647
Reactivated registrations	94	110	-14.55%	60
TOTAL	802	690	16.23%	707

*2020 data included for information only; variance is between 2021 and 2022.

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

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

Members on an independent practice register*	2022	2021	Variance	2020**
General Register	11,802	11,375	3.75%	11,141
Provisional Register (Conditional Practice)	473	629	-24.80%	787
TOTAL	12,275	12,004	2.26%	11,928

*Unique individuals actively practising at any point throughout the year.

**2020 data included for information only; variance is between 2021 and 2022.

General Register Breakdown*	2022	2021	2020
Family Physician**	4,500	4,149	3,948
General Practitioner	1,122	1,218	1,284
Non-Specialist, Defined Practice	57	55	54
Specialist	6,123	5,953	5,855
Physician Assistants***	46	42	N/A***
TOTAL	11,848	11,417	11,141

*Unique individuals actively practising at any point throughout the year.

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

***Physician assistants (PAs) are trained healthcare providers who work under the supervision of a physician. CPSA formally began regulating PAs on April 1, 2021.

Provisional Register Breakdown*	2022	2021	2020
Family Physician**	15	114	164
General Practitioner	254	296	368
Non-Specialist, Defined Practice	48	38	39
Specialist	156	181	216
Physician Assistants	0	0	N/A***
TOTAL	473	629	787

*Unique individuals actively practising at any point throughout the year.

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

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

CPSA leads the country
in Practice Readiness
Assessments (PRAs). In 2022,
we initiated 106 PRAs in
support of safe, community-
based health care.

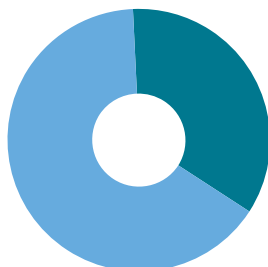


Physician workforce breakdown

65.09%

Domestic medical graduates

Note: General Register and Provisional Register Conditional Practice combined.



34.91%

International medical graduates

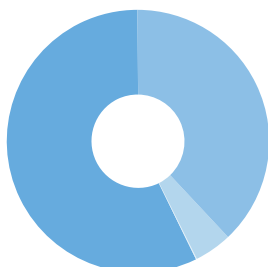
Canadian Medical Graduate Breakdown

57.11%

Family medicine specialist

38.15%

Specialist



4.61%

Non-specialist

0.13%

Non-specialist, defined practice

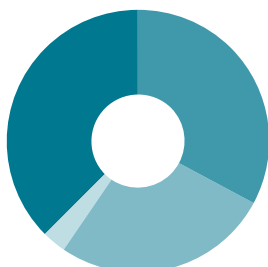
International Medical Graduate Breakdown

37.51%

Family medicine specialist

32.80%

Specialist



26.74%

Non-specialist

2.95%

Non-specialist, defined practice

What's the difference between designations?

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

General Practitioner

Has 24 months of postgraduate training after medical school.

Family Physician

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

Family Physician Specialist

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

Permit denials, restrictions and courtesy register

Practice permits denied, restricted or not renewed	2022	2021	2020
Denied	7	8	1
Restricted (see breakdown)	202	196	208
Not renewed (see breakdown)	432	485	465
TOTAL	641	689	674
Practice permits restricted* by category	2022	2021	2020
General Register			
Family Physician	59	61	58
General Practitioner	40	42	49
Non-Specialist Defined Practice	9	8	8
Specialist	40	46	52
Provisional Register			
Family Physician	1	2	3
General Practitioner	42	21	21
Non-Specialist Defined Practice	5	6	6
Specialist	6	10	11
TOTAL	202	196	208

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

Practice permits not renewed, by category	2022		2021		2020	
	Retired	Inactive*	Retired	Inactive*	Retired	Inactive*
General Register						
Family Physician	31	83	41	91	39	80
General Practitioner	36	20	53	30	48	26
Non-Specialist, Defined Practice	2	0	0	1	3	0
Specialist	94	154	111	143	102	137
Provisional Register						
Family Physician	0	0	0	4	0	8
General Practitioner	0	6	0	2	0	5
Non-Specialist, Defined Practice	0	0	0	0	0	1
Specialist	0	9	0	12	1	15
TOTAL	163	272	201	283	193	272

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

Courtesy Register*	2022		2021		2020	
	# of Physicians	Avg. Days**	# of Physicians	Avg. Days**	# of Physicians	Avg. Days**
Clinicians	5	10	4	15	3	2
Instructors	2	3	2	3	3	2
Learners	4	19	5	68	6	56
TOTAL	11	32	11	86	12	60

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

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

Registration assessments

Practice Readiness Assessment (PRA-AB)	2022	2021	2020
Initiated	106	92	77
Supervised practice assessment only	14	24	26
Preliminary clinical assessment plus supervised practice assessment	92	68	51
Completed*			
Passed	99 ¹	63 ²	75 ³
Failed	5	2	1
Withdrawn	0	2	1
On hold	1	2	2 ⁴
In progress at Dec. 31	21	40	15
Pass rate	94.05%	95.80%	98.30%

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

1. Includes 20 assessments initiated in 2021.
2. Includes 17 assessments initiated in 2020.
3. Includes 16 assessments initiated in 2019.
4. Includes one assessment initiated in 2019 on hold in 2020.

Return to Practice	2022	2021	2020
Initiated	0	0	0
Completed*	0	0	0
In progress at Dec. 31	0	0	0

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

Change in Scope	2022	2021	2020
Initiated	6	3	6
Completed*	5 ¹	5 ¹	4 ¹
In progress at Dec. 31	1	0	2

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

1. Approved for full change.

Summative Assessments	2022	2021**
Completed*	10	3
Approved for General Register	13	0
Pending Decision	0	3

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

**New program as of 2021.

Continuing Competence

Part of CPSA's responsibility as Alberta's medical regulator is to ensure physicians and physician assistants maintain the combined knowledge, skills, attitude and judgment required to provide safe, high-quality health care.

CPSA's team in Continuing Competence works with physicians throughout their careers, providing education and resources to support them in quality assurance and improvement. Our goal is to foster a culture of self-reflection and ongoing improvement, so physicians can perform at their best and in turn, give their patients the care they need. CPSA develops Continuing Competence programs in collaboration with partners such as the faculties of medicine at the Universities of Alberta and Calgary, Alberta Health Services and Alberta Health, and by continuously involving regulated members, leveraging their expertise and gathering feedback through Committees and consultations.

Due to a change in legislation, CPSA's Continuing Competence team spent much of 2022 developing a *Continuing Competence* standard of practice to capture all current competence requirements for regulated members previously found in provincial regulation. The standard went out for consultation in June 2022 and was implemented in spring 2023. Development of a Continuing Competence Program Manual also began in 2022 to support the standard and provide clarity for physicians on our competence programs.

Continuing Competence includes many CPSA-developed programs, such as:

- Physician Assessment & Feedback (PAF), a virtual practice visit where participants are selected using evidence-based research on risk factors so we can proactively offer support and education to mitigate potential risk in a physician's practice.
- Individual Practice Review (IPR), a customized process involving a practice assessment and implementation of recommended improvements. An IPR is tailored to each participating physician's needs, with an emphasis on targeted, educational support.
- The Physician Practice Improvement Program (PPIP), through which physicians must complete at least one personal development and two quality improvement activities within a five-year cycle. Both Group Practice Review (which assesses and evaluates medical group practices) and MCC 360 (a multi-source feedback program from the Medical Council of Canada) meet PPIP requirements.

Individual Practice Review (IPR)	2022	2021	2020
Physician referrals received	27	48	70
Files closed	5	29	53
Referred to Professional Conduct*	0	0	2
In progress at Dec. 31	22	19	15

*In a small number of cases where IPR is unable to help a physician meet a minimum standard, the file is referred to Professional Conduct.

IPR sources of referral*	2022
Professional Conduct	19%
Physician Prescribing Practices	4%
Factor-based	11%
Physician Assessment & Feedback (PAF)	55%
Self-referral	4%
Hearing Tribunal	7%

*A total of 27 physicians were referred to IPR in 2022.

Physician Assessment & Feedback (PAF)	2022	2021	2020
Initiated	110	146	69
Cancelled	6	20	15
Closed	36	95	29
Closed – referred to IPR	6	23	25
In progress at Dec. 31	62	8	0

Factor-based IPR	2022*	2021	2020
Files opened	0	30	40
Cancelled	0	4	6
Closed	0	20	21
Closed – referred to IPR	0	6	13
In progress at Dec. 31	0	0	0

*Factor-based IPR was combined into PAF.

Multi-Source Feedback (MCC360)*	2022	2021
Initiated	515	608
Files closed	306	380
Cancelled	103	175
In progress at Dec. 31	106	53

*Multi-source feedback reviews were previously done through CPSA's MSF+ program. There were no initiations into MSF+ in 2020 due to COVID-19 and the program's transition to MCC 360 (to align with PPIP).

Group Practice Review (GPR)	2022	2021	2020
Clinic reviews initiated	65 ¹	18	26
Completed*	20	9	23
Cancelled	6	9	3
In progress at Dec. 31	39	0	0

* Assessment and facilitation completed.

1. A total of 265 physicians participated.

Infection Prevention & Control (IPAC)

In 2022, our Infection Prevention & Control (IPAC) team continued to support Alberta's community-based medical clinics in providing safe, high-quality care through updated guidance on Reusable & Single-Use Medical Device Requirements for Medical Clinics, and new guidance on animals within clinical settings and qualifying sterilizers. CPSA's updated *Infection Prevention and Control* standard of practice (previously called *Reprocessing Medical Equipment*) took effect Nov. 1, 2022 after consultation. The standard more clearly sets out expectations around both IPAC and medical device reprocessing for regulated members in medical clinics, and clarifies that clinics are required to participate in onsite assessments of clinic practices.

Medical office assessments	2022	2021	2020
Medical Device Reprocessing (MDR)	32	40	32
General IPAC ¹	2	0	11
Follow-up assessments	0	7	11
Public concerns ²	7	2	10
By request ³	1	0	0
Hair transplantation	0 ⁵	1	0
TOTAL	42	50	64
Reportable breaches ⁴	2	0	1

1. In late 2022, CPSA began piloting a ten-question IPAC survey to be used in conjunction with onsite MDR assessments. This offers insight into clinic IPAC practices during scheduled visits.
2. Includes joint assessments conducted alongside Alberta Health Services Public Health Inspectors.
3. Request from CPSA Professional Conduct to have IPAC Program Manager conduct an investigation under Part 4 of HPA.
4. Redefined from "Reports to the Medical Officer of Health," "reportable breaches" now encompasses all breaches regardless of source of identification.
5. As of Sept. 1, 2022, hair transplantation no longer requires Registrar approval. As a result, hair transplantation data will no longer be reported going forward.

COVID-19 inspections and referrals	2022	2021
Inspections initiated based on concerns	1	9
Inspection outcomes		
Voluntary agreement with COVID-19 practice restrictions	1	5
Referred to complaints director	0	2
File closed	0	2

Analytics, Innovation & Research (AIR)

CPSA is the only medical regulator in Canada with an Analytics, Innovation and Research (AIR) team. Comprised of our Physician Prescribing Practices (PPP) program, Alberta's Tracked Prescription Program (TPP Alberta) and the Research & Evaluation Unit (REVU), AIR is dedicated to using cutting-edge technologies, data-based research and analytics tools to facilitate evidence-based decisions, drive innovation and enhance patient care.

PPP supports patient-centered care, collaboration and practice improvement. Their delivery of tools like MD Snapshot-Prescribing (which provides prescribers with quarterly data on their opioid, benzodiazepine/z-drug and antibiotic prescribing) gives regulated members the information they need to increase prescribing awareness, make evidence-based prescribing decisions and identify opportunities to improve the care they provide.

TPP Alberta has been monitoring the use of prescription drugs prone to misuse since 1986. CPSA administers the program on behalf of several healthcare partner organizations across the province, who use the data collected by TPP to optimize prescribing and promote safe patient care.

Applying quantitative, qualitative and mixed-method approaches to research, REVU focuses on evaluating the effectiveness of existing CPSA programs, supports the development of new initiatives and supports factual, evidence-based medical regulation.

To enhance and improve MD Snapshot-Prescribing, in 2022 the PPP team laid the groundwork to add a reporting section on prescribing for new opioid patients. With recent evidence identifying factors associated with long-term opioid use, this data can be used by prescribers to support positive outcomes and enhanced patient care.

Also in 2022, members of the AIR team and researchers from partner organizations created a machine learning model to help physicians better predict which patients taking opioids may be at risk of adverse outcomes. Their study, *Development and Validation of a Machine Learning Model to Estimate Risk of Adverse Outcomes Within 30 Days of Opioid Dispensation*, analyzed over six million opioid dispensations between 2018 and 2019 to predict the risk of emergency department visits, hospitalization or death within 30 days of an opioid prescription.

Throughout the year, the REVU team presented original research across Canada and internationally at several scientific and regulatory conferences, on topics ranging from tapering and discontinuation of opioids, to factors that influence physician performance, to physician burnout. REVU also collaborated with physicians, researchers, policymakers and data analysts at Alberta Health, the University of Alberta, the University of Calgary, the Alberta College of Optometrists, the Medical Council of Canada and other regulators in Canada, on projects and initiatives aiming to improve physician performance and overall evidence-based regulatory excellence.

Physician Prescribing Practices (PPP)

	High-Risk Patient Identification project ¹	3-plus benzodiazepines & 3-plus opioids ²	3-plus benzodiazepines ³
	2022	2022	2022
Number of cases reviewed ⁴	298	370	6,351
Physicians contacted with notification and/or advice	114	149	1,026
Physicians further engaged with program for ongoing education/support	4	10	28

1. Physician provided with education and advice when a patient on a high oral morphine equivalent (OME) dose >200 oral morphine equivalents per day has attended three or more physicians and three or more pharmacies within a three-month period.
2. Physician provided with education and resources to support appropriate management of patients identified as receiving three or more benzodiazepine and three or more opioid prescriptions within a three-month period.
3. Physicians with a patient who received three or more different benzodiazepines or Z-drugs, irrespective of the number of prescriptions, within a three-month period are contacted with information, support and education.
4. Each prescription dispensed that meets the respective criteria is reviewed.

Daily Oral Morphine Equivalent (DOME) project ¹	2022	2021	2020
Opened	0 ²	2	4
Closed	3	2	4
In progress at Dec. 31	0	3	3

1. Physicians with patients receiving the highest Oral Morphine Equivalent (OME)/day over a three-month period participate in collaborative educational programs to support responsible prescribing and safely reduce dose levels where appropriate.
2. Project discontinued as of 2022 and is transitioning to other initiatives.

Opioid Agonist Treatment (OAT) Prescribing Approvals	2022	2021	2020
Initiation	86	99	57
Maintenance	1	1	2

MD Snapshot-Prescribing ¹	Q1 2022	Q2 2022	Q3 2022	Q4 2022 ²
Physicians who prescribed an antibiotic, opioid and/or a sedative (Benzodiazepines or Z- drugs) in the preceding quarter	10,400	10,386	10,701	10,740

1. MD Snapshot-Prescribing is a customized profile reporting on prescribing of monitored medications in a physician's practice. It serves a dual purpose of increasing prescribing awareness for individual physicians and supporting care optimization for patients.
2. New opioid-naïve reporting section introduced, focused on prescribing practices for initial opioid prescribing.



The walk towards more inclusive health experiences



Racism, discrimination and unconscious bias result in negative healthcare experiences and outcomes for patients. CPSA recognizes its historical role in perpetuating systemic racism in Alberta's healthcare system and is taking action in our role as a regulator to improve access to high-quality care for equity-deserving patients.

Learn more about CPSA's commitment to building authentic Indigenous connections and the role regulation can play in addressing racism and discrimination in health care.



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

Physician Health Monitoring Program (PHMP)

Over the course of their careers, regulated members may develop a health condition that impacts their ability to continue providing care to their patients. In those circumstances, our Physician Health Monitoring Program (PHMP) works with the regulated member in a confidential manner, so they can continue providing safe, high-quality care to their patients. When appropriate and with the regulated member's consent, we will also collaborate with their health providers and the Alberta Medical Association's Physician and Family Support Program.

In 2022, we marked the 30th anniversary of CPSC's Physicians' Continuing Care Committee, the precursor of PHMP. Over the years, PHMP has evolved into a diverse program that covers a wide range of health concerns, including physical and mental health disorders, substance use disorders, disruptive behaviour, professionalism concerns and more. Throughout this evolution, the program's goal has always been to help coordinate the safe continuation in or return to practice for regulated members managing a health condition.

Types of monitoring

Health monitoring

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

Practice monitoring

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

Biological monitoring

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

Physician Health Monitoring Program (PHMP) statistics

Physician files	2022	2021	2020
Opened	148	115	171
Closed	135	119	156
In progress at Dec. 31	279*	263	269

*As physician files were opened and closed throughout 2022, the total number of files worked on was somewhat greater than the number shown in the table, which is those open at Dec. 31, 2022. A total of 416 files were open at some point in 2022.

Categories monitored	2022	2021	2020
Medical	101	87	104
Psychiatric	82	80	74
Substance use disorders	39	38	38
Boundary	14	11	15
Criminal	3	2	5
Professionalism	1	6	2
Blood-borne infection	7	6	7
Disruptive behaviour	0	1	3
Other*	32	32	21

*Files not yet categorized because health condition is under review.

Practice Conditions Monitoring Program (PCMP)

When necessary, practice conditions are applied to a physician's practice permit as a protective measure for the provision of safe patient and medical care. PCMP monitoring is performed in a timely and comprehensive way, using a number of verification methods.

Condition categories include:

- Chaperone requirement
- Scope of practice (e.g. family medicine only)
- Prescribing restrictions
- Number of hours permitted to work
- Types of patients (e.g. patients over age 18 only)
- Practice configuration restrictions (e.g. can only work in a group setting)

Practice Conditions Monitoring Program (PCMP) statistics

Monitored	2022		2021		2020	
	Physicians	Conditions*	Physicians	Conditions*	Physicians	Conditions*
Opened	45	64	39	61	32	65
Closed	32	43	40	55	21	48

*Conditions can arise from physician involvement with various CPSA departments (e.g. Registration, Continuing Competence, Professional Conduct and Physician Health Monitoring Program)

Chaperone Audit Program (CAP)

PHMP's Chaperone Audit Program (CAP) consists of monitoring documentation and serves as the basis for assessing a regulated member's adherence to their chaperone practice condition. We expanded this process in 2017 to include site visits with chaperones to provide education and support those acting in a chaperone capacity.

In partnership with MacEwan University's School of Continuing Education, we developed a self-paced online version of MacEwan's Medical Office Chaperone course in 2022 to train medical office staff as chaperones in their clinics.

Chaperone Audit Program (CAP) site visit statistics

Total active physicians with chaperone practice conditions*	26
Total chaperones (MOA/LPN/Clinic Assistant)	64
Clinics visited**	31
Edmonton	14
Calgary	12
Other	5

*25 of the 26 physicians are family physicians or general practitioners.

**Some physicians work at more than one site.

Professional Conduct

Most physicians will receive a complaint at some point in their careers and while this can undoubtedly be a stressful experience, the privilege of profession-led regulation comes with a responsibility to hold regulated members accountable to safe, high-quality care.

CPSA’s team in Professional Conduct ensures the complaints process is fair, timely and assessed based on the facts of each individual case. Only 1-2 per cent of complaints result in a formal disciplinary hearing—CPSA is a learning organization and when appropriate, will work with all parties to resolve the complaint and provide the regulated member with opportunities to improve their practice. Working with regulated members on practice improvement is foundational to CPSA’s responsibility of ensuring Albertans receive safe and high-quality care.

In 2022, Professional Conduct continued work on a comprehensive review of their complaints process to improve the experience for complainants and regulated members. The team also spent time laying the groundwork to move physician complaint submissions online for improved accessibility and a streamlined internal process.

Much of Professional Conduct’s reporting changed in 2022 as a result of our comprehensive program revisions and improvements. Further adjustments are coming in 2023 as the team continues working to improve reporting on the complaints process.

Complaints statistics

The redesign of the complaints process started in 2021, with comprehensive changes in 2022 resulting in 71 per cent more complaints closed in 2022.

Complaints received	2022	2021	Variance	2020*
Starting number of open complaints	651	464	40%	**
New complaint files created	725	617	17.5%	763
Complaint files closed by Dec. 31	727	424	71%	826
Complaint files in progress at Dec. 31	649	637	1.9%	446
Total physicians receiving a complaint	647	535	21%	680

*2020 data included for information only, variance is between 2021 and 2022.

**New metric as of 2021, data not available in 2020.

Types of Complaints Received

Types of complaints received* (%)	2022	2021	2020**
COVID-19 New in late 2021, most COVID matters were managed by Continuing Competence.	4	3.5	***
Quality of care Includes diagnosis (incorrect or delayed), treatment (prescribing, procedural, counselling, referrals, consultations).	36	35	47.6
Practice management Includes physician availability and office management, including finance and communication.	34	30	26.1
Medical reporting Includes release of records, report completion and accuracy.	8	6.4	7.6
Ethics Includes confidentiality, informed consent, advertising/self-promotion, research-related and boundary violations (including sexual, financial and others).	16	22	16.8
Third party Independent medical examination (Workers' Compensation Board and non-Workers' Compensation Board), all others.	1.3	1.3	0.6
Systemic Includes access to human resources and technology, continuity of care and interdisciplinary issues.	0.5	1.1	0.6
Unclassified All others.	0.2	0.7	0.6

*A single complaint may include multiple types.

**Reporting processes have changed, 2020 data not comparable to 2021-2022.

***New category as of 2021, not tracked in 2020.

Sources of Complaints Received

Sources of complaints received (%)	2022	2021	2020
Patient ¹	61	67	63.8
Family member of patient	21.7	14	19
Complaints Director ²	4.3	5.7	6.7
Third party ³	11	8	7.2
Lawyer	0.3	0.3	0.4
Other physician	1.7	5	2.9

1. Patient or legal guardian.

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

3. Third party may refer to Alberta Health Services, a government agency, Workers' Compensation Board, other health care provider, pharmacist, employer, friend, etc.

Dismissal statistics*

In 2022, 424 (58 per cent) of the 727 files closed were dismissed after initial assessment, which includes review of the complaint and response of the physician. CPSA's Complaints Director can determine that no further action is required and in these cases, the complainant can request a review of the dismissal decision with the Complaints Review Committee (CRC).

Changes in our initial processes have resulted in a substantial decrease in appealed matters that are not upheld by the CRC: in 2020, 38 per cent of matters appealed to the CRC were not upheld. In 2022, this decreased to 14 per cent.

*History not available as reporting metric is new as of 2022.

Resolution statistics

Process	2022*
Early Consensual Resolution	
Total number of files resolved by early resolution	89
Median days file opened to closed**	93
Our goal is to close early resolution files within 90 days—we met this with 27% of files in this category.	
Consensual Resolution After Investigation	
Total number of files closed by resolution after investigation	17
Median days file opened to closed	653
Our goal is to complete consensual resolution after investigation with total file time** of 550 days—we met this with 35% of files in this category.	
Median days file in the resolution process	126

*History not available as reporting metric is new as of 2022.

**Total file time which includes all processes from open to closed.

Files were concluded in 2022 in other ways, including dismiss after investigation, dismiss after failed resolution, and resolution or dismiss after expert opinion. Data will be available as new processes are finalized.

Investigation statistics

An existing backlog of investigations carried into 2022, contributing to an average time of 362 days to complete an investigation, with a time range of 27 to 1,561 days. Files with extraordinary delays were related to processes external to CPSA.

Investigation	2022*
Total number of investigations completed	97
Average days to complete an investigation	362

Our goal is to complete an investigation within 180 days—we met this with 27% of files.

*History not available as reporting metric is new as of 2022.

Hearing/Legal Referral statistics

Of the complaints received every year, typically only 1-2 per cent proceed to a disciplinary hearing. Once an investigation is complete, if we are considering proceeding to a disciplinary hearing, the file is assessed by our hearing legal referral team. Our goal is to complete this assessment within 90 days and determine if the matter will be referred to the Hearing Director's Office, or concluded in an alternative manner. Our target time from inquiry to Notice of Hearing is 480 days.

Improvements in our overall processes have resulted in the most serious files being managed promptly and proceeding to formal discipline.

Year	Inquiry to Notice of Hearing within 480 Days (%)	Hearing Legal Referral to Notice of Hearing within 90 days (%)*
2020	9	4
2021	43	48
2022	63	64

*Not all matters referred to a hearing will result in a disciplinary hearing.

Year	Inquiry to Notice of Hearing within 480 days (average days)	Hearing Legal Referral to Notice of Hearing within 90 days (average days)
2020	1,051	391
2021	496	111
2022	424	90

Complaint or hearing assessments statistics

Numbers represent new reporting measures, which have changed to reflect revisions to our complaints process. Please refer to past annual reports on CPSA's website for stats from prior years based on previous processes.

Assessments ordered by Professional Conduct*	2022
Initiated	17
Completed	5
In progress at Dec. 31	12**

*Represents assessments resulting from a complaint resolution or hearing decision, and may include referrals for remediation with CPSA's Continuing Competence department or other external fitness-to-practice assessments.

**Some assessments/remedial activities were initiated in years prior and are not yet complete.

Members assessed under Section 118, <i>Health Professions Act</i> (incapacity)	2022	2021	2020
Files opened	0	0	0
Assessments completed	0	0	0

Boundary complaints

CPSA's mandate is to protect patients and this includes ensuring regulated members are clear on the boundaries and inherent power imbalances that exist in their professional relationships with patients. Alberta's Patient Relations legislation under the *Health Professions Act* (HPA) mandates zero-tolerance of sexual abuse or sexual misconduct from healthcare professionals and introduced mandatory sanctions for those found guilty (for incidents occurring after the legislation was implemented on April 1, 2019). Complaints of sexual abuse or misconduct related to incidents that occurred prior to the implementation of the legislation are adjudicated based on the legislation that was active at the time.

Under the Patient Relations Program, CPSA offers support to those dealing with the impact of sexual abuse and/or sexual misconduct by a regulated member. Through this program, patients who are qualified under legislation can access funding for counselling and therapy services related to their complaint.

Sexual abuse and sexual misconduct, as defined in the *Health Professions Act* (HPA):

Sexual abuse: the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature.

Sexual misconduct: any incident or repeated incidents of objectionable or unwelcome conduct, behavior or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.

Sexual abuse & misconduct statistics*

	Sexual Abuse			Sexual Misconduct			Both ²	
	2022	2021 ¹	2020	2022	2021	2020	2022	2021
Complaints opened	6	3	10	4	12	16	1	1
Complaints closed	10	1	2	8	2	1	0	0
Complaints in progress	13	10	8	10	21	9	4	1
Hearings	3	1	0	3	1	0	1	0
Dismiss	1	1	1	2	5	0	0	0
Physician permit cancellations ³	0	0	1	0	0	0	0	0
Physician permit suspensions ³	2	0	0	3	1	1	1	0
Patients who accessed funds ⁴	5	4	3	7	6	4	2	2

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

1. Reporting processes have changed, 2020-2021 data not comparable to 2022.
2. Represents cases where both sexual abuse and sexual misconduct are involved. Combined cases were first reported in 2021.
3. Includes data from hearings held in 2022 on complaints opened in previous years, where the hearing decision only was published. For some matters, the sanction hearing is held separately and was not complete by year's end.
4. Patients may have been granted access to funds in current year, or in previous years but continue to access funds in the current year.

Hearing Director's Office (HDO)

The Hearing Director's Office is responsible for managing hearings, complaint review committee meetings, appeals and registration reviews pursuant to the *Health Professions Act* (HPA). The HDO is also responsible for the recruitment of physician members to Complaint Review Committees and Hearing Tribunals—each has an equal number of physician and public members.

Hearings were previously held in person at CPSA's offices in Edmonton, with virtual hearings introduced in 2020 so the hearings process could continue during the COVID-19 pandemic. In 2022, the HDO decided to continue with virtual proceedings as they've proven to be more accessible to the public and are convenient, inexpensive and offer transparency without sacrificing fairness or the effectiveness of the hearings process. However, the HDO will consider in-person proceedings upon request.

Hearing statistics

	2022	2021	2020
Hearing Tribunals convened*	25	23	16
Hearing outcomes	20 ¹	19 ¹	12
Decision pending	5	4	1
Ongoing (continuation of proceedings)	1	1	2
Hearings closed to the public (fully or partially)	2 ²	1 ²	0

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

1. Allegations proven or dismissed and/or penalties imposed (e.g., cost recovery, period of suspension, remedial training, conditions on practice permit, revocation of practice permit and/or other actions deemed appropriate by the Hearing Tribunal).
2. Hearings were completely or partially (e.g., only during specific witness testimony) closed to the public, to protect the privacy of a vulnerable patient and/or to protect the personal health information of one of the parties.

Appeals statistics

Registration reviews	2022	2021	2020
Registration denied due to character/reputation	0	0	0
Registration denied due to failed assessment	0	0	2 ¹
Practice conditions imposed	0	0	0
Suspended due to complaint – reversed by Council appeal panel	0	0	0
TOTAL	0	0	2

1. Decision upheld

Professional Conduct appeals and reviews	2022	2021	2020
Dismissed complaints			
Requests for review by complainant	53	63	93
To Complaint Review Committee (CRC)*	33 ¹ , 3 ² , 2 ³ , 3 ⁴ , 5 ⁶	45 ¹ , 8 ² , 4 ⁴	64 ¹ , 10 ² , 0 ³ , 1 ⁴ , 0 ⁵ , 4 ⁶ , 0 ⁷
Appeals of hearing decisions			
By complaints director to Council	0	1 ⁸	0
By regulated member to Council	1 ⁷	0	0
By regulated member to Courts**	0	0	0

*May relate to appeals initiated in a prior year.

**Reviewed in the calendar year.

1. Decision upheld.
2. Investigation ongoing.
3. Withdrawn by complainant.
4. CRC referred to a hearing.
5. Determined to be administratively fair or recommendations met.
6. Decision pending.
7. Physician appealing to Courts.
8. Charges dismissed.

Accreditation

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

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

In 2022, we continued to support patients by accrediting facilities that are part of the Alberta Surgical Initiative. This collaboration with Alberta Health and Alberta Health Services helps reduce surgical wait times while enabling patient access to quality surgical care in non-hospital surgical facilities.

We also reviewed the role of the Medical Facility Accreditation Committee in privileging and modality approvals of regulated members to work in accredited facilities. We determined these decisions are most appropriately placed with the medical directors, who are close to the practice of medicine in their facilities. As of November, medical directors are responsible for making the final decision on clinical privileges, and 2022 will be the last year physician approval statistics are included in CPSA's annual report.

In support of the Government of Alberta's amendments to the *Mental Health Services Protection Regulation*, CPSA has added psychedelic-assisted psychotherapy to the list of prescribed health services that may only be provided by regulated members in CPSA-accredited facilities. Work to develop accreditation standards for psychedelic-assisted psychotherapy began in late 2022, with the final standards anticipated mid-2023.

Facilities we accredit and support

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

**As of Dec. 31, 2022, there are 830
CPSA-accredited facilities
in Alberta.**

Accreditation statistics

Facility type	Accreditation renewed ¹			Accredited (new)			Physicians approved to provide services		
	2022	2021	2020	2022	2021	2020	2022 ⁴	2021	2020
Diagnostic Imaging	27	119	58	25 ²	41 ²	3 ²	17	57	52
Diagnostic Laboratory Medicine	26	53	25	2	8	0	N/A	N/A	N/A
Non-Hospital Surgical	7	4	11	0	2	0	67 ³	74 ³	51 ³
Pulmonary Function Diagnostics	28	48	11	3 ²	12 ²	2 ²	6	14	16
Neurodiagnostics	14	5	1	3	0	3	5	9	2
Cardiac Stress Testing	2	1	1	2	1	0	2	1	4
Sleep Medicine Diagnostics	5	4	4	3 ²	15 ²	8 ²	7	9	9
TOTAL	109	234	111	38	79	16	104	164	134

1. Accreditations are renewed on a four-year cycle.
2. Includes previously accredited facilities that added new modalities or procedure categories.
3. Does not include confirmation of Alberta Health Services approvals.
4. As of Nov. 7, 2022, CPSA no longer provides physician approvals and privileging in accredited facilities.

Standards of Practice and Policy

Every Albertan deserves high-quality care when they seek medical help. As Alberta's medical regulator, we are here to ensure patient safety by setting minimum expectations of professional and ethical medical practice in Alberta through CPSA's *Standards of Practice*.

CPSA's *Standards of Practice* and the Canadian Medical Association's *Code of Ethics and Professionalism* (adopted by CPSA) are enforceable under the *Health Professions Act* (HPA) and often used in CPSA's complaints and hearings processes.

Our Standards of Practice team regularly reviews our standards to ensure they are up to date and comply with provincial

and federal laws and regulations. In 2022, changes to the following laws and regulations had an impact on CPSA's *Standards of Practice*:

- Bill C-7: *An Act to Amend the Criminal Code (medical assistance in dying)*
- *Health Professions (Protecting Women and Girls) Amendment Act, 2022*
- *Health Statutes Amendment Act, 2022 (No. 2)*
- *Mental Health Services Protection Regulation*

As a result of these changes and our usual review process, CPSA initiated four consultations in 2022, during which a total of 282 participants provided feedback. Of the seven standards that were consulted on, five were existing standards and two were newly-created standards.

Existing standards updated:

- *Infection Prevention and Control (IPAC)* (formerly *Reprocessing Medical Equipment*)
- *Medical Services Requiring Accreditation Outside of Hospitals* (rescinded by Council)
- *Restricted Activities* (formerly *Supervision of Restricted Activities*)
- *Medical Assistance in Dying* (MAID)
- *Safe Prescribing for Opioid Use Disorder*

New standards created:

- *Continuing Competence*
- *Female Genital Mutilation*

We also implemented four standards in 2022:

- *Virtual Care*, formerly *Telemedicine* (Jan. 1)
- *Continuity of Care* (April 1)
- *Episodic Care* (April 1)
- *Infection Prevention and Control (IPAC)*, formerly *Reprocessing Medical Equipment* (Nov. 1)

Along with our comprehensive standards of practice, CPSA has Advice to the Profession documents to provide additional context and scenario-based guidance, supporting regulated members in understanding and applying the standards to their practice. In 2022, CPSA updated six existing Advice to the Profession documents and published three new ones:

Advice to the Profession documents updated:

- Closing or Leaving a Medical Practice
- Continuity of Care
- Episodic Care
- Safe Prescribing for Opioid Use Disorder
- Social Media
- Virtual Care (formerly Telemedicine)

Did you know CPSA also has Advice to Albertans documents?

We created these documents—covering topics such as virtual care, personal and sexual boundary violations and medical assistance in dying (MAID)—to ensure Albertans are aware of their rights and duties as patients. Regulated members are welcome and encouraged to direct patients to these documents for additional guidance.

New Advice to the Profession documents published:

- Physician Assistants
- Professionalism in Public Forums
- Relocating a Medical Practice

Internal support departments

In addition to the departments responsible for CPSA's regulatory functions, our organization also has internal departments dedicated to supporting our entire team. At their core, these support departments keep the wheels of our organization turning so we can effectively fulfill our legislated functions and mandate, in addition to carrying out their own work and supporting other departments' work towards our five strategic directions.

Communications

Our Communications team acts as a strategic partner for all CPSA departments. This team works closely with different groups across the organization to ensure information is clear, accessible and reaches the right audience through the right communications channel at the right time.

Information Management

Information Management encompasses Information Technology, Records Management, Privacy, and data and network security. This department is responsible for providing our team with the right tools and technology to carry out our work, while also setting guidelines for storing, sending and handling confidential and non-confidential information. Our Privacy team also manages privacy breaches and access requests for sensitive information.

Office of the Registrar

The Office of the Registrar includes the Registrar, Chief of Staff, In-house Legal Counsel, and Governance and Policy teams, who work together to provide leadership, as well as strategic, legal and administrative support to Council and CPSA.

Operations

Our Operations department includes our Office Administration, Payroll and Accounting teams. This multifaceted group keeps our office running smoothly and efficiently, upholding our fiduciary responsibility by handling CPSA's finances.

People & Culture

People & Culture is responsible for supporting our team members and ensuring a positive, safe work environment at CPSA. This department sets our employment policies that make CPSA a desirable employer, oversees recruitment and retention, runs our people-focused programs and encourages team members' growth and success through performance development. People & Culture also champions CPSA's respect in the workplace and equity, diversity and inclusion initiatives.

Customer Experience at CPSA

CPSA's Customer Experience (CX) team is the first point of contact for people contacting CPSA by phone, email or through our website. A division of People & Culture, our CX team supports our whole organization by providing an approachable and high-quality customer experience for people contacting CPSA, while finding ways to create consistency and improve our processes through a customer-focused lens.



LME Lacombe
Medical
Clinic

SANITIZE
YOUR HANDS

From challenges come growth and learning



CPSA is a learning organization, and part of our responsibility to Albertans is looking at what we've done in the past to identify how we can do it better in the future. By reflecting on different perspectives and challenging ourselves to think outside the box, we can improve how we meet our mandate.

Find out more about how we learn from challenges and implement innovative improvements.



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

2022 financial statements

Independent auditor's report on the summary financial statements

To the Members of College of Physicians & Surgeons of Alberta

Our opinion

In our opinion, the accompanying summary financial statements of College of Physicians & Surgeons of Alberta (the Entity) are consistent, in all material respects, with the audited financial statements, on the basis described in note 1 to the summary financial statements.

The summary financial statements

The Entity's summary financial statements derived from the audited financial statements for the year ended December 31, 2022 comprise:

- the summary statement of financial position as at December 31, 2022;
- the summary statement of revenues and expenditures for the year then ended;
- the related notes to the summary financial statements.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

The audited financial statements and our report thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated May 23, 2023.

Management's responsibility for the summary financial statements

Management is responsible for the preparation of the summary financial statements on the basis described in note 1 to the summary financial statements.

Auditor's responsibility

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

PricewaterhouseCoopers LLP

Chartered Professional Accountants

Edmonton, Alberta
May 25, 2023

Summary Statement of Financial Position

As at December 31, 2022

Assets

Current assets	2022 \$	2021 \$
Cash	34,158,276	33,441,013
Accounts receivable	3,540,988	2,523,687
Accrued interest receivable	727	13,351
Prepaid expenses and other assets	617,132	608,602
	38,317,123	36,586,653
Investments	31,386,250	33,990,067
Equipment and leasehold improvements	4,491,741	5,278,491
Employee future benefits – registered plan	6,032,303	12,249,582
	80,227,417	88,104,793

Liabilities

Current liabilities	2022 \$	2021 \$
Accounts payable and accrued liabilities	2,595,874	3,485,242
Deferred fee revenue	25,708,324	21,303,136
Deferred contributions	449,084	338,329
Deferred leasehold inducements	336,716	336,716
	29,089,998	25,463,423
Deferred rent inducement	369,581	292,179
Deferred leasehold inducements	1,739,699	2,076,415
Employee future benefits – supplemental plan	5,340,704	8,026,684
Employee future benefits – defined contribution supplemental plan	518,035	308,635
	37,058,017	36,167,336

Net Assets

	2022 \$	2021 \$
Invested in equipment and leasehold improvements	4,491,741	5,278,491
Internally restricted	6,001,224	10,526,875
Unrestricted	32,676,435	36,132,091
	43,169,400	51,937,457
	80,227,417	88,104,793

Summary Statement of Revenues and Expenditures

For the year ended December 31, 2022

Revenues	2022 \$	2021 \$
Physician annual fees	22,515,009	26,319,114
Practice readiness fees	3,375,294	2,444,662
Professional corporation fees	1,908,900	1,876,100
Investment income	1,466,202	799,706
Physician registration fees	885,000	721,200
Recovery of investigation and hearing expenditures	859,785	323,435
Grant funding	768,149	721,929
Miscellaneous	733,430	565,304
Continuing competence	423,531	272,946
Summative assessment fees	147,475	11,930
Physician health monitoring fees	79,236	92,075
Physician assistant fees	27,862	-
	33,189,873	34,148,401

Expenditures	2022 \$	2021 \$
Administration	3,167,081	3,134,791
Information management and privacy	3,135,668	3,162,001
Office of the Registrar and government relations	1,743,622	1,448,991
Governance	1,213,638	1,089,666
Communication	996,416	1,064,571
People and culture	945,643	596,200
Amortization	890,195	890,923
CPSA activities		
Professional conduct and hearings director office	6,111,851	5,071,219
Continuing competence	4,126,071	3,868,394
Analytics, innovation and research	3,378,376	3,125,815
Practice readiness	3,249,626	2,250,233
Registration	2,516,671	2,505,518
Physician health monitoring and practice conditions monitoring	2,159,679	1,894,477
	33,634,537	30,102,799

	2022 \$	2021 \$
(Deficiency) excess of revenues over expenditures before other items	(444,664)	4,045,602
Development costs	(207,970)	(234,039)
Accreditation program		
Revenues	3,444,399	3,454,318
Expenditures	(3,273,288)	(2,944,602)
Excess of revenues over expenditures for accreditation program	171,111	509,716
(Deficiency) excess of revenues over expenditures before other (expenditures) income	(481,523)	4,321,279
Other (expenditures) income		
Fair value changes in investments	(3,493,650)	2,333,268
Investment income building fund – net of expenditures	69,347	1,126,351
	(3,424,303)	3,459,619
(Deficiency) excess of revenues over expenditures for the year	(3,905,826)	7,780,898

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

1. Basis of presentation

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at December 31, 2022 and for the year then ended.

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

Management prepared these summary financial statements using the following criteria:

- the summary financial statements include all statements included in the audited financial statements with the exception of the statement of changes in net assets and the statement of cash flows, as these statements are readily available on request;

- information in the summary financial statements agrees with the related information in the audited financial statements;
- major subtotals, totals and comparative information from the audited financial statements are included; and
- the summary financial statements contain the information from the audited financial statements dealing with matters having a pervasive or otherwise significant effect on the summary financial statements, such as described in note 2.

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

2. Summary of select significant accounting policies

Investments

Investments are recorded at fair value on the latest closing bid price. This accounting treatment results in unrealized changes in the market value of the investment portfolio being

reported as a component of fair value changes reported on the summary statement of revenues and expenditures.

Revenue recognition

Annual physician, physician assistant, professional corporation and accreditation program fees

- Annual physician, physician assistant, professional corporation and accreditation program fees are set annually by the CPSA Council and are recognized as revenue in the fiscal year to which they relate. Fees are recognized when collectibility is reasonably assured. Fees received in advance are recognized as deferred fee revenue.

Registration fees

- Registration fees are recognized when received or receivable and collectibility is reasonably assured.

General and miscellaneous revenue

- Other general revenue is recognized when the related services are provided or goods are shipped and collectibility is reasonably assured.

Investment income

- Investment income includes interest and dividends. Interest is recognized on the accrual basis and dividends on the ex-dividend date.

Grant funding

- Grant funding is recognized in accordance with the terms of the grant agreement and when collectibility is reasonably assured.

Employee future benefits

CPSA has a defined benefit pension plan for certain employees. Effective December 31, 2020, the defined benefit pension plan was closed to new entrants and active members stopped accruing credited service. The benefits are based on years of service up to December 31, 2020 and the employees' final average earnings. In the year-end summary statement of financial position, CPSA recognizes the defined benefit obligation, less the fair value of the plan assets.

	2022		2021	
	Registered \$	Supplemental \$	Registered \$	Supplemental \$
Fair value of plan assets	45,392,448	-	52,848,521	-
Accrued benefit obligation	(39,360,145)	(5,340,704)	(40,598,939)	(8,026,684)
Plan surplus (deficit)	6,032,303	(5,340,704)	12,249,582	(8,026,684)

3. Comparative figures

The comparative figures for the government relations program expenditures have been reclassified to be grouped with Office of the Registrar program costs, and the summative assessment fees are now displayed separately on the summary statement of revenue and expenditures to provide better information over the operations of CPSA.



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